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ACRONYMS

DSD	Department of Social Development
FAAR	Family Adjustment and Adaptation Response model
REM	Resilience Enhancing Model
NGO	Non-Governmental Organisation
FBO	Faith-based Organisation
CBO	Community-based Organisation
FAMSA	Families SA
SAVF	South African Women's Federation
PRP	Pen Resilience programme
CF!	Celebrating Families!
HSRC	Human Sciences Research Council
SANDSD	South African National Department of Social Development
USA	United States of America
FAST	Families and Schools Together
IDD	Intervention Design and Development model
SACSSP	South African Council for Social Service Professions
ISDM	Integrated Service Delivery Model
FRPM	Family Resilience Process Model

CHAPTER 1

INTRODUCTION AND GENERAL ORIENTATION TO THE RESEARCH

1.1 INTRODUCTION

Any family as an institution is subjected to social change due to wide-ranging social, economic, political and demographic influences. Social change in turn, mediates the response of the family to these influences. In South Africa, historic factors such as migration, colonialization, urbanisation and globalisation have impacted on the family structure and family functioning, which has resulted in the formation of non-traditional families (Human Sciences Research Council 2004:2). The HIV and AIDS pandemic also brought change in the family structure, creating many households in South Africa headed by children (Children's Institute 2014:93).

The image of a family being that of mother, father and children has changed. Between 1996 and 2001, all population groups in South Africa showed changes in family structure. There was an increase in the proportion of households with extended families (couples, children and relatives), single-parent families and cohabitation. There is a significant difference in marriage and cohabitation rates between population groups (South African Institute for Race Relations 2012:1–6).

In South Africa in 2008, 35% of children lived with both biological parents; only about 40% resided with their mothers and 2.8% with their fathers. This means that 22.6% are not living with either one of their biological parents (South African Institute for Race Relations 2012:1-6). The latter include the children in child-headed households. These changes and disintegration of the traditional family structure as a consequence of social change are articulated in the Green Paper on Families (2011:27–29), which states that families have become so diverse that service providers should recognise the “family” as those who the family regards as their family. The definition for family accepted for the White Paper on Families in South Africa (2013) is: “a group of persons united by the ties of marriage, blood, adoption or cohabitation that characteristically have a common residence (household), though in some cases some family members may be living elsewhere.”

Conditions of poverty are experienced by many families. In 2012, two thirds of the children under 18 years old were living in households where there was no adult who had employment. Just under a third of all children between 0–17 were living in “overcrowded households”. “Overcrowded households” are defined as where more than two people live in one room in the house, excluding bathrooms with communal living areas such as sitting rooms and kitchens also (South African Institute for Race Relations 2012:1–6). Single-

parent families who have less resources and support systems than two parent families are especially vulnerable. In South Africa women head the majority of single-parent households. This pattern impacts on family poverty as these families are shown to be at a disadvantage in terms of resources such as education, health care, credit, livestock, and land extension services (White Paper on Families 2013:19).

Families living in poverty often live in disadvantaged communities with limited resources and lack of access to needed services. These are dysfunctional family environments that impact negatively on family life. Children who grow up in these conditions, as well as those who grow up in a dysfunctional family environment, are more likely to give rise to dysfunctional families themselves. Youth living in dysfunctional families and communities are often more prone to show risky behaviour which contributes to social breakdown (Fraser, Pecora & Haapala 1991:273–312; Maton, Schellenback, Leadbeater & Solarz 2004).

The South African Government recognised that families within the South African context are in crisis as they experience poverty, disintegration and dysfunctionality (HSRC 2004; White Paper on Families 2013). Since 1994 the South African Government has responded to families in crisis in various ways. Policy and legislative measures have been instituted to respond to the various needs for care and protection of the family.

In accordance with the Constitution (South Africa 1996: Section 7–36), the State has a duty to protect the human rights of its citizens, which includes providing the protection of family life, family care and parental care for children. This includes provision of basic rights such as shelter, social services, nutrition and health care.

The White Paper on Social Welfare (1997:64) reaffirms the government's commitment to a family-focussed basic welfare and human rights system within a family life cycle approach. Programmes and services to families must make provision for the needs of families as per the different stages in the life cycle, assuming that families over their life span are faced with challenges and risks with which they have to deal in order to survive and honour their responsibilities. Social welfare services, therefore, include services and programmes to children, youth, adults and the aged (White Paper on Social Welfare 1997:64). The White Paper on Social Welfare outlines strategies to promote family life, the strengthening of families and family preservation. Through its developmental approach, it lays down the implementation of family-orientated policies and services in the country on the continuum of care on four levels explained as follows: (1) prevention, to enhance the care capacity and role and responsibilities of families; (2) early intervention or protection to preserve families; (3) statutory intervention if the removal of a family

member/s could not be avoided; and (4) after care and reunification to reunite the family if possible.

The mission of the South African Department of Social Development (DSD) is aligned to the White Paper on Social Welfare (1997) and aims to ensure the provision of comprehensive social protection services against vulnerability and poverty, to create an enabling environment for sustainable development and to deliver integrated, sustainable and quality social services to beneficiaries including families, in partnership with all those committed to building a caring society (Annual Report of the Department of Social Development 2016:19).

During 2001, the programme: "Families", now a directorate within the South African National Department of Social Development (SANDSD), was established to be responsible for the development, support and monitoring of the implementation of legislation, policies and programmes to strengthen and preserve families. Since 2001 a family policy, programmes and strategies with a focus on family preservation have progressively been developed. In 2007, the Manual on Family Preservation Services (2007) and the Manual on Family in Crisis (2007) were developed. The Manual on Family Preservation Services was revised in 2010 and again in 2015 with an addendum "Guidelines for Faith-based Organisations (FBOs) and Community-based Organisations (CBOs) rendering family preservation services" attached. In 2013, the White Paper on Families based on the Family Policy was developed and approved by Cabinet (Annual Report of the Department of Social Development 2016:66).

The family preservation perspective came to the fore during the 1980s in the United States of America (USA) in reaction to the excessive use of statutory removal and placements of children in an overloaded foster care system (Cole & Duva 1990:15; Willson 1998:20).

It is generally understood that family preservation is "those efforts to keep families together as far as possible" (Willson 1998:16–22; Manual on Family Preservation Services 2015:16). It is based on the assumption that the best way to promote permanency and stability in the lives of family members is to enable them to remain within their families (Fraser et al 1991:1–18). The purpose of Family Preservation Services (FPS) is to empower families so that they will strive to honour their responsibility of providing care and protection and a safe environment for family members (Burham 2008:15; Manual on Family Preservation Services 2015:30). It refers to specific services and programmes which are aimed at strengthening families and promoting family life to families at risk, in crisis or in transition (Manual on Family Preservation 2015:135).

The first recorded family preservation programmes in South Africa were implemented by the Inter-Ministerial Committee on Young People at Risk (1998) in cooperation with the Department of Social Development during the late 1990s. It only focused on intensive family preservation services to “families at risk”, where there was an imminent risk of the removal of a child/ren. The Inanda Pilot Family Preservation Programme was initiated and later terminated in the late 1990s. This pilot programme consisted of four components namely, community conferencing, youth mentorship, intensive family support and family reunification services (Smit 2001:20; Willson 1998).

In South Africa, Family Preservation Services is used as an umbrella term for a range of social welfare services to preserve the integrity of the family (Family Preservation Services Manual 2015:60). This states that the objective of these services is to support and strengthen all families to be resilient, and where possible remain together (White Paper on Families 2013).

A number of pieces of legislation, including the Children’s Act 38 of 2005 (South Africa, 2006) have a family-focused perspective that promotes family preservation and the strengthening of families. It promotes a move away from the deficit approach of removing children as first option, to a strengths approach that aims to prevent the removal of children as far as possible through family preservation services. This includes the strengthening of families through a strategy focusing on prevention and early intervention. The Prevention of and Treatment for Substance Abuse Act 70 of 2008 (South Africa, 2009) provides for prevention, early intervention, treatment and re-integration family programmes. These are comprehensive responses that provide mechanisms aimed at reduction of harm relating to substance abuse. The aims of these programmes are: the preservation of the structure of the family of people affected by substance abuse and those with substance dependency; developing suitable parenting skills for those families at risk; empowering parents and families to recognise possible early warning signs indicating substance abuse and providing them with information on suitable responses and services available; encouraging the active participation of children, youth, parents and families in identifying and finding solutions to substance abuse; and encouraging suitable interpersonal relationships within the family of the affected people.

Family preservation services in South Africa have more recently come to clearly include and accentuate family resilience. The first efforts to incorporate family resilience as a means to promote family preservation as outcome of service delivery was done through the development of the Generic Norms and Standards for Social Welfare Services ([sa]:147,151) developed by the Department of Social Development. It states that social welfare services need to promote family preservation by: decreasing the vulnerability and increasing the resilience of families through enhanced family functioning and relationships; improved family reintegration and reunification, where appropriate; improved continuity and permanence of placements; supporting the development of positive values within families; helping with adjustments to changing roles within families and society; and addressing changed gender attitudes and perceptions in communities.

Moving beyond merely promoting family resilience, the Norms and Standards for Services to Families (2013) have a specific focus on fostering and sustaining the resilience of families. Resilient families are defined as having the ability to withstand and rebound from adversity and challenges that they have faced, even stronger than before (Norms and Standards for Services to Families 2013:15).

The White Paper on Families (2013:9) also alludes to family resilience as a guiding principle and states that “families have inherent capacities and strengths that sustain them in times of prosperity, as well as adversity. It is important to recognize these qualities, so that any intervention at family level will enhance these attributes”. It furthermore states that by providing families with the necessary support to face the difficulties and adversities they are confronted with, they will be enabled to adapt to new circumstances. This statement, however, does not use the term family resilience even though it alludes to the concept. This statement also implies that there should be interventions to enhance family resilience. Family resilience is, therefore, mentioned in the White Paper on Families as an empowering tool for family preservation, but it provides no further elaboration on family resilience or guidance on family resilience interventions. The strategic objectives of the White paper are: (1) promoting healthy family life, (2) strengthening families, and (3) family preservation (White Paper on Families 2013:62–71).

In the Manual on Family Preservation Services (2015) well-functioning families are compared with vulnerable families. Well-functioning families are referred to as resilient families who “are psycho-socially, emotionally and financially stable, are associated with the creation of a conducive external environment and good rearing practices and who can rebound from crisis and adversities” (Manual on Family Preservation Services 2015:11). It explains that strong, stable and supportive families have positive benefits for family

members by providing them with a healthy environment in which they can develop a sense of belonging, positive self-identities and can form a set of values that serve as a frame of reference to strengthen and preserve families. Families need to be supported to foster and sustain their level of family resilience (Walsh, McCubbin & Green cited in the Manual on Family Preservation Services 2015:13). However, no guidelines exist on how to foster and sustain family resilience.

In the preceding overview of policy documents on services to families there is a progression from the mention of “care of the family” referred to in the Constitution (South Africa 1996) to promoting family life in the White Paper on Social Welfare Services (1997) to specifying family preservation as in the White Paper on Families (2013) and to the specific mention of family resilience that has to be supported and maintained (Manual on Family Preservation Services 2015). However, this concept of family resilience is not clarified sufficiently, nor are the means of intervention indicated.

As employee of the Department of Social Development in the Directorate: Families, the researcher was tasked to develop guidelines for social workers on family resilience interventions. This is consistent with the various claims that have been made that the family resilience construct is useful for intervention to enable families to honour their responsibilities toward their family members (McCubbin, McCubbin, Thompson & Allen 1997; Patterson 2002a; Amatea, Smith-Adcock & Villares 2006; Walsh 2006; Greene 2007). This also implies a move from seeing a family as “dysfunctional” towards that of seeing a family as “being challenged” (Walsh 2002:130).

The agreement was that the Department would make use of these guidelines to guide the implementation of family resilience interventions.

In literature on family resilience, families are perceived as groups of interdependent people of various ages who together evolve over time as they (attempt to) function as a family unit. Families, in their life span, face challenges and risks with which they have to deal in order to survive and honour their responsibilities. How families cope and deal with these situations is mainly dependent on their level of family resilience and the nature of the experiences they are exposed to (Earvolino-Ramirez 2007:73–82; Walsh 2002:130).

The concept of resilience emerged from research on the positive adaptation of children under adverse circumstances, later called individual resilience. The concept individual resilience later led to research on a relational view on resilience, in particular family resilience, which emphasises the importance of the family as a system (Rutter cited in Black & Lebo 2008:33). There are clear similarities between individual and family

resilience, however, family resilience is not the sum total of the resilience of individual members in the family (Greene 2007:45). The differences between individual and family resilience are found in the relational perspective on families. It is the interplay between risk and protective mechanisms within the family processes that result in some level of adaptation. These key processes that are interdependent but in synergy with each other, help render families to be resilient. The protective mechanisms previously mentioned include the network of family relations within the family, those between the family and its support networks, and those of the family with the community and broader society (Patterson 2002a:233).

Family resilience has been described as a process that develops over the course of time as the family responds to stresses and develops the skills to overcome and rebound from adversity. Resilience refers to a phenomenon characterized by positive outcomes despite serious threats to adaptation or development where family demands (risk factors) are balanced with family capabilities (family protective factors and family strengths) to arrive at a level of family adjustment or adaptation (McCubbin et al 1997; Masten 2001; Patterson 2002a; Patterson 2002b; Walsh 2002; 2003; 2012).

Frameworks, structured explanations and models explaining family resilience have been proposed to explain and illustrate how the family functions in order to perform its obligations and responsibilities regarding care, support, development and protection of its members, despite the adversities they are facing (Walsh 2006; Spina, Zivian & Nixon 2005; Silberberg 2001b; Patterson 2002a; Patterson 2002b; Moss 2010).

Various claims have been made that the family resilience construct is useful for interventions to enable families to honour their responsibilities towards their family members (McCubbin et al 1997; Patterson 2002a; Patterson 2002b; Amatea, Smith-Adcock & Villares 2006; Walsh 2006; Greene 2007). The creation of a construct is part of the understanding of family resilience and how family resilience operates and indicates a move from seeing a family as “dysfunctional” to seeing a family as “being challenged” (Walsh 2002:130).

Models of family resilience of particular interest to this study include the Family Adjustment and Adaptation Response (FAAR) of McCubbin et al (1997) who proposes that a family adjusts and adapts when confronted with crisis; the Model on Resilience applicable to families by Richard, Jensen and Kumpher (1990), as cited by Blair (2003:44), proposed that there is interaction between risks, strengths and protective factors to counterbalance risk factors; the Resilience Enhancement Model of Greene (REM) (2007) which utilised the interactive process between risk and strengths and protective factors as an

assessment tool for individual family members, however, without the family perspective; the Framework on Family Resilience, based on the systems theory of Walsh (1996, 1998, 2002, 2003, 2006) which identified key processes of family resilience, categorising them as three domains of family resilience, i.e. organizational processes, communication processes and belief systems.

Moss (2010) in her study on “Exploring family resilience amongst social work clients”, developed a conceptual framework on family resilience with five domains of family processes. Moss found that Walsh’s framework (1998) with three domains is not a comprehensive enough perspective on family resilience. Moss, therefore, combined Walsh’s framework with the Family Adjustment and Adaptation Response (FAAR) model of McCubbin et al (1997). She proposed that family resilience is not only an adaptive process, but also a protective process that emerges from interaction or the interactive processes between family risk and family strengths and protective factors (Blair 2003:42–56; Greene 2007). The five domains of family processes in family functioning in Moss’s conceptual framework on family resilience are (1) organisational processes (2) adaptability processes (3) protective processes (4) communication processes and (5) family belief system processes.

Moss, therefore, shares the view of Simon, Murphy and Smith (2005) that the resilience model of family adjustment and family adaptation of McCubbin et al (1997) and the systems theory of family resilience of Walsh (1996) provide a meaningful connection between family systems orientation and resilience orientation practices.

Moss’s conceptual framework on family resilience is an effort to provide a useful framework to translate theory into practice. The family resilience construct, including the concept of family resilience, the conceptual frameworks and models and how family resilience operates, is discussed in more detail in Chapter 2.

1.2 PROBLEM STATEMENT AND RATIONALE FOR THE STUDY

A problem or purpose statement is similar to a compass. It points towards the broad goal of the research. It is there to keep one directed, always heading in the same direction. It stipulates what knowledge gap exists that needs to be filled and how to close this knowledge gap. The rationale is the reason for the study, describing the difference it will make to the body of knowledge if the research is conducted (Creswell 2009; Badenhorst 2008).

From the discussion on family resilience it appears that:



(1) Within the South African context, a knowledge gap exists in translating family resilience theory into practice. Interwoven into the family preservation services that social workers within the South African context render, there are only fragmented aspects of family resilience enhancement.

(2) None of the existing family resilience interventions that presently exist comprehensively and holistically address family resilience. These interventions only incidentally address particular aspects of family resilience. Programmes for families in general, as confirmed by Mackay (2003), most often look at very specific outcomes and seldom mention the strengthening of family resilience as focus. This also applies to the South African context. Moss (2010) found that although social workers have knowledge of the family resilience construct, they do not consciously use this knowledge in their interventions. Family preservation services that social workers render, as an example, often include elements that could be perceived as characteristics related to family resilience, such as communication and skills training, but these are not recognised as such. This leads to interventions that only address particular aspects of family resilience without realising that if planned holistically, these interventions could be used to consciously address the other family processes on which the intervention will have an influence (e.g. gender empowerment programmes for women implemented without a relational view on the impact of the intervention on members of the family of opposite gender; providing housing to disaster victims without considering the general well-being of the family and ability of the family to reconstruct family life and adapt to new circumstances).

(3) There is no attempt to foster and sustain family resilience as an outcome of social welfare services in the South African context. Moss (2010) established that local social workers are able to identify resilient families and family resilience processes, but that in rendering family preservation services, the strengthening of family resilience is not clearly identified as an outcome. Interventions linked with the basket (range) of social welfare services (see “concepts”) to families across the family life cycle, have no clear target to enhance family resilience, despite it being stipulated and promoted in policy documents.

(4) From this it seems that the understanding of family resilience and its synergistic nature has not as yet been thoroughly introduced to social workers in South Africa. A lack of knowledge amongst social workers and other service providers on the family resilience construct and family processes could be the reason. From the researcher’s experience as social work manager, monitoring the implementation of the Norms and Standards for

Services to Families in provinces, and rolling out family preservation capacity building workshops in provinces, social workers are already implementing interventions that include aspects of strengthening family resilience, but they do not contextualize these services within a broader understanding of the family resilience construct and processes. The unintentional enhancement by social workers of what could be regarded as family resilience strengthening could on the other hand indicate, as already been stipulated, that social workers have a knowledge base of which they are unaware and that could be used in developing interventions that could foster and sustain family resilience.

(5) The increasing references to family resilience in existing policy, legislation and programmes in South Africa led to the researcher being tasked by the Department of Social Development to develop practice guidelines for social workers to foster and sustain family resilience. By tasking the researcher with this, it can be concluded that there is acceptance that when the White paper on Families (2013) is implemented, social workers will require guidelines to implement and to design appropriate programmes for the South African context with family resilience as outcome of family preservation services. Such guidelines will complement the Manual on Family Preservation Services (2015).

(6) There are, however, additional reasons why guidelines for social workers directed at fostering and sustaining family resilience need to be developed:

- The perilous state of South African family structures as indicated at the beginning of the introduction.
- The impending implementation of actions arising from the White Paper on Families in South Africa (2013) will require guidance to design programmes that have family resilience towards family preservation as an outcome.
- Enhancement of the Social Work profession through development of research based interventions (Fraser, Galinsky, Richman & Day 2009).
- A need to recognise and use existing local indigenous social work knowledge and experience on family resilience. Although models to foster and sustain family resilience exist, they are not necessarily contextually appropriate and suited to meet local challenges. There are also no contextual local guidelines for strengthening family resilience. Moss's conceptual framework on family resilience (2010), tested during research conducted with local families that were perceived as resilient, could be used to develop a local, indigenous intervention model to foster and sustain family resilience.

The potential benefits of this research resulting in the development of "The Guidelines" could be summarized as follows:

- Social workers will have clear guidance on how to foster and sustain family resilience in services rendered to families.
- The enhancement of family resilience can be considered as a family preservation effort as the strengthening and sustaining of family resilience will empower families to rebound from adversities and adjust and adapt to changing circumstances.
- The research-based intervention will enhance the social work profession. A profession requires, by its nature, research that encourages development as such professions should embrace change. This in turn contributes to further design and development of intervention knowledge. Furthermore, intervention research could assist in developing implementation guidelines for such programmes (Fraser et al 2009).
- Social work practice could benefit from the development of guidelines for fostering and sustaining family resilience as part of a family preservation service rendered on four levels of intervention as mentioned before, i.e. prevention, early intervention, statutory intervention and protection, and aftercare and reunification.

From the above, there appears to be a need to develop guidelines, but in doing so also explore the question: “what are the existing practices rendered at grass-roots level, with a focus on family preservation, that should be considered in order to foster and sustain family resilience, even if only indirectly”. An in-depth understanding of those already known social work interventions that strengthen families and foster and sustain family resilience needs to be obtained. Social workers must also be asked what obstacles and successes they are experiencing in implementing such intervention to families because these may point to salient aspects to be included in “The Guidelines”. It will also be important that the social workers’ understanding and experiences of the family resilience processes will be explored, as their level of understanding will impact on their responses given on the research question and will indicate what information on the family resilience construct needs to be included into “The Guidelines”. All the above will be a guide towards identifying elements to be included in the practice guidelines for programmes that will foster and sustain family resilience.

The international and local studies and interventions will contribute to the understanding of family resilience enhancement interventions that should be put into place. Their contribution will be described in Chapter 6 when the functional elements of a family resilience intervention will be discussed. These interventions will have the potential to contribute to the strengthening of families so that they may be better equipped to honour their responsibilities towards their family members and to address the needs of their members, without compromising their protective systems.

In summary, there is, therefore, a need for developing practice guidelines for social workers on fostering and sustaining family resilience. Guidelines will provide social workers with a practical guide in translating the family resilience construct and processes into practical reality. It will provide social workers with a framework and pointers to support and assist families to foster family resilience and rebound when confronted with crises and adversities.

1.3 RESEARCH QUESTION

Qualitative research attempts in the main to answer a research question (Babbie & Mouton 2001:3). A research question is what needs to be answered by the study. It also applies to the phenomenon to be investigated.

It is also a key aspect of the research design in that it defines what the researcher wants to learn or understand from the research and reflects the aim of the research. It assists the researcher to focus and offers guidance on how to conduct the research. Research questions can be shaped by aspects such as the researcher's interests and world view, existing literature and the data flowing from the project (Denzin & Lincoln 2005; Fossey, Harvey, McDermott & Davidson 2002:723; Maxwell 2005; Terre Blanche, Durrheim & Painter 2006:540–541).

The research question that emanates from this research problem is:

“How, and by doing what, can social workers foster and sustain family resilience to strengthen and preserve families?”

The following sub-questions refined the central research question, i.e.:

- What is social workers' understanding of family resilience?
- What is social workers' understanding of fostering family resilience?
- What is social workers' understanding of sustaining family resilience?
- What is social workers' understanding of what maintains family resilience?
- What are social workers doing to sustain family resilience?
- What are social workers doing to foster family resilience?
- What suggestions do social workers have on fostering family resilience?
- What suggestions do social workers have on sustaining family resilience?

Based on the former:

- What would the key elements be in practice guidelines for social workers to foster and sustain family resilience?
- How should the practice guidelines for social workers to foster and sustain family resilience be implemented?

1.4 GOALS AND OBJECTIVES

Clearly defined research questions will necessarily lead to the specific goals and objectives for the research. Research goals describe what you want to achieve at the end. Research objectives refer to the implementation steps taken to achieve the research goals. Goals and objectives of any research study should be clearly indicated and very specific. They should clarify the objectives of the researcher (Holloway & Wheeler 2010:27; Mouton 2009:26; Fouché & De Vos 2011:95).

As was discussed in the problem statement, the development of guidelines for social workers to implement family resilience interventions would assist with the translation of the family resilience construct into practice. Thus, the goal or aim or purpose formulated for this research is:

“Develop practice guidelines for social workers on fostering and sustaining family resilience to strengthen and preserve families.”

Objectives can be described as a more concrete and measurable conception of the goal. Research objectives to attain the research goal are “the steps one has to take, one by one, realistically at grass-roots level within a certain time span” (Fouché & De Vos 2011:95). Objectives must be properly conceptualised and documented and determine what will follow (Guest, Namey & Mitchell 2013:18). In order to develop the practice guidelines, the following objectives formulated as task objectives flowed from the goal:

1. To explore and describe the available documented interventions which aim to strengthen and preserve families and foster and sustain family resilience to strengthen and preserve families.
2. To explore and describe how social workers understand family resilience to strengthen and preserve families.
3. To explore and describe social workers’ experiences of interventions that foster and sustain family resilience to strengthen and preserve families.
4. To explore and describe social workers’ suggestions on interventions to foster and sustain family resilience to strengthen and preserve families.

5. To develop practice guidelines for social workers on interventions that will foster and sustain family resilience to strengthen and preserve families.
6. To consult on the practice guidelines to foster and sustain family resilience to strengthen and preserve families by convening a National consultative workshop through the Department of Social Development so that social workers in the social welfare sector can make input to the finalisation of “The Guidelines”.

The development of this study brought the realisation that applied research was needed to develop social work practice guidelines to foster and sustain family resilience. Applied research is done systematically to better understand a particular problem so as to assist in finding a solution to that problem. Applied research is conducted so as to develop new knowledge and is primarily directed toward a practical objective (Roll-Hansen 2009:7; Guest et al 2013).

1.5 RESEARCH METHODOLOGY

Research methodology includes the overall approach taken by the researcher in performing the research project, as well as the related design with its methods of collecting data, analysis and verification. The choice of research methodology as the framework associated with a particular paradigm for a research study, depends on the question that it is trying to answer, the aims and objectives of the study and the process on which the methods and techniques utilized in the research study are based (Babbie & Mouton 2001:29; Gomm 2009:203; Greener 2011:7; Leedy & Ormrod 2005:12; O’Leary 2004:85; Welman, Kruger & Mitchell 2005:2).

To develop the practice guidelines for social workers, intervention research will be employed using the qualitative research approach (Rothman & Thomas 1994).

1.5.1 The qualitative research approach

Qualitative research can be described as an overarching term for a number of systematic methodologies of research that explore, describe and explain people’s experiences, behaviour, interaction and social context using words rather than the use of statistical procedures or quantification. Qualitative research tries to understand human action rather than to explain it. It is done from the viewpoint of the “insiders” in the situation. The qualitative research focuses on the perceptions of the “actors in action”. It is concerned with the discovery of common emergent themes. The research is data-driven and findings and conclusions are drawn directly from data. It is, therefore, inductive. The underlying assumptions and characteristics of qualitative research imply an approach to social

interaction that is multi-perspective and aimed at making sense of, describing, interpreting or reconstructing this interaction in terms of the meanings that the subjects attach to it within a specific context (Babbie & Mouton 2001:22; Donalek & Soldwisch 2004; Fossey et al 2002:717; Fouché & Schurink 2011:312; Gomm 2009:200; Greener 2011:6; Leedy & Ormrod 2005:8; Scott and Xie 2005).

The qualitative research approach is, as stated by Ritchie and Lewis (2003:32–33) appropriate when the phenomenon being researched has the following features:

- The phenomenon is not clearly defined nor fully understood: Qualitative research then provides greater understanding of the nature of an issue or problem where measuring its extent is crucial. The phenomenon underlying the proposed guidelines, namely, social workers' understanding and implementation of family resiliency, is not well understood. Qualitative research is appropriate as it could provide an opportunity for greater understanding of social workers' understanding of family resilience. The open and generative nature of the qualitative method will permit the exploration of social workers' understanding of the conceptual framework for developing family resilience guidelines.
- The phenomenon being studied is deeply rooted and complex: The social workers' grasp of family resilience and its implementation as phenomenon, needs exploration in order to develop effective practice guidelines for social workers to foster and sustain family resilience (Fraser et al 2009:210–222).
- Collecting of information from groups or individuals that play a specialised role in society: In this research study, information will be collected from social workers who have a specialised role in the welfare sector. As their views will be sought from the viewpoint of their specific positions, the nature of the information will require future exploration and questioning.

After exploring different conditions when qualitative research is used, the researcher found the qualitative research approach, which uses the interpretation of subjective meaning, describes the social context and is concerned with the privileging of lay knowledge, to be the appropriate research approach. Qualitative research will provide for exploring and describing the experiences and perspectives of social work professionals who provide services to families, as well as the interventions identified that could enhance family resilience and family well-being (Creswell 1998; Fossey et al 2002:723).

Qualitative research focuses on the study of a phenomenon as it unfolds in the concrete world or natural situation without any manipulation and as interrelated wholes, not split-up

into separate predetermined variables, and is directed at exploring and describing the perceptions of the subjects.

After exploring the different conditions when qualitative research is used, the researcher found the exploratory and descriptive nature of qualitative research most appropriate for this research. The researcher's objective was exploring and describing the understanding of the family resilience processes by social workers, and their experiences of rendering family preservation services that could foster and sustain family resilience (Alston & Bowles 2003:34; Creswell 2003:154; Denzin & Lincoln 2000:3; Ritchie & Lewis 2003:27).

The approach of qualitative research was regarded as well-suited for reaching the sub-goals of the research, i.e. to develop an insight into social workers' understanding of family resilience, their experiences of interventions that foster and sustain family resilience and their suggestions on interventions to foster and sustain family resilience in order to reach the goal of developing practice guidelines for social workers on fostering and sustaining family resilience.

The research design that was to be utilised to conduct the study would try to answer the research question and would be consistent with the qualitative approach.

1.5.2 Research design

Research design can be defined as a group of flexible guidelines and instructions, guided by the research questions, that connect theoretical paradigms, first to strategies of inquiry, and secondly to methods for the collecting of empirical material. The researcher needs to develop a strategy of inquiry so as to allow the use of specific methods for collecting and analysing empirical material (Denzin & Lincoln 2005:25; Mouton 2009:107). The research design includes the approach taken, the data collection and analysing methods. The design used by researchers depends on the objective of the study, the nature of the research question and the resources and skills available to the researcher (Creswell 2009:14; Fouché & Schurink 2011:312).

Formulating a research design is a creative and thought provoking process. The research design provides for a procedural plan in order to find answers to the research question (which arises from the research problem), as validly, objectively and pointedly as possible. It is described as a "blue print", as it refers to a detailed research plan, structure and strategy of investigation in order to answer the research questions (Creswell 2009:14; Hill 2012).

The research question of this study asking HOW and by doing WHAT can social workers foster and sustain family resilience to strengthen and preserve families, points to an exploration of the central phenomenon or concept in the study. The researcher poses this question consistent with the methodology of qualitative research (Creswell 2009:129). In order to explore and describe social workers' understanding of family resilience, stories of the experiences of social work clients told by social workers and how they intervened, exploratory, descriptive and contextual designs will be utilised to illustrate family resilience processes and what interventions would lead to better family functioning within these processes. This will provide an intimate familiarity with social workers' understanding (Creswell 2009; Fouché & Schurink 2011:313, 321).

Applied research that plays a vital role in planning, managing, implementing and evaluating projects, programmes and services will be conducted (Fox & Bayat 2007:10). The researcher intends to utilise an intervention research design to achieve the goal of developing practice guidelines for social workers to foster and sustain family resilience.

1.5.2.1 Exploratory design

An exploratory research design is optimal when there is limited knowledge or information about a particular subject available and the objective of the research is to acquire a broad understanding of a phenomenon, situation or community. Additional information on the phenomena of social workers' understanding and experiences of fostering and sustaining and suggestions on interventions of family resilience would assist with the better understanding of the family resilience construct and with the formulation of the guidelines (Babbie 2010:92; Bless, Higson-Smith & Sithole 2013:60).

1.5.2.2 Descriptive design

Qualitative studies often use a descriptive design, especially when there is sufficient background knowledge available to allow quite a precise topic of investigation to answer the questions of what, where, when and how, especially when complex processes have to be described (Babbie 2010:92; Bless et al 2013:60). Details on social workers' understanding, experience and suggestions on "the what" was required for the development of practice guidelines for interventions on "the how" of fostering and sustaining family resilience.

1.5.2.3 Contextual design

In contextual research, the phenomenon is studied for both its intrinsic and immediate contextual significance (Babbie & Mouton 2001:272). Holtzblatt and Beyer (2002) state

that the contextual design is based on the observation that a system is always placed in a larger environmental context – the community and broader society. This study is contextual in that it wanted to explore the understanding of how local social workers understand family resilience and the “doing of family resilience interventions” within the environmental context where they are rendering their services.

1.5.2.4 Intervention research design

The primary goal of intervention research is to utilise research-based knowledge to design specific tools for improving practice and policy.

Intervention research is viewed as research undertakings with the objective of “conceiving, designing, creating and assessing innovative human interventions applicable to real-world settings” and which involves the “development and testing of practice models, descriptions of change processes and the application of models of practice to new populations and contexts” (Gilgun & Sands 2012:349; Strydom, Steyn & Strydom 2007:333). It is proposed by Gilgun and Sands (2012:356), that for better understanding, the term developmental intervention research could also be used to reflect on the development, on an on-going basis, that the complex systems the social worker wants to influence, usually requires.

According to Fouché and De Vos (2011:89), intervention research is applied research in the social sciences that was conceptualised by Rothman and Thomas (1994) and that was further developed by Fraser et al (2009). Five types of studies could be considered as intervention research, according to Schilling (cited by De Vos & Strydom 2011:475). These are: (1) studies that attempt to understand problem phenomena; (2) studies done with the goal of developing interventions; (3) studies that research the helping process; (4) studies that observe the effects on clients during and after their agency contact on a longitudinal basis (longitudinal studies); and (5) studies that on a systematic basis, design and develop interventions. In this study, the intention will be to systematically design and develop an intervention for social workers to foster and sustain family resilience. Fraser and Galinsky (2010:465) state that “the design and development of interventions is a vital aspect of evidence-based practice, a perspective that places emphasis on the best available practice knowledge”.

Intervention research can be seen as a flexible design which places value on the practitioners’ insight (Comer, Meier & Galinsky 2004:250). In this research insights of the social workers of the phenomenon will be valued for better understanding of the phenomenon. The design will be flexible and only some of the steps of the IDD model will be utilised to conduct the study.

At this time, the only fully developed model on intervention research is the Intervention Design and Development (IDD) Model of Rothman and Thomas (1994). This model aims to develop new interventions and human technologies, including strategies, techniques and methods which can be implemented to assist social service delivery (De Vos & Strydom 2011:474).

The relevance of utilizing the intervention research design was that goals and objectives stipulated for this study would add practice guidelines to the professional knowledge-base of social work practice.

Utilising the Intervention Design and Development (IDD) model of Rothman & Thomas (1994) as described by Fawcett, Suarez-Balcazar, Balcazar, White, Paine, Blanchard and Embree (1994), would provide the researcher with the opportunity to have a clear understanding of social workers' experience and knowledge on the family resilience construct and processes, as well as practical interventions to enhance and sustain family resilience so as to develop practice guidelines for social workers to foster and sustain family resilience to strengthen and preserve families. The researcher, based on the exploration and consequent insights in to family resilience, envisaged that "The Guidelines" would assist in developing programmes to foster and sustain family resilience to strengthen and preserve families. Through the proposed guidelines, the researcher intended to improve the understanding of family resilience processes and intervention strategies that social workers could consider in fostering and sustaining family resilience.

1.6 THE INTERVENTION DESIGN AND DEVELOPMENT (IDD) MODEL OF ROTHMAN AND THOMAS

The IDD model of Rothman and Thomas (1994) consists of six inter-connected phases. Each phase has specific steps to be followed in conducting the research. For purposes of this research the researcher envisaged adapting the model so as to meet the needs of this study and to serve as a broad guideline to guide the research. The researcher will thus only use some steps from phases 1 to 4 of the IDD model (Rothman and Thomas 1994:28) i.e. in Phase 1, Steps 1–5; in Phase 2, Steps 1–3; in Phase 3, Step 2; and in Phase 4, Steps 1–3. Phases 5 and 6 have been omitted. Financial and logistical constraints contributed to the decision to omit these phases. An in-depth discussion on the phases and steps as applied will be described in Chapter 3.

Table 1.1 Intervention Design and Development (IDD) Model of Rothman and Thomas (1994:28) as adapted for the study

PHASE 1	PHASE 2	PHASE 3	PHASE 4
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Problem analysis and project planning	Information gathering and synthesis on existing knowledge through studies and interventions on family resilience	Design (of the practice guidelines as intervention)	Early Development and Pilot Testing (of the intervention)
Step 1	Step 1		Step 1
Identifying and involving clients	Using existing information sources		Developing a prototype or preliminary intervention
Step 2	Step 2	Step 2	Step 2
Gaining entry and cooperation from the settings	Studying natural examples of interventions	Specifying procedural elements of the intervention	Conducting a pilot test of the guidelines
Step 3	Step 3		Step 3
Identifying concerns of the population	Identifying functional elements of successful models of fostering and sustaining family resilience		Applying design criteria to the preliminary intervention concept
Step 4			
Analysing identified concerns and data collected			
Step 5			
Setting goals and objectives of the intervention			

The above-mentioned phases and steps are interconnected and the researcher plans to return to previous phases, when necessary. A description of the phases and steps will follow below:

1.6.1 PHASE 1: PROBLEM ANALYSIS AND PROJECT PLANNING

Problem analysis and project planning is a critical phase that involves working to establish cooperation between researchers and clients to gain the support and cooperation necessary for conducting intervention research. In this phase key problems are identified and analysed and a review is initiated to provide a general orientation of the nature and scope of the problem and the existence of some intervention attempts. The feasibility of the planned interventions is determined and a project plan is developed. This phase should, therefore, result in an in-depth understanding of the problem, confirmation of its

seriousness and documentation of the weaknesses in existing interventions, which should enable the researcher to determine the feasibility of continuing with the design and testing of a human service intervention to overcome the identified problem. (Fawcett et al 1994:27; Rothman & Thomas 1994:9; Rothman cited in Dunn 1994:57).

The phase as described above was planned to be implemented according to the following steps:

- Identifying and involving clients
- Gaining entry and cooperation from the setting
- Identifying the concerns of the population
- Analysing concerns identified and collection of data
- Setting the goals and objectives

1.6.1.1 Phase 1, Step 1: Identifying and involving clients

In accordance with the IDD model, the intervention researcher chooses a clearly defined group or population with whom to collaborate. This population is usually clients whose concerns and problems are of current or developing interest to the clients themselves. For purposes of this study the “clients” will be social workers who participate in the study. This step is closely linked with formulating the research problem that encompasses important elements such as project objectives, creative design options or constraints on the achievement of expected project outcomes (Fawcett et al 1994: 27; Dunn 1994: 59).

A research problem usually relates to a very specific population. In qualitative research the population includes all the people from whom the inferences are to be drawn. A population is the term that sets boundaries on the study units and refers to individuals in the universe (the potential subjects with those attributes in which the researcher is interested) who possess specific characteristics (Leedy & Ormrod 2005:253; Welman et al 2005:52).

In this research, the population will be social workers providing services to families in the welfare sector in South Africa and who are expected to render family preservation services amongst other services.

Sampling is not included in the model of Rothman and Thomas (1994). However, in this study, sampling is a portion of the population. A sample comprises elements or ‘a subset of measures’ drawn from the population of interest to the researcher. In the case of qualitative research, which aims at a deeper insight into a complex phenomenon, the aim

of sampling is not to generalise the results to the population but aims towards some aspect of new knowledge and understanding that could be transferrable to other units of the population. Sampling in qualitative studies is thus based on identifying participants who could provide rich, “thick” descriptions of the phenomena being studied (Bless et al 2013:162; Nicholls 2009:526–533; Welman et al 2005:55).

The researcher intends to make use of purposive and snowball sampling as techniques of non-probability sampling where the probability of each element of the population being included in the sample is unknown (Bless et al 2013:393). Purposive sampling is a sampling method which allows the deliberate selection of certain subjects (client population) to be included in the study. It is used when the purpose of the research is to provide clarity on a specific field as determined by the research topic and when it aims to be rich in information while exploring meanings (Alston & Bowles 2003:90; Fossey et al 2002:717–732).

Snowball sampling is a process of building a sample through referrals and to continue adding until the sample is saturated and no new information is emerging from the research (Alston & Bowles 2003:90; O’Leary 2004:108). The researcher intends to collect data on the members of the target population and then seek information from those members that enables the researcher to identify other members of the specific population.

The criteria used to include social workers in the sample of social workers are :

- Registered with the South African Council for Social Service Professionals
- Employed by either the Department of Social Development, South African Women’s Federation (SAVF) or Families South Africa (FAMSA)
- Rendering family preservation services and programmes to families, as one of the focus areas in rendering generic social work
- Practicing in Gauteng, Limpopo or North-West Province
- Available and willing (consent) to participate

The two Non-Governmental Organisations (NGOs), FAMSA and SAVF, are actively involved in rendering of services to families on a preventative and early intervention level. FAMSA does not render statutory services, whilst SAVF renders services on both a statutory and non-statutory level. The Department of Social Development also renders services on both levels.

For the research, social workers from Gauteng, Limpopo and North-West province will be identified for inclusion in the sample due to their convenient proximity and their client

families being from a large geographic area, from various cultures and from rural, semi-rural and urban living conditions.

It was envisaged that it may be difficult to find social workers who specifically render services and programmes to families addressing all the different aspects of the challenges families are confronted with. In smaller offices of the DSD, due to human resource constraints, social workers usually render generic social work services and may have limited experience in services to families as it is only in the larger offices that specialisation can take place. However, all social workers should have some experience of services to families and family resilience. In accordance with the norms and standards of social welfare services, all services should be family focussed and should take family preservation, as cross-cutting issue, into consideration, even if they are rendering services within a specific focus area (Generic Norms and Standards for Social Welfare Services [sa]).

The researcher envisaged selecting at least three social workers from each setting within each province but at least two social workers from each of the Department, FAMSA and SAVF in each province. Should it be possible, more would be selected so as to be prepared for unforeseen circumstances.

1.6.1.2 Phase 1, Step 2: Gaining entry and cooperation from the settings

In accordance with the IDD model the researcher should, before approaching an agency, know about the clients, goals, programmes, policies and staff of the agency that he/she wishes to approach. Key insiders as identified by Agar (cited by Fawcett et al 1994:29), can explain local procedures to the researcher and introduce them to “gatekeepers” who often control access to the setting. It is advisable that the researcher makes “tangible” understandings and arrangements with the agency or group that needs to be approached. A contractual framework should be used to provide direction and limit the possibility of conflict (Rothman 1994:88). The researcher intends to have discussions with the directors of FAMSA and SAVF and the provincial family coordinators in the three provinces, to gain understanding of what the specific satellite offices of the NGOs and the District offices of the Department of Social Development have to offer in rendering family preservation services to families.

The researcher envisages using the management structures of the Department of Social Development, FAMSA and SAVF to provide the necessary permission to enter and obtain cooperation from the agencies where the sample group social workers are employed. The

researcher intends to inform, by email, the Head of Department (HOD) of each Provincial Department of Social Development in Gauteng, North West and Limpopo Provinces, and the Director of the National Office of FAMSA and the Directors of the provincial offices of the SAVF of the envisaged research and to request, in writing, permission to enter the various settings at a grassroots level.

After permission to conduct the research has been granted, the researcher would write letters/emails to the managers of the different district offices of the Department of Social Development, as well as the satellite offices of FAMSA and the SAVF, in the relevant provinces, to clarify the objectives of the research. In this letter, the managers would be requested to identify social workers to form part of the sample. The researcher will attach to these letters the information letters that need to be given to the identified social workers. These letters will include information on the objectives of the research, the criteria for their inclusion in the sample group, the method of data collection and the need to record the interviews. The research participants will be informed about their anonymity and the confidentiality of the process. Furthermore, the researcher will indicate that only she, the editor, the independent data coder and the researcher's supervisor will be given access to the recordings and transcripts. The email address of the researcher will be provided to the social workers should there be any further enquiries. Attached to the information letter will be a form containing their particulars, as well as the consent form to be completed by each research participant.

The managers of the service offices or satellite offices will play a key role in identifying the social workers who could participate in the research and form part of the sample group. These managers are viewed as gatekeepers as their positions allow them to control access to the sites (Creswell 2009:178; Leedy & Ormrod 2005:137).

The researcher envisages including into the sample group only those social workers who provide the researcher with their particulars and signed consent form.

1.6.1.3 Phase 1, Step 3: Identify the concerns of the sample population social workers

According to the IDD model the researcher, once having access to the setting, needs to gain an understanding of what is important to the population social workers. The researcher should not impose external views of the problems and their solutions on the population but should talk with key informants such as "natural" leaders to obtain information on local problems and strengths. Engaging with the population group will

clarify dimensions of the identified issues and will give the researcher an understanding of the “scope and magnitude of given concerns” (Fawcett et al 1994:29–30).

In this research, the issue is social workers’ understanding and awareness of the family resilience construct and its potential use in rendering family preservation services to strengthen families and enhance family resilience. For purposes of this study suitable qualitative data collection methods, namely, focus group interviews and face-to-face semi-structured interviews, will be utilised for data collection and for triangulation of data so as to increase the trustworthiness of data. The focus group discussions will be firstly, to gain an understanding of the participants’ level of understanding and insight into family resilience, and secondly, to explore and describe their experiences and suggestions of interventions that could directly or indirectly foster and sustain family resilience. Thereafter, the researcher will conduct face-to-face semi-structured interviews with some research participants in the sample.

Only if data saturation has not been reached after conducting the focus group interviews and the face-to-face semi-structured interviews, the researcher will turn to snowball sampling to include more social workers in the sample until data saturation is reached.

The objective of qualitative interviewing is to gain an in-depth understanding of the participants’ views. This follows in line with the previously mentioned characteristics of the qualitative approach, as the aim is to explore, describe and evaluate (Leedy & Ormrod 2005:135). The qualitative research interview differs from the therapeutic interview as the therapeutic interview aims at changes – through personal interaction rather than through logical argument. These sought changes are not primarily conceptual as in qualitative interviewing, but emotional and personal (Kvale 1996:47).

The researcher concludes that qualitative focus group interviews and face-to-face semi-structured interviews would assist in exploring the research problem most effectively.

- **Focus-group interviews**

Focus-group interviews are a method of interviewing a group of participants, by using qualitative methods to collect data by questioning several individuals together, whilst observing the interaction between group members (Denzin & Lincoln 2005:71; Janesick 2011:118). Greeff (2011:362) stresses the suitability of focus groups in qualitative research when the aim is to understand a range of feelings and experiences. The focus-group technique is one of the most common approaches to research in the behavioural and social sciences. A focus group is thus an interview with a group under a trained facilitator, with a specific set of questions and a structured approach to research ideas

within a group context. King and Horrocks (2010:162) warn that using focus groups may result in not enough attention be given to some issues. However, focus-group interviews allow extensive and rich data to be collected over a brief period of time (Carey 2012:134).

The researcher envisaged conducting six focus-group interviews using an interview guide. Two focus group interviews would be conducted in each province with the same research participants on the same day. This would be done to provide enough time to thoroughly explore the research questions. The focus groups would comprise two social workers from the district office of Social Development in that province, and two each from the satellite offices of FAMSA and the SAVF in the province.

In the first of the daily focus-group interviews, the researcher intends to facilitate a focussed discussion on the research participants' understanding of the family resilience processes and during the second focus-group interview, to explore the social workers' experiences of family preservation services that directly or indirectly enhance family resilience, as well as their suggestions on what should be included in practice guidelines for interventions that could foster and sustain family resilience and their concerns with regard to implementation. Furthermore, the researcher envisaged exploring which services and family preservation programmes were currently available that enhance and sustain family resilience, even if only indirectly.

- **Semi-structured face-to-face interviews**

After the focus group interviews, the researcher intended to conduct face-to-face semi-structured interviews using an interview guide. Face-to-face semi-structured interviews can be defined as “interviews organised around areas of particular interest, whilst still allowing considerable flexibility in scope and depth” (Greeff 2011:348). The face-to-face semi-structured interview is somewhere between a structured and an unstructured interview. In this type of interview the questions are more flexibly structured. As specific information is required from respondents, there is also a more structured section to the interview, but the greater part of the interview is led by a list of questions on topics that have neither exact wording nor a specific order on how the questions will be asked. These questions are also not necessarily determined in advance. This format allows the researcher to respond to the dynamic situation to engage the worldview of the respondent, and to get new slants on the topic (Greeff 2011: 348; Merriam 2009:90).

- **Interview guide for the focus groups and the face-to-face semi-structured interviews**

An interview guide with an outline of topics or issues that will be covered by the research will be used. Whilst to some extent the researcher can vary the order and the wording of questions, the guide should not limit participants to merely answering the questions (Fossey et al 2002:727; Merriam 2009:89).

The researcher will be utilising the same basic interview guide for both the focus group interviews and the semi-structured interviews. The researcher will adapt the interview guide to each form of interview, but will also ensure that consistency of content is maintained.

The interview guide can be adjusted after the pilot interviews and thereafter, after each interview, should the researcher deem it necessary to do so. In the interview guide, the following questions will be asked:

TABLE 1.2 INTERVIEW GUIDE FOR THE FOCUS GROUPS AND FACE-TO-FACE SEMI-STRUCTURED INTERVIEWS

1. What is your understanding of family resilience?
2. What is your experience (what do you (do) or know about) of fostering (grow/develop) and sustaining (maintaining) family resilience?
3. What are your suggestions on guidelines for an intervention to foster and sustain family resilience?
4. What are the obstacles that you experience or anticipate that could be experienced, in rendering services that foster and sustain family resilience?
5. What are the enabling factors that are experienced or could be anticipated in rendering services that foster and sustain family resilience?
6. What intervention actions/elements would you include in a programme to foster and sustain family resilience?
The way forward.

Ground rules for the focus group interviews will be presented to the group participants to ensure the active participation of all the focus group participants. The following ground rules supported by Krueger (2002) and Burham (2008) will be presented to the participants. They will, however, also be provided with the opportunity to add ground rules should they wish to do so.

- There are no right or wrong answers but rather differing points of view. Please feel free to share.
- Your point of view is important even if it differs from what others have said.
- We need to respect each other's opinions.
- Everything that is being said will be confidential and you as participant should honour this principle.

In both the focus-group interviews and the face-to-face semi-structured interviews, the research participants will be asked to give a narrative on family resilience that illustrates

how the experiences of their social work clients shed light on family resilience processes, how these processes unfold during the intervention process, as well as what approach could have improved the outcome of the intervention. The participants will be reminded that, from their own experience as family members, they could add valuable information in drawing on their own family resilience experiences should they wish to do so.

- **Communication techniques in interviews**

To be able to have in depth exploration of the issues under discussion and to enhance communication during the individual and focus group interviews, the researcher envisages applying certain communication techniques in the interviews (Greeff 2011:345):

- **Facilitation:** The researcher will facilitate the focus groups by creating a comfortable, safe environment for the groups to stimulate discussion without using leading questions. Participants need to be given ample opportunity to participate and support each other's opinions or express different opinions. The group members who stay quiet need to be encouraged to also participate in the discussions. The researcher will also create comfort by providing breaks and refreshments if sessions are long (Gill, Stewart, Treasure & Chadwick 2008:291–295; Greeff 2011:368).
- **Minimal encouraging of verbal and non-verbal responses:** This technique is used to indicate to the participants that the researcher is paying attention and is interested in their opinions and insights. When the researcher has to respond, the use of “yes” or “more” can be used. This technique also serves to encourage participants.
- **Clarification:** Through this technique, unclear data is brought into sharper focus. The researcher, for example, rephrases the participant's sentences to ensure that the content of the sentence is correctly understood, by saying: “did you mean...?” “Could you tell me more about...?” “You seem to be saying...” The researcher must use this technique with care to avoid leading the participants. According to Leslie and McAllister (cited in Bulpitt & Martin 2010:7), clarification with the ability to listen empathically, asking probing questions and reflection are skills that can enhance the relationship between researcher and research participant.
- **Focusing:** The focusing technique is employed to ensure that the discussion remains related to the research question at hand and to avoid participants wandering off the point (Hepworth, Rooney & Larsen 2006:148). Focusing assists the researcher when it is suspected that the group has lost focus. The researcher may at times repeat the question in a rephrased version to refocus the group.

- **Summarising:** This can be employed to link elements together and to encourage the participants to provide correct information which does not lack depth (Hepworth et al 2006:157). Summarising comments such as “So what you were saying is ...” could stimulate further discussion. The researcher will make use of a flipchart during the discussion to be able to accurately summarise and reflect on what is said, in order to keep the participants focussed.
- **Probing:** This can be used to obtain the maximum amount of data. Open-ended questions allow participants to contribute significant detailed information and will allow the researcher to ask probing questions as a means of follow-up. Should the researcher want more information than received after asking a question, probing through “Who”, “Where”, “What” and “How” questions will allow the researcher to better understand and respond in order to get more in-depth information (Gill et al 2008:291–295).

The researcher plans to digitally record the focus group and individual interviews to ensure that as much data as possible is retained and kept as evidence. The data would later be transcribed for analysis. Researchers should take care not to allow **data recording** to be a disturbance during the interviews or group discussions. The voice recordings will allow for a complete record. It allows the researcher to concentrate on the progress and content of the interview and to note relevant aspects of the social processes (Kelly cited by Terre Blanche et al 2006:307; Welman et al 2005:196).

From previous personal experience the researcher realised that data recording of focus groups poses a challenge. The researcher intends to arrange for an assistant to help with the focus group interviews. The assistant will also capture the data collected during the focus group interviews on a flipchart for further processing.

Other methods of data collection that could be considered are participant observation and field notes with a description of the process and what happens during the interviews. The notes should include the content of the discussions, aspects such as the arrangement of seating, patterns of communication, dynamics and non-verbal communication to complement the data collection (Greeff 2011). The researcher intends to complete field notes and transcriptions of the interviews as soon as possible after the interviews to ensure optimal recall of information.

As has already been stated, the researcher will make use of snowball sampling to identify further participants if it is still necessary to ensure data saturation.

Prior to analysing data, data saturation should be reached. This takes place when data becomes repetitive. According to Walker and Guest (cited by Fusch & Ness 2015:1408), data saturation is reached “when there is enough information to replicate the study, the ability to obtain additional new information has been attained, and when further coding is no longer feasible”.

- **Pilot study**

The researcher envisaged to conduct a pilot study, also called a ‘feasibility’ study, on the interview guide. This pilot study will be conducted after the researcher has a clear vision of the research topic and questions, the techniques and methods which will be applied and the interview guide has been developed (Calitz 2009:256–289).

Depending on the feedback from the focus group participants and participants involved in the face-to-face semi-structured interviews, the guidelines would be adjusted (See adjusted interview guide Chapter 3, Table 1.2).

1.6.1.4 Phase 1, Step 4: Analysing identified concerns and data collected

This step in Phase 1 of the IDD-model of Rothman and Thomas (1994:31) is about the analysis of data to identify concerns as raised by the participants in the previous step, and data collection. According to Fawcett et al (1994:30), a critical aspect of this phase is to analyse what the “ideal” situation is and what the “actual” condition of a problem situation or phenomenon is. Consideration should also be given to the possibility it could be a multi-level problem which will require action at many levels of change. These questions and answers will be important in considering the goals of the intervention research.

Data analysis can be described as the step in which reduction of data, presentation and interpretations take place. In qualitative research, data analysis and interpretation and even the data collection process are closely interwoven. Qualitative data analysis incorporates the analysis of the content, the identification of patterns and regularities, and the understanding of the meaning of the data (Babbie & Mouton 2001:490; Leedy & Ormrod 2005:150-151).

The researcher needs a structure for the data analysis. Tesch (cited in Creswell 2009:186) identifies eight steps in data analysis that can be followed. These steps make sure the data analysis occurs systematically and comprehensively. The researcher will be using the steps of Tesch in the process of data analysis as follows:

Step 1: The researcher reads all the transcriptions in order to get a sense of the whole and notes the ideas that develop from this.

Step 2: One transcription from each set of data, one from the focus groups and one from the face-to-face semi-structured interviews are studied and notes made of the identified topics and themes.

Step 3: The researcher then repeats this second step with the rest of the transcripts. When all the topics have been identified, they are then clustered and labelled according to their characteristics.

Step 4: Each topic is then given a code word. The transcriptions are studied again, while the codes are inserted at the relevant places in the transcripts.

Step 5: The researcher then places the topics in categories. Topics with specific, common characteristics are placed in a category.

Step 6: The researcher then makes a decision about the inclusion of the categories. Abbreviations for each category are made and these codes are alphabetized.

Step 7: The categories in each transcription are then identified and all the information in the various categories collated and a pre-analysis performed.

Step 8: After the pre-analysis, the researcher proceeds to write a report based on the findings that emerge from the analysis.

- **Trustworthiness of the research data**

It is important that special attention and methods should be in place to ensure the research data is trustworthy. According to Hill (2012:175), trustworthiness refers to, “the researcher’s claim to have used appropriate, adequate and replicable methods and to have correctly reported the findings” to ensure the quality of the findings (Krefting 1991: 215). Guba (cited in Krefting 1991:215) describes four aspects of trustworthiness, namely, truth value, applicability, consistency and neutrality.

(a) Truth Value

The meaning of truth value in qualitative research refers to how much confidence can be placed in the truth of the findings. Krefting (1991:215) states that the level of confidence in the truth of the findings is based on the research design, the participants and the context in which the study was undertaken.

The researcher will endeavour to establish confidence in the truth of the findings by applying the following strategies or techniques, i.e. through:

- **Interviewing techniques:** The researcher as interviewer plays an important part in how the interview is conducted and could influence the data collection. Effective interviewing techniques can “minimize, if not eliminate the interviewer’s influence” (Denzin & Lincoln 2005:709). The researcher will use an interview guide, recording of interviews, and communication techniques such as minimal verbal responses, clarification, focusing, summarising, probing and facilitation to minimise interviewer influence and avoid using closed and leading questions. Alston and Bowles (2003:118) state that empathy is a critical skill in interviewing in which the person being interviewed feels heard, accepted and understood. Empathetic skills can assist in eliminating the interviewer’s influence.
- **Triangulation** can be considered as comparing different perspectives by using different methods and different sources for collecting data (Krefting 1991:219). Babbie and Mouton (2001:275) consider triangulation in qualitative research to be one of the optimal ways to increase the reliability of a study. Denzin (cited in Denzin and Lincoln 2000:391) identified four basic types of triangulation, namely, the use of a variety of data sources, the use of several different researchers or evaluators, the use of multiple perspectives to interpret a single set of data and the use of multiple methods to study a single problem. The researcher will be using multiple sources of data by utilizing focus group interviews with multiple participants (at least six to eight), as well as semi-structured individual interviews and a national consultative workshop with about 40 social workers, to triangulate methods and sources of data. The researcher has deliberately chosen this strategy in order to develop a deeper and more complex understanding of family resilience and to illuminate the different facets of understanding of social workers about family resilience to portray complexity (Fossey et al 2002:727).
- **Peer-examination** is viewed by Krefting (1991:219), as an acceptable criterion for verification of data or trustworthiness. The value of peer examination lies in the fact that work is reviewed and questioned by people from outside the context of the research, but who have a grasp of both research in general and the nature of the study. The researcher will be requesting guidance and advice from colleagues who have experience in the field of qualitative research, as well the supervisor appointed by the University for guidance and assistance.
- **The value of the authority of the researcher** should be based on evidence to support the statements on which the truth value of the researcher is based

(Welman et al 2005:277). The researcher is specialised in the field of services to families. She is in the employment of the National Department of Social Development and has been working firstly, as a policy developer, and later as a Social Work Policy Manager in the Directorate, "Families" since 2001. The researcher was directly involved in the development of Family Policy, now the White Paper on Families that was approved by Cabinet in 2013. Furthermore, the researcher was involved in and facilitated the development of three manuals on family developmental programmes, namely, the Manuals on Family Preservation Services, Marriage Preparation and Marriage Enrichment, as well as the Framework on Mediation for Social Services Professionals mediating family matters. The researcher was also involved in the development of Norms and Standards for Services to Families. After this development, the researcher had to roll-out training in the nine provinces on the abovementioned. All these aforementioned involved extensive desk top research, as well as a country wide consultative process with relevant key stakeholders in developing the manuals, programmes and guidelines. The researcher conducted a qualitative study for her Master's Degree in Social Work through the University of South Africa with the topic: "Exploring family resilience amongst South African Social Work Clients" (Moss 2010).

(b) Applicability

The trustworthiness of the study depends on the level to which the findings of the research study are applicable to other contexts or groups. Transferability is a strategy through which applicability of qualitative data is assessed (Krefting 1991:216). "Transferability can be fostered when researchers provide detailed information about the participants and the research process so that the readers can judge whether findings might transfer to other settings" (Hill 2012:176). Transferability in qualitative research is enhanced through the development of a "thick" description of the methodology, as well as the use of purposive sampling techniques.

(c) Consistency

According to Guba (cited in Krefting 1991:216), consistency of data refers to "whether the findings would be consistent if the enquiry were replicated with the same subjects in a similar context". In order to enhance consistency, the researcher will make use of an independent coder. The researcher will also request the coder to independently

carry out an analysis of the data. The researcher and the coder will meet thereafter to compare and critically discuss the coding.

It is stated by King and Horrocks (2010:162), that it is common in thematic analysis to utilise some form of independent coding as an assurance of quality. The aim of independent coding is not to improve reliability but rather to help the researcher think critically about the thematic structure that has been developed and the coding decisions that have been made.

(d) Neutrality

Neutrality in qualitative research (referring to the degree to which the research procedures and findings are unbiased) refers to the neutrality required of the data, rather than that of the researcher. According to Guba (cited in Krefting 1991:216–217), neutrality is achieved through rigor of methodology through which reliability and validity of data are established

Neutrality can be achieved through conformability strategies such as an external audit based on different sources of data including extensive field notes reflecting the researcher's personal thoughts, views and feelings about the research process so as to become aware of possible biases and preconceived assumptions, combined with the transcripts of the interviews. Other strategies are:

- Triangulation of multiple methods, data sources and theoretical perspectives. Every interpretation should be substantiated by at least two sources as was described above (Krefting 1991:221)
- Reflective analysis to make sure the researcher is conscious of his or her influence on the data (Babbie & Mouton 2001:275; Krefting 1991:221).

The analysed data should provide knowledge on the social workers' understanding and experience on fostering and sustaining family resilience and suggestions of social workers on elements to include in the practice guidelines for social workers to foster and sustain family resilience.

1.6.1.5 Phase 1, Step 5: Setting the goals and objectives of “The Guidelines”

The final step in phase 1 of the IDD-model refers to the identification of goals and objectives for the intervention. Stating broad goals and more specific objectives clarify the proposed ends and means of the envisaged intervention (Fawcett et al 1994:31). Goals are the wider conditions or outcomes that the community of interest wishes to achieve,

which in this case is “Practice Guidelines for social workers to foster and sustain family resilience to strengthen and preserve families”. Objectives refer to more specific changes in programmes, policies or practices that may take place resulting from the study and that are believed to contribute to the broader goal (De Vos & Strydom 2011:479–480; Fawcett et al 1994:31).

The goal informed by the research question and formulated for the guidelines is:

“To provide social workers within the South African welfare context with systematically developed statements to assist practitioners in implementing interventions with the outcome of family resilience”.

1.6.2 PHASE 2: INFORMATION GATHERING AND SYNTHESIS ON EXISTING KNOWLEDGE THROUGH STUDIES AND INTERVENTIONS ON FAMILY RESILIENCE

When planning an intervention research project, it is important to discover what others before you have done to understand and address the same problem, so as not to be ‘reinventing the wheel’. Phase 2 of the IDD involves the acquisition of knowledge to identify and select those types of knowledge that are relevant and to utilise and integrate suitable forms of archival information and natural examples of successful practices of individuals or organisations (Fawcett et al 1994:32).

The expected outcome of this phase is to list functional elements that can be incorporated into the design of the intervention by:

- (1) using existing information sources
- (2) studying natural examples of interventions
- (3) identifying functional elements within successful models of fostering and sustaining family resilience

The steps of this phase were implemented as follows:

1.6.2.1 Phase 2, Step 1: Using existing information sources

In designing an intervention, the researcher must do a literature review.

According to Rothman and Thomas (1994:9), it is necessary to identify and select relevant existing types of information such as empirical research, related practice and technology and social innovation. Relevant information sources such as journals, abstracts, etc. can also be utilised. In this phase of gathering information, different types of data serve as the

basis for the development of the intervention. Usually this information must be reworked so that the results or products may be incorporated directly in the design process (Rothman & Thomas 1994:12--13).

A literature review is usually undertaken by an examination of selected empirical research, reported practice and identified innovations relevant to the social or health concern (Fawcett et al 1994:32). In doing so the researcher finds out what others have done to understand and address a similar problem. The intervention researcher must examine existing information sources, also looking beyond the literature of their particular fields to establish new linkages between concepts and methods using a number of disciplines. This integration contributes to the generation of new knowledge. Furthermore, literature should be examined to identify risk, promotive and protective factors related to the problem (Fawcett et al 1994:33; Fraser & Galinsky 2010:462).

For this particular study, the researcher will rely heavily on existing literature on the family resilience construct and available programmes that directly or indirectly enhance family resilience.

The focus of the literature review carried out for this study will be the literature available to the researcher on services and programmes that could be utilised in the design and development of practice guidelines for social workers to foster and sustain family resilience to strengthen and preserve families. The result of this step is documented in Chapter 6.

1.6.2.2 Phase 2, Step 2: Studying natural examples of interventions

A useful source of information is to observe how research participants (community members) faced with this or a similar problem, have tried to address it. "Interviews with people who have actually experienced the problem, such as clients, or those with knowledge about it, such as service providers, can provide insights into which interventions might or might not succeed, and the variables that may affect success" (Fawcett et al 1994:32).

The researcher will be studying social workers' use of and ideas on using the family resilience construct to foster and sustain family resilience in family preservation services through qualitative research interviews. This step will be implemented simultaneously with step three in phase 1, during the focus groups and individual semi-structured face-to-face interviews with social workers. This is presented in Chapter 4 and 5.

1.6.2.3 Phase 2, Step 3: Identifying the functional elements of successful models

In this step, in Phase 2 of the IDD-model, functional elements in existing service programmes, practice guidelines and services, are identified and evaluated for their effectiveness in addressing the research problem. The following critical questions listed by Fawcett et al (1994:33), can be considered in identifying the functional elements of interventions:

- Does a model programme, policy or practice exist that has been successful in changing targeted behaviours and outcomes?
- What made such a programme, policy or practice successful?
- Does a model programme, policy or practice exist that was unsuccessful?
- What caused it to fail?
- Which events appeared to be critical to success (or failure) of such programmes?
- What conditions (i.e. organisational features, client characteristics and broader environmental factors) may have been critical to success (or failure) of the programme?
- What specific procedures were used in the programme, policy or practice?
- Was information provided to clients or change agents about how and under what conditions to act?
- Was modelling, role-playing, practice, feedback or other training procedures used?
- What positive consequences, such as rewards or incentives, and negative consequences, such as penalties or disincentives, helped establish and maintain desired changes?
- What environmental barriers, policies or regulations were removed to make it easier for the changes to occur?

By studying successful and unsuccessful programmes and models that have attempted to address the problem, researchers identify potentially useful elements arising from an intervention. To this end service providers can provide insights into which interventions may or may not be successful and the variables that may affect the success or failure of the programme. Furthermore, the study of unsuccessful programmes and practices could be particularly valuable since failed programmes assist to understand methods and contextual features that may be critical to success (Fawcett et al 1994:36). The researcher intended to continue her literature review in order to identify such programmes and identify those variables which might have impact on the success or failure of the programmes.

This synthesis of existing knowledge helps to guide the design and the development of programme activities.

1.6.3 PHASE 3: DESIGN OF HUMAN SERVICE TECHNOLOGY “THE GUIDELINES”

Design, early development and pilot testing of the research process are interrelated phases and outline operations to produce the products that result from intervention research. This includes two aspects. Firstly, the research data – that may demonstrate relationships between the intervention and the behaviours or outcomes that define the problem of interest. Secondly, the intervention itself – which may include a strategy, technique or programme, informational or training material, environmental design variables, a motivational system or a new or modified policy or other procedures (Fawcett et al 1994:33–34). Fraser and Galinsky (2010:463) state that while designing the intervention, practice principles for the intervention and manuals are created to assist in selecting “fidelity criteria” (criteria that specify the type and amount of intervention exposure believed to be sufficient to produce an effect). For purposes of this study, the researcher will be developing “Practice Guidelines for social workers to foster and sustain Family Resilience to strengthen and preserve families” as guide for the development of social work interventions that will enhance family well-being and the ability to rebound from adversity.

1.6.3.1 Phase 3, Step 2: Specifying the procedural elements of “The Guidelines”

It is stated by Fawcett et al (1994:35–37), that by studying naturally occurring innovations, the researcher can identify procedural elements to use in the intervention. These procedural elements – including information, skills and training for the skills acquisition, environmental change strategies, policy change or enforcement strategies, or reinforcement procedures – should be specified in enough detail so that they can be replicated by other similarly-trained change agents.

This step will enable the researcher to identify “what” and “how” interventions (or in this case, practice guidelines developed in Phase 4, Step 1) should be implemented (Fawcett et al 1994:33). The researcher will specify the procedural elements of the practice guidelines by using the information on fostering and sustaining family resilience gained from the literature review on the existing studies, programmes and services on family preservation referring to family resilience, the social workers’ narratives of experience of interventions that foster and sustain family resilience, as well as the concerns and suggestions of these social workers on how the practice guidelines for social workers to

foster and sustain family resilience, as guide for the development of family resilience programmes, should be implemented.

1.6.4 PHASE 4: EARLY DEVELOPMENT AND PILOT TESTING

In Rothman and Thomas' IDD model (1994:10–12), during the early development and pilot testing phase, an initial research design is developed to a point that it can be tested under field conditions. During this phase, Rothman and Thomas suggest that a limited operational model of the intervention should be developed and that the model should be field tested and be revised as necessary.

This phase includes the following operational steps:

- (1) developing a prototype or preliminary intervention
- (2) conducting a pilot test
- (3) applying design criteria to the preliminary intervention concept

This study will include all these steps in adapted form.

1.6.4.1 Phase 4, Step 1: Developing a prototype of “The Guidelines”

During this step, the researcher will integrate Step 2 of Phase 3 (Studying the natural examples), as well as Step 1 of Phase 4 (develop a prototype or preliminary intervention) of Rothman and Thomas's IDD model (Fawcett 1994:36–39). This is deemed necessary to develop draft Practice Guidelines as a prototype of human service technology to provide information to social workers on family resilience and the process of family resilience and how to operationalise family resilience in practice.

1.6.4.2 Phase 4, Step 2: Conducting a pilot test

Pilot tests are designed to determine whether the intervention will work – “to see if the beast will fly” (De Vos & Strydom 2011:484).

Pilot testing helps to determine how effective the intervention is and identify which prototype elements may have to be revised (Fawcett et al 1994:36). For purposes of this research, the researcher will present the guidelines for interventions that could foster and sustain family resilience to social workers for scrutiny. This will be done by arranging a national consultative workshop with a prototype “Practice Guidelines for Social Workers to foster and sustain Family Resilience” as baseline information. The consultative workshop will provide the social workers with an opportunity to engage with the manual, helping to determine the effectiveness of the guidelines in providing social workers with the necessary information and guidance to develop a family resilience programme. The

researcher will make use of group and plenary discussions to thoroughly dissect the document and to optimally utilise the opportunity. The input obtained at the workshop will be collated into the practice guidelines for social workers to foster and sustain family resilience and will form chapter 7 of the thesis.

1.6.4.3 Phase 4, Step 3: Applying design criteria to the prototype of “The Guidelines”

The design process is based on established guidelines and values for intervention research through agreed standards for appropriate intervention (Fawcett et al 1994:27). The researcher will adapt the relevant questions to be asked, to ensure that an intervention applies to standards set for appropriate community intervention. Relevant questions include:

- Do the draft guidelines provide broad enough scope for the development of interventions to foster and maintain family resilience?
- Do the guidelines provide sufficient guidance to social workers on how to develop interventions that will be effective?
- Are the guidelines practical to use?
- Do the guidelines provide enough flexibility to ensure that the interventions developed are adaptable to various contexts?

These questions will assist in guiding the pilot testing. The above-mentioned questions were asked of the social workers attending the national consultative workshop. The information on these questions collected during the consultative workshop will be collated into the prototype guidelines so as to revise the guidelines.

1.7 ETHICAL CONSIDERATIONS THAT WILL BE FOLLOWED TO GUIDE THE RESEARCH PROCESS

Ethics refer to the principles of conduct and behaviour that the profession considers as correct (Kumar 2005:190). The researcher, as social work professional, registered at the South African Council for Social Service Professions in accordance with the Social Service Professions Act 110 of 1978 as amended (South Africa, 1979) realises that she will be accountable according to the professional code of ethics and to research ethics in conducting the research.

The researcher will be obliged to ensure that the human rights of the social workers as population group are respected and that their well-being is safeguarded by adhering to the ethics of research (Leedy & Ormrod 2005:101). According to Hepworth et al (2006:67),

emphasis should be placed on the fact that all registered social work professionals are bound by a code of ethics, which ensures the respect of privacy and confidentiality, when working with people.

Four philosophical principles are identified by Beauchamp and Childress (cited in Terre Blanche et al 2006:67), that could be applied to determine whether research is ethical, namely:

- **Autonomy and respect for the dignity of persons:** The researcher intends to adhere to the requirements by research participants for voluntary informed consent to participate in the research, as well as the protection of confidentiality.
- **Non-maleficence:** The researcher would ensure that no harm or wrong would come to research participants because of their participations in the research.
- **Beneficence:** The researcher would consider the potential risks that the research could bring to participants and would attempt to maximize benefits that the research may afford to the participants.
- **Justice:** During all stages of the research process the researcher would treat the participants with fairness and equity.

It is the intention of the researcher to honour the above-mentioned principles in the research study. The following ethical considerations will be discussed in more detail:

- **Informed consent**

Informed consent involves the provision of sufficient information to enable people to make informed decisions in order to voluntarily participate in a research project (Wiles, Heath, Crow & Charles 2005). Participants should be informed, prior to engaging with them, about the aim and nature of the research and that they, as prospective participants, have a choice of participating. The researcher intends to convey this information in clear and understandable language in a written letter to the participants. The researcher also intends to inform the participants about the goal and objectives of the research, the procedures that will be followed, the advantages and possible disadvantages and risks of participation, the credibility and role of the researcher, the assurance of self-determination, the availability of support after the data is collected and the opportunity to ask questions. A consent form for their signature prior to their engagement with the researcher will be provided to the participants stating their willingness to participate in the research (Hepworth et al 2006:65; Leedy & Ormrod 2005:101).

The researcher will ask the participants' permission to record the focus group and semi-structured interviews. Participants will be requested to submit to the researcher their personal particulars with the signed consent form (See Annexure D). The researcher will reassure the participants that their personal information will be dealt with in confidence.

- **Avoidance of harm**

Avoidance of harm refers to the ethical obligation to avoid doing any physical or emotional harm to research participants, while carefully weighing the future consequences and impact that their participation could have. It is necessary that the physical and emotional risks involved in a research study should be no larger than the risks associated with day-to-day living (Leedy & Ormrod 2005:101).

In exploring the family resilience experiences of social workers, the researcher proposes the following, to adhere to the above-mentioned ethical issues:

- The social work managers of the various district offices and satellite offices will be co-opted as "gatekeepers".
- The social workers will be assured that neither they nor their service delivery are being evaluated but that their specialist knowledge, skills and input is needed in order to assist the researcher in developing guidelines for social workers to foster and sustain family resilience.

- **Right to privacy and confidentiality of data**

Privacy is defined as "that which normally is not intended for others to observe or analyse" (Strydom 2011:119). Confidentiality means that only the researcher and possibly a few other relevant people (i.e. the study's supervisors, promoters, translator and independent coder) should be aware of the participants' identities and that all relevant people should be committed to keeping the personal details of participants confidential. A technique to guard against a breach in confidentiality would be that the researcher removes identifying information as soon as it is no longer necessary to keep (Babbie 2010:67).

The researcher will safeguard the research participants' identities, by providing each participant with a pseudonym and by changing minor details of case scenarios so as to prevent the possibility of either intentionally or accidentally associating a participant's identity with any of the data collected.

- **Management of information**

The participants will be assured that only the researcher, editor, independent coder and the researcher's promoter and co-promoter will have access to the recordings and transcripts and that the data will be stored in a safe place and that tapes or video recordings and transcripts of the recording will be erased or destroyed on completion of the research (Lee-Treweek & Linkogle 2000).

1.8 CLARIFICATION OF CONCEPTS

For purposes of clarity, it will be necessary to explain the following key concepts as used in the study. The first group of concepts explain terms used in the title. Then follow concepts related to family resilience and lastly concepts related to interventions:

- **Social work**

Social work is a professional and academic discipline that seeks to improve the quality of life and well-being of an individual, group, or community by intervening through research, policy, community organizing, direct practice and teaching on behalf of those afflicted with poverty or any real or perceived social injustices and violations of their human rights. Social work, an interdisciplinary field, includes theories from economics, education, sociology, medicine, philosophy, politics, anthropology and psychology. "Social work", for purposes of the regulations of the Social Service Professions Act 110 of 1978 (South Africa 1978), means the promotion by a social worker of social change, problem-solving in human relationships and the empowerment and liberation of people. These interventions will enhance the well-being of the client systems through utilising theories of human behaviour and social systems, intervening at the point where people interact with their environment.

- **Social work professional**

A social work professional is a qualified social worker with a four-year tertiary education degree and registered with the South African Council for Social Service Professions (SACSSP) in terms of the Social Service Professional Act 110 of 1978: section 17 (South Africa, 1979), and employed either by Government or a Civil Society Organisation or in private practice (Policy for Social Service Practitioners 2014).

Depending on the context and responsibilities of the social work professional, she/he can, amongst others, be a generic social worker, probation officer, community developer or family counsellor (Children's Act 38 of 2005 (South Africa, 2006); Generic Norms and Standards for Social Welfare Services [sa]:12; SACSSP Newsletter 2009).

- **Family**

A family is a social system, functioning as an interdependent system to provide mutual/reciprocal emotional, physical and economic support to family members. The family is self-defined. The White Paper on Families (2013:6) defines a family as a societal group that is related by blood (kinship), adoption, foster care, or the ties of marriage (civil, customary or religious), civil union or cohabitation and go beyond a particular physical residence. The family changes and adapts as it moves through time. Within this definition various family forms can be identified. Family is not only about structure but about family functioning (Carter & McGoldrick 1998:6; Hanson cited in Black & Lebo 2008:34; White Paper on Families 2013).

- **Family preservation**

Family preservation focuses on family resilience in order to strengthen families, so as to keep families together as far as possible (Manual on Family Preservation 2015:16; White Paper on Families 2013:3; Willson 1998.)

- **Strengthening families**

This is the deliberate process of giving families the necessary opportunities, relationships, networks, and support to become functional and self-reliant. The strengthening of families is driven by certain core areas, e.g. family economic success, family support systems and thriving and nurturing communities (White Paper on Families 2013:3).

- **Individual and family resilience**

Individual resilience refers to people's dynamic process of positive adaptation (an ability to bounce back) within a context of significant adversity (Luther, Cicchetti, & Becker 2000:543; Walsh 2006:6; Wolin & Wolin cited in Greene 2007:25).

Family resilience can be regarded as ability, outcome and process. Family resilience can be defined as the ability of the family to rebound after adversity and crisis, often stronger than before. Family resilience "is not a categorical state, but a continuum and contingent" (Kaufman & Ziegler cited in Walsh 2002:130; Patterson 2002b:249–360; Simon et al 2005:427–236).

Family resilience implies a relational view and constitutes five family processes or domains in family functioning that interactively and in synergy with one another render families more or less resilient. These family processes are (1) organisation; (2) adaptability; (3) protection, which refers to risks, strengths, and protective/buffering factors in interaction

with one another; (4) communication and relationships; and (5) family belief systems (Greene 2007:41; Moss 2010:53; Patterson 2002b:349; Walsh 2006:25).

When the family is confronted with adversities, crisis or a pile-up of stress, change processes of adjustment and adaptability come into play. Families, as they react to the interactive processes of risk, family strengths and protective factors within each family process, will choose pathways that lead to different resilience outcomes (McCubbin & Patterson 1988).

- **Fostering family resilience**

Fostering means to nurture or to give strength to, to help someone or something grow and develop and to promote or encourage. Family resilience is fostered when protective factors are strengthened whilst risk factors are inhibited (Benzies & Mychasiuk 2009). A focus on positive characteristics and strengths to be built on during the intervention process contributes towards the growth and development of the family system and the fostering of family resilience (Benzies & Mychasiuk 2009; Greef 2013:273; Patterson 2002a; Walsh 2006).

- **Sustaining family resilience**

Sustaining means to enable, to last out or to endure without giving way. Sustaining family resilience implies enabling the family to keep up the coping mechanisms the family as a functional unit uses to recover from life's setbacks (Patterson & Kirkland 2007). Interventions that focus on sustaining family resilience “unlock the potential and ability of families” to rebound from adversity, throughout the family life cycle, even stronger than before (Greef 2013:274).

- **Practice guidelines**

“Practice” refers to activities and projects undertaken as part of the Social Work professional role (Alston & Bowles 2003:169,305). “Practice guidelines are systematically developed statements to assist practitioners to execute their professional tasks”. Practice guidelines provide social workers with strategies to address certain social problems through activities and projects and relates to the ‘what’ and ‘how’ of the implementation of the guidelines that should be done in practice.

Practice guidelines direct interventions with the intention of making a difference in an outcome or course of events (Alston & Bowles 2003:169, 305; Hepworth et al 2006:432; Ramsey 2001:8–10;). Attributes of good guidelines include “validity, reliability, reducibility, clinical applicability, clinical flexibility, clarity, multi-disciplinary process, review of evidence

and documentation” (Stuart, Cohen, Dale, Gerding, Johnson, Ciaran, Kelly, Vivian, Loo, Clifford, Pepin, Mark & Wilcox 2010:434).

- **Family resilience construct**

Family resilience is a relatively new construct that brings together various conceptual elements that describe how families adapt to stress and bounce back from adversity. It includes various theoretical frameworks and research on family resilience (Hawley & De Haan 1996:283; McCubbin et al 1997; Merriam-Webster dictionary 2016, sv “construct”; Walsh 1996; 2003; 2006).

- **Family stress adjustment**

Family stress adjustment follows a crisis which occurs when a change in the family functioning is inevitable. Family stress can be caused by acute (or sudden onset) or ongoing stress (a pile-up of stresses) which, when accumulated, could lead to family stress. Stresses include the daily routines and circumstances of day to day living. Following a crisis or adversity, new coping strategies must be utilised to enable the family to adapt (change) as new rules, communication patterns and roles are established. The result or outcome of family efforts to achieve a new balance varies along a continuum of different pathways, depending on the “fit” between resources and demands at the individual, family and community levels (Smit 1984).

- **Family risk factors**

Family risk factors refer to critical happenings or conditions, stressors, challenges or adversities in life that could lead to future difficulties in a family. These could be within the individual e.g. internal biological conditions such as illness, or external environmental factors within the family and community, such as poverty. The combined effect of risk factors is more devastating than their individual effects (Greene 2007; Landy & Menna 2006:7; Patterson, 2002b:349).

- **Family strengths**

Family strengths are the characteristics and processes of a family found within its individual members, in its inter- and intra-relationships and in the family’s broader support network and resources, that enable the family to deal with challenges and risk factors and contribute to family resilience and family well-being. Family resilience theory emphasizes “the role that family characteristics, behaviour patterns and capabilities play in cushioning the impact of stressful life events and in assisting the family to recover from crises”

(Manual on Family Preservation Services 2015; McCubbin et al cited in Greef 2013:275; Silberberg 2001a:54).

- **Protective/buffering factors**

Protective or buffering factors, that also include family strengths, are those aspects that mitigate the effects of risk and heighten the probability of successful developmental outcomes. Protective factors, as with risk factors, may be internal (e.g. effective communication skills) or external (e.g. a supportive family milieu) (Coyle 2006:8; Greene 2007:44–45; Maton, Schellenback, Leadbeater & Solarz 2004:20).

- **Family well-being**

Family well-being refers to the outcome of contentment should the family be able to honour its roles and responsibilities, support the rights of its family members and be resilient and self-reliant. Human resilience is understood to be the basis or building blocks of well-being. All families encounter crisis and stressors. Depending on the nature of the family and of the crisis, the family utilises its resources to cope with the events and maintain balance and harmony in its daily functioning, for family well-being and for the family to be resilient (HSRC 2004:8; McCubbin & McCubbin cited in Greef 2013:273; White Paper on Families 2013).

- **Social work process**

A 'process' can be defined as a series of actions that one takes in order to achieve a result (Cambridge English Dictionary 2016, vs "process"). In an occupation such as social work the *process* (what we do) is as important as the *outcome* (what is achieved). In working with families, the process of intervention refers to what social workers do to bring needed change in the family so as to strengthen and preserve families (to achieve a result) (Generic Norms and Standards for Welfare Services [sa]; Watson & West 2006).

- **Conceptual framework**

A framework is regarded as a basic set of ideas or facts that provide support for something (Cambridge English Dictionary 2016, vs "framework"). Conceptual frameworks in social work include theories, models and perspectives and can be described as outlines of ideas that help to understand people, how they function and how they change. It includes an ordered set of concepts, beliefs, values, propositions, assumptions, theories and principles (Knowledge of Conceptual Frameworks for Practice 1994).

- **Practice model**



A “model” can be described as a concept that includes indicators/behaviours relevant to a particular situation that provides guidance to others (Toseland & Rivas 2005:120). Weyers (2001:8–14) describes a “practice model” as a unique way of looking at the nature of a situation and the different ways to deal with it. A practice model provides a framework of ideas to enable the practitioner to appreciate situations and to form a basis for services directed to create social change (Van der Westhuizen 2010:231).

- **Social work intervention**

According to Cozby, Neuman and Schilling (cited in De Vos and Strydom 2011:475), social work intervention is an activity performed by a social worker or other helping agent, usually together with a client or other affected party, to enhance or maintain the functioning and well-being of an individual, family, group, community or population. According to Greene (2007), a social work intervention includes who is the beneficiary, how the services are provided and the degree to which collaboration is encouraged. The Department of Social Development developed an Integrated Service Delivery Model (ISDM) (2007) identified four levels of intervention as adopted by the White Paper on Families (2013). These levels identified are: Prevention and Promotion; Early Intervention; Statutory intervention and Protection; and After Care and Reunification.

- **Family resilience programme**

Family resilience programmes are services to families based on the family resilience construct, to assist them to foster and sustain family resilience and family well-being and to be strengthened in their ability to meet life’s challenges and to thrive (Corstone 2012; Family Living Programmes 2012; Family Resilience Center 2012).

- **Basket of services**

The social welfare service system exists to provide certain identified services to service beneficiaries in accordance with their needs. The Department of Social Development and other organisations provide a generic basket of services with types of services linked to each generic basket. Lists of services are never exhaustive and can be applicable across generic baskets depending on the needs of beneficiaries. The nature of family preservation services that need to be rendered is linked with the basket of social welfare services as described in the Framework for Social Welfare Services (2013).

The basket for services to families is:

- prevention and promotion;
- protection and statutory services;
- therapeutic and mediation services;

- support services; and
- reunification and after-care services

1.9 FORMAT OF THE THESIS

CHAPTER 1

INTRODUCTION AND GENERAL ORIENTATION TO THE RESEARCH

This chapter provides a general orientation to the research and includes the background for the research, problem statement, rationale for the study, research questions, goals and objectives of the study, research approach, design and methodology, ethical considerations and clarification of key concepts.

CHAPTER 2

THE THEORETICAL FRAMEWORK FOR THIS STUDY

This chapter provides the theoretical approaches and principles, as well as a description of the family resilience construct and how it operates.

CHAPTER 3

DESCRIPTION AND APPLICATION OF THE RESEARCH METHODOLOGY IN THE DEVELOPMENT OF PRACTICE GUIDELINES FOR SOCIAL WORKERS TO FOSTER AND SUSTAIN FAMILY RESILIENCE

This chapter will describe the application of the research methodology.

CHAPTERS 4 AND 5

RESEARCH FINDINGS: SOCIAL WORKERS' UNDERSTANDING AND EXPERIENCES OF FAMILY RESILIENCE AND INPUTS ON SOCIAL WORK INTERVENTIONS TO FOSTER AND SUSTAIN FAMILY RESILIENCE

In chapters 4 and 5 the research findings from phase 1 step 4, as well as phase 2 steps 1–2 of the IDD design will be presented with literature control.

CHAPTER 6

FUNCTIONAL ELEMENTS INHERENT IN MODELS AND GUIDELINES AND SUGGESTIONS IN LITERATURE RELATING TO FAMILY RESILIENCE INTERVENTIONS

Functional elements from existing models, guidelines and suggestions regarding services to families to enhance family resilience found in literature, will be discussed in accordance with Phase 2, Step 3 of the IDD design.

CHAPTER 7

PRACTICE GUIDELINES FOR SOCIAL WORKERS TO FOSTER AND SUSTAIN FAMILY RESILIENCE TO STRENGTHEN AND PRESERVE FAMILIES

The chapter, according to phase 3 of the IDD design, will present the “Practice Guidelines from social workers to foster and sustain family resilience to strengthen and preserve families”.

CHAPTER 8

A REVIEW OF THE STUDY: CONCLUSIONS AND RECOMMENDATIONS

In chapter 8 the summary of the conclusions and recommendations will be given so as to give direction to possible further research.

CHAPTER 2

THE THEORETICAL FRAMEWORK FOR THIS STUDY

2.1 INTRODUCTION

In this chapter theories that helped to formulate the family resilience construct; family resilience process and how family resilience operates were introduced. The theoretical approaches to the study, the principles highlighted in policy frameworks and the family resilience construct will be discussed and described for inclusion in the Practice Guidelines for Social Workers to foster and sustain Family Resilience to strengthen and preserve families (hereafter referred to as “The Guidelines”).

Theoretical approaches in social work, backed by evidence, are used to explain human behaviour and are often the point of departure for practice models (Theoretical Approaches 2015). Some of the approaches to be discussed are from social work theory; some are mentioned in the White Paper on Families (2013:57) that impacts on service delivery to families and on programmes implemented by social workers.

The social welfare service delivery principles that will be referred to are those highlighted in policy frameworks such as the White Paper for Social Welfare (1997:10–12) and the White Paper on Families (2013:15) that have specific bearing on service delivery to families, including family resilience interventions.

Lastly, the family resilience construct will be discussed by formulating a definition of family resilience, providing a short description of the history of the development of the family resilience concept, the models and frameworks that were developed to describe family resilience as a process and the key concepts relevant to family resilience. This will be followed by a short discussion on how family resilience operates.

2.2 THEORETICAL APPROACHES OF SERVICE DELIVERY TO FAMILIES

The different approaches that helped to formulate the family resilience construct will be discussed under two headings, i.e. (a) approaches to enhance the understanding of ‘family’, “family members” and “family resilience” and (b) approaches to social work service delivery.

2.2.1 Theoretical approaches that enhance understanding of “family”, “family members” and “family resilience”.

Approaches that enhance the understanding of “family”, “family members” and “family resilience” include a family life-cycle approach and the life-cycle approach of individual development, strengths-based approach, systems theory, and systems thinking, which include a family system approach, as well as an ecological approach. These approaches also have implications for assessment, planning and intervention.

2.2.1.1 Family life-cycle approach

The White Paper for Families (2013:60) proposes the use of the family life-cycle approach in services to families. A life-cycle approach provides understanding of the development of families and also of individuals. The family life-cycle perspective was developed by Carter and McGoldrick (2005:2). A family life-cycle approach proposes that the family as a system is constantly changing and develops through stages as it moves through time. Phases in the family life-cycle approach are: leaving home, single young adults, the joining of families through forming relationships, the young couple, families with young children, families with adolescent children, launching children and moving on, and families in later life.

During each of these stages of development, Baker (cited in the White Paper 2013:60) highlights that people modify their roles and relationships, and also alter the division of labour. The needs of the family and its individual family members differ in accordance with the stages in the family life cycle and the developmental stages of individual family members (Richter, Amoateng & Makiwane 2003:8).

The family life stage influences the type of challenges or crises a family may encounter and the strength of the family to successfully cope and emerge from such crisis (Simon et al 2005:427). The risk factors that families have to deal with during each stage differ and coping strategies of the family have to adjust accordingly.

Implications of the family life cycle for “The Guidelines”

The family life-cycle approach provides a comprehensive framework for analysis, assessment and intervention of a family in terms of crisis, processes and challenges relating to age, gender and roles and responsibilities of each family member and the progression through life stages.

Social workers need to assess the risks and the strengths of the family to develop a family developmental plan that could guide the provision of services and resources to assist the family to rebound from crisis appropriate to the specific family life-cycle stage and the ages

of family members. Family resilience should be viewed in relation to individual and family life-cycle stages and assessed in the context of the family system as it moves forward over the course of life and across generations (Walsh 2012:404).

2.2.1.2 The life-cycle approach of individual development

The White Paper on Families (2013:36) proposes that the life-cycle approach be used for a comprehensive analysis of each family member relating to age, gender, roles and responsibilities as family members are simultaneously moving through the family life cycle, as well as their own developmental stages.

Erikson (Psychologist World 2016) developed the human development theory and describes eight stages through which a developing person passes from infancy to late adulthood. These stages are: infant (0–1), toddler (2–3), pre-schooler (3–6), school-age child (7–12), adolescent (12–18), young adult (20–45), middle-age adult (30–50) and old age (50+) (Psychologist world 2016). In each stage the person confronts and hopefully masters new challenges.

The assumption is that the developmental stage of each family member also impacts on the functioning and resilience of the family as the family goes through the family life cycle. Family members that master the challenges of their developmental stages can be considered as family strengths that contribute to family resilience. However, the sum of resilience of individual family members is not equal to the resilience of families.

Implications of the life-cycle approach to individual development for “The Guidelines”

The implication for family resilience intervention is that when assessing the risks and protective factors of the family, the risks and protective factors of each individual member should simultaneously be assessed in accordance with his/her developmental stage. Should it be deemed necessary, the challenges/risk factors of the individual family members should be addressed as part of the family resilience intervention. Supporting individuals to master the challenges of their stage of development builds individual resilience – the ability of the individual to rebound and thrive despite challenging circumstances and, therefore, adds to the well-being and resilience of the family (Ferguson, Harms, Pooley & Cohen 2012:3). Individual resilience can be considered as a protective factor of the family.

2.2.1.3 Strengths-based approach

The White Paper on Families (2013:36) suggests that a strengths perspective should be followed for the empowerment of families.

The 1980s was the rising of the strengths-based approach, which is becoming one of the most influential perspectives in the field of both social work theories and practice. This perspective draws on the humanistic approach emphasizing the potential of the individual. Social work theorists have long emphasized the strengths and capacities of service users, but it was only in the late 1980s that the strengths perspective was fully articulated as a practice approach (Benard 2006:197).

The strengths-based approach offers guiding principles that shape the lens for viewing human behaviour. The fundamental premise is that individuals will do better in the long run when they are helped to identify, recognize and use the strengths and resources available in themselves and their environment (Graybeal 2001:234).

The basic assumption is that all families are in possession of various competencies and resources that may be tapped into during a social work intervention when addressing challenges/risk factors to improve the situation of the family (i.e. a family's willingness to seek social work assistance when necessary can be regarded as a family strength).

According to DeFrain (cited in Silberberg 2001b:52), "If one studies only family problems, one finds only family problems... when interested in strengths you look for them. When these strengths are identified, they can become the foundation for continued growth and positive change in a family and society". A strengths-based approach emphasises strengthening the family's protective factors that interact with the family risk factors for families to overcome and rebound from crisis. A strengths-based approach shifts the emphasis of the intervention from what went wrong to what can be done to enhance functionality by focusing on family strengths and resources that enable mastery of life's challenges and the healthy development of all family members.

Implications of the strengths-based approach to "The Guidelines"

In social work practice, the strengths perspective emerged as an alternative to the problem or pathology-oriented deficit approaches. The strengths approach entails a view of human beings as being capable of change, emphasizing the positive aspects of clients' efforts and achievements, as well as human strengths (Saleebey 2002). A focus on family strengths brings a balance in our understanding of how families succeed in the face of challenges and adversities (Asay & DeFrain 2012:25–27).

Strengths-based social work intervention in rendering services to families implies moving away from the deficit approach to a strengths-based approach that recognises the resourcefulness of families and their members (Greene 2007:13). The strengths perspective is closely linked with empowerment as it seeks to identify, use, build and reinforce the strengths, abilities and potential of families and their members. Silberberg (2001b:52) states that working from a strengths perspective focuses on “what is working” in the family.

The strengths perspective in practice has been advocated as consistent with social work values as the idea of building on people’s strengths has become accepted in professional social work. The strengths model requires respect for the dignity and uniqueness of individuals whilst giving recognition to their way of experiencing and constructing their social realities (Benard 2006:197–216).

Identifying family strengths and protective factors during the assessment process forms a base for developing programmes.

As alluded to in Saleebey (2002), a focus on strengths does not mean that the risk factors and adversities families are confronted with are ignored, but that they are not the main focus of the intervention. An intervention to foster and sustain family resilience from a strengths-based approach is more than only identifying family strengths and resources. It is about identifying the family’s attributes and strengths as part of the family assessment and actively exploring and strengthening them as protective factors of the family. The focus is on the interaction between the risks and protective factors. Strengthening protective factors will lead to better resilience outcomes (Coyle 2006:8; Silberberg 2001b:55).

2.2.1.4 Systems theory and systems thinking

According to Baker (cited in the White Paper for Families 2013:37), the “systems perspective is a structural approach, in which the family as a whole is considered to be more than its component parts”. This perspective implies that the family should be viewed as a social system with its members as interdependent; implying that any change in the behaviour of one member will affect the behaviour of others (Corcoran 2000:81).

The system theory is a system that can be defined as an organized, purposeful structure and a whole that consists of interrelated and interdependent elements (components, entities, factors, members, parts, etc.). These elements continually influence one another (directly or indirectly) to maintain their activity and the existence of the system, in order to achieve the goal of the system. All systems have: (a) inputs, outputs and feedback

mechanisms, (b) strive to maintain an internal steady-state (called homeostasis) despite a changing external environment, (c) display properties that are different from the whole (called emergent properties), (d) the interactions of the parts are not “static” and constant but “dynamic processes” and (e) have boundaries that are usually defined by the system observer (*Business Dictionary* 2016, vs “system”).

A system is, therefore, the configuration of sub-systems which are connected by a web of relationships in synergy with one another, interacting as a whole. The systemic view of the individual, the family, the family in its environment and family resilience with its interrelated family processes, is important in understanding family resilience.

Approaches based on the systems theory relevant for this study are the family systems approach and the ecological approach.

- **Family-systems approach**

According to the White Paper on Families (2013:37), the family-systems approach provides an opportunity for service providers to interpret family-related issues and to locate the family in the society. It, furthermore, provides “the lens to view the family not in isolation” and, therefore, lays the foundation for an integrated approach to service delivery (White Paper on Families 2013:37).

Family systems or the family process theory is a basic theoretical model underlying most work with families. It proposes that individuals are best understood in relation with one another. Patterns of relationships exist amongst members and the attributes of particular members’ impact on these patterns (Broderick 1993:6).

The family-systems approach was a shift from an individualistic to a holistic approach. The family-systems approach regards the family as primary unit and holds that all members of the family are important contributors to family members’ psychological functioning and development. Every family is significantly impacted by the relationships, rules, and roles that are engendered within the larger social systems of which they are a part. Therefore, human interactions are seen as cyclical rather than linear. The family-systems approach provides a solid framework for understanding how families function and how to support their change (Philosophical Mind Art 2011).

Implications of the family systems approach for “The Guidelines”

The family-systems approach provides a rationale for the family to be considered as more than the sum of its component parts. Considering a family as a “system” provides for a holistic theoretical framework for service providers to work from (Smith [sa]).

Families as a system mean that even though the family may have diverse structures, they have similar functions that they fulfil. The family structure refers to the composition and membership of the family and its patterns of relationships amongst family members (*Farlex* 2016, vs “family structure”).

A key feature of the systems view of families is the concept of ‘homeostasis’ or equilibrium, which is defined as an inertia which actually works against change in the system. Families seeking to alter their family functioning must be aware that change is often difficult and that “subtle forces will be afoot to counter their best efforts” (Smith [sa]). As a family functions as a system, it would not be possible that one member of the system can change without causing a ripple effect of change throughout the family system (Smith [sa]).

- **Ecological approach**

The White Paper on Families (2013) does not specifically refer to the ecological approach, but implies such an approach when it indicates that the family should be viewed in concert with the country’s history, its political economy and contemporary social forces (White Paper for Families 2013:37).

Bronfenbrenner (cited in *Ecological perspective and Social work [sa]*) introduced the Ecological Systems Theory of Development in 1965. He proposed that a person’s development is affected by everything in their environment. There are inter-relational transactions between parts or systems within an ecosystem and each plays a role in maintaining balance of the whole. This divides the person’s environment into five different levels, i.e. (a) the micro system (such as home, school), (b) the meso system (interactions between the different parts of a person’s micro system), (c) the exo system (a setting that does not involve the person as an active participant, but still affects them), (d) the macro system (encompasses the cultural environment in which the person lives and all other systems that affect them), and (e) the chrono system (which is less a system than the passage of time that gives form to processes of human development).

An ecological approach to social work emphasizes the reciprocity of the person/family and environmental exchanges in which each shape and influences the other over time. Interventions from the ecological approach will focus on identifying and intervening upon strengths and weaknesses in the transactional processes between these systems (*Ecological perspective and Social work [sa]*).

An important assumption is that the individual, family, community and broader society, as systems, have an impact on one another. According to Unger (cited in Ecological perspective and Social Work [sa]) this impact requires “a constant creation, restructuring and adaptation to the environment as the environment affects them”.

In social work practice, applying an ecological approach means looking at individuals, families, cultures and communities in relationship with one another. According to the *Encyclopaedia of Social Work* (2016, sv “ecological approach”), ecological concepts and principles enable social workers to keep a simultaneous focus on people and their environments and their reciprocal relationships, not only in direct practice with individuals, families and groups, but also in influencing organizations and communities, as well as in policy practice.

Implications of the ecological approach for “The Guidelines”

Individual family members within the family unit, the community and broader society, should be considered as nested contexts for nurturing and reinforcing resilience. Family units and communities that are strengthened through interventions will become protective factors to family members (Walsh 2012:402).

Services and resources to the individual, family and community can be considered as protective factors. Interventions to foster and sustain family resilience should build on ensuring access of families to services and resources as support systems to families.

2.2.2 Theoretical approaches to social work service delivery in South Africa

The national policy framework that directly impacts on service delivery to families is the White Paper on Families (2013). It promotes three key strategic priorities in rendering services to families, i.e. promoting healthy family life, strengthening of families and family preservation services. The White Paper on Families (2013:36) mentions the following theoretical approaches to social service delivery, i.e. the rights-based approach, social development approach and an integrated or collaborative approach (Manual on Family Preservation Services 2015:48; White Paper on Families 2013).

2.2.2.1 Social development approach

South African social work services are guided by a social development approach. The social development approach seeks to achieve social welfare objectives by concentrating on targeting resources to the most needy in order to address their human development needs (Midgley 1995; Patel 2005:29). The social development approach recognises that the family is the basic unit of society. The White Paper for Social Welfare (1997) prioritizes the

promotion of family life through appropriate services to preserve and strengthen families so that they can provide a suitable environment for the physical, emotional and social development of all their members.

Implications of the social development approach to “The Guidelines”

An implication of the social development approach is that the family as the basic unit of society should be supported and capacitated through appropriate social welfare services so as to meet the needs of its members. Vulnerable families need additional and accessible supportive services to ensure improved family functioning (Patel 2015; White Paper on Families 2013:61).

A social development approach implies support for developing appropriate social welfare interventions such as the guidelines that enable social workers to enhance family resilience.

Five themes of the social development perspective include i.e. the rights-based approach, the inter-relationship between social and economic development, democracy and participation; social welfare pluralism or partnership, and bridging the micro-macro divide (Patel 2015:82).

2.2.2.2 Rights-based approach

The rights based approach as stated above is one of the five themes of the social development perspective. A rights-based approach is a conceptual framework that aims to protect human rights through social justice, a minimum standard of living for all, equal access to services and benefits and meeting the basic needs of all South Africans, especially the most disadvantaged members in society (White Paper on Families 2013:36). It is entrenched in the Bill of Rights of the Constitution (South Africa 1996) “which guarantees all citizens the right to dignity” after apartheid violated the human rights of some, brought about inequality and a lack of access to services to the most vulnerable.

Human rights and human development go hand in hand as human rights approaches enrich human development (Jonsson, 2003).

Jonsson (2003) makes the following statements about Human Rights:

- Human rights are necessary for the enjoyment and safeguarding of human life, the achievement of human progress, the protection of human dignity and the advancement of human security.
- Human rights are formulated to promote tolerance, solidarity, peace and human dignity.
 - Universality is one of the underlying principles of human rights.
 - Human rights must be enjoyed without discrimination.
- As human rights are inalienable (cannot be taken away), human rights should be safeguarded against violations, abuse or neglect.
- Human rights are indisputable for human development and, therefore, morally forceful.

Implications of the human rights approach for “The Guidelines”

A rights-based approach applied to family preservation services is the right of the individual to family life. This implies the need for family preservation services that strengthen family life and keep families together as far as possible and provide individuals with family life. A rights-based approach to family resilience services implies that all families are able to access their constitutional rights and access services that moderate the effect of stress on the family and its members (American Psychological Association [sa]). Clear guidelines for rendering such services should exist and will be included in the guidelines.

2.2.2.3 Integrated or collaborative approach to social services

According to an integrated or collaborative approach, social services are based on partnerships between government and civil society, the public sector, private sector, training institutions and research institutions which collectively or mutually would take responsibility for the rendering of social welfare services (White Paper on Families 2013:16). An integrated approach plays a crucial role in ensuring the provision of equitable services to address the diverse needs of families, communities and the broader society (Framework for Social Welfare Service 2013:17).

Partnerships between stakeholders are built on a common goal with mutual respect for one another and with a clear description of the roles and responsibilities of each partner. The partnership is governed by a memorandum of understanding (with government) or an agreement (with non-governmental organisations). Collaborative mechanisms ensure compliance with legislation and facilitate dialogue, joint planning and decision making (Framework for Social Welfare Service 2013:17).

Implications of the social development approach to “The Guidelines”

“The Guidelines” should contain interventions to strengthen families and enhance family resilience that are multidisciplinary and rendered in an integrated, collaborative, holistic manner as the needs of families are diverse and cannot be addressed by a single service provider (Manual on Family Preservation Services 2015:48). This is supported by Walsh (2012:417), who states that “therapeutic efforts mobilize family and community resources and ensure that challenges are mastered through collaborative efforts”. Family resilience as the outcome of service rendering requires support services from various disciplines and resources.

Conclusion

Social workers should translate these approaches mentioned into practice to ensure effective and standardized service delivery to families. These approaches will be included in “The Guidelines”.

2.3 SOCIAL WELFARE SERVICE DELIVERY PRINCIPLES APPLICABLE TO INTERVENTIONS THAT WOULD FOSTER AND SUSTAIN FAMILY RESILIENCE

“The Guidelines” that are developed in this study are for practical application in the social welfare sector. How services rendered to families, including interventions to foster and sustain family resilience, need to be guided by principles from existing policy as found, amongst others, in the Constitution (South Africa 1996), Children’s Act 38 of 2005 (South Africa 2006), White Paper on Social Welfare (1997), White Paper on Families (2013), and Manual on Family Preservation (2015). “Principles” are defined as “a basis idea or rule that explains or controls how something happens or works” (*Cambridge English dictionary* (2016, sv “principles”). Principles to be stipulated in “The Guidelines”, further discussed below, were suggested during the consultative workshop on the prototype Practice Guidelines for Social Workers to foster and sustain family resilience, as fundamental ideas that impact on the implementation of family resilience interventions.

2.3.1 Social welfare services rendered to families should be in the best interest of the child

Social work interventions to families should not only be family-centred but also child-centred. Factors concerning the care, protection and well-being of a child are of paramount importance and should receive the highest priority. Factors to be considered in determining the best interest of the child are located in the Children’s Act 38 of 2005 (South Africa 2006: section 7(1)).

2.3.2 Social service professionals should recognise that families have ownership of their lives and encourage self-determination

Social service professionals should regard families as experts in their own lives and they should be allowed and supported to take ownership of their own lives. This means that families have a right to make their own decisions, but then also have to take the consequences for such decisions. No family should be forced to make use of social services, except if family members act in contravention of the legislative framework of the country (Families First [sa]; Manual on Family Preservation 2015:17). Family resilience interventions could guide the family to better resilient outcomes whilst they take ownership for their own lives (White Paper on Families 2013:15). Social service professionals should encourage the families' self-determination of the future of their family (Manual on Family Preservation Services 2015).

2.3.3 Social service professionals should recognise and encourage family capabilities and strengths

Social service professionals should recognise and respect the inherent capacities and strengths of families that sustain them in times of prosperity, as well as adversity. These capabilities and strengths need to be supported and enhanced to make families more resilient as has been suggested in discussing the developmental and strengths-based approach.

2.3.4 Social service professionals should be respectful of service recipients or beneficiaries

All families should be respected by social service professionals (White Paper on Families 2013:16). There are different types of families in South Africa which are products of various different cultures and social contexts and service providers should respect these differences. Respect by the social service professional towards the service recipient should be the driving force for cooperation and participation and should underpin the service delivery process. Respect is an attitude supplemented by techniques and methods. It implies belief in peoples' ability, trying to understand their views and enabling and allowing them to make decisions (Grobler et al 2003:89).

2.3.5 Social welfare services should empower and increase the self-reliance of families

Self-reliance should be the outcome or tangible results of services to improve families' current and future situation and overall quality of life. Social work services should decrease the vulnerability and increase the self-reliance or resilience of service beneficiaries and their families (Generic Norms and Standards for Social Welfare Services [sa]). The self-reliance should be promoted by supporting the resourcefulness of families, providing opportunities to use and build on their own strengths and support networks, to make their own choices and improve their sense of responsibility towards their families (Inter-Ministerial Committee on Young People at Risk 1998).

2.3.6 Social welfare services should be appropriate and be based on the specific needs of a particular family

For social welfare services to be appropriate, services should be based on the particular and prioritised needs of a family and its members, established through a thorough family developmental assessment and planning in accordance with the social welfare intervention process (Framework for Social Welfare Services 2013).

Services that are appropriate could involve various social service professionals and should be linked to the unique and diverse individual and family needs (Manual on Family Preservation Services 2015).

2.3.7 Families should actively participate in all stages of the intervention process

Services should be delivered in such a manner that families are actively involved and participate in all stages of the intervention process (i.e. developmental assessment, developmental family plan and intervention strategies). The family should be engaged in their own process of learning, growth and change. This means starting from where they are and moving at their own pace (Inter-Ministerial Committee on Young People at Risk 1998; Framework for Social Welfare Services 2013).

2.3.8 A non-judgemental approach to families should ensure that families feel safe in the social service professional/service recipient relationship

Social services professionals should engage with families by accepting the family as they are and be non-judgemental. This means social workers should abstain from making value judgements, especially those based on personal and moral standards or personal ethics and opinions (*Dictionary.com* [sa], vs "non-judgemental").

Conclusion

From the above principles, it can be seen that they are all intertwined and related. The principles mentioned should also be clearly embedded in the services social workers are rendering to families and should form part of “The Guidelines”.

The principles given in (2.3) all emphasise a social development approach as important in the South African social work context. This, taken in turn with the theoretical approaches to enhance the understanding of “Family”, “Family members”, and “Family resilience” (2.2.1) and read with all other approaches to social work service delivery in South Africa (2.2.2) give rise to the development of the Family Resilience Construct.

2.4 FAMILY RESILIENCE CONSTRUCT

Udo-Akang (2012:89) states that “a theoretical construct is information to explain a phenomenon and is employed to summarize the multitudes of facts and to formulate explanatory theories”. According to Kerlinger (cited in Creswell 2009:51), the construct must also be defined operationally so as to model the conceptual definition. A visual presentation of theoretical constructs adds to clarity..

There is a need to formulate the construct of family resilience, as there is not agreement on how to conceptualise or assess this construct (DeHaan, Hawley & Deal 2013:17).

The discussion of the family resilience construct will include the following:

- Definitions of family resilience
- Development of the family resilience concept through research
- Development of family resilience conceptual models and frameworks
- Key concepts related to family resilience

2.4.1 Definitions of family resilience

According to Patterson (2002a, 2002b:349–360) there is confusion both when resilience is defined and in deciding who is resilient. Patterson states that confusion sets in due to the following issues, i.e.:

- (1) Family resilience is used by some to characterize an approach that focuses on family strengths as opposed to family deficits.
- (2) Others are interested in outcomes in order to explain unexpected competent functioning among families who have been exposed to significant risks.

(3) There is also a lack of differentiation between (a) resilience as an outcome, (b) the characteristics of protective factors that contribute to families being resilient, (c) the nature and extent of risk exposure and (d) the process of resilience.

(4) The question of how resilient families differ from resilient individuals.

The earliest definition of family resilience reflects that family stress and crisis theory played a crucial role in the development of the family resilience concept. Early developments included in Koos (1946) and Hill (1949) (cited in Smith 1984) explained that the stress of daily living becomes a crisis when a family is unable to balance demands and capabilities and make necessary changes in its structure and interaction patterns (Smith 1984). This provided an early theoretical framework for tracing family response to crisis. They suggested that families go through several stages as they encounter stress or a crisis, i.e. (a) a period of disorganization, (b) a period of recovery and (c) a period of reorganization (DeHaan et al 2013:18).

The following definitions of family resilience have developed, each definition building and expanding on previous definitions:

In 1997, McCubbin, McCubbin, Thompson and Allen defined family resilience as *“the **outcome** in a family of the interplay between risk factors and protective mechanisms, within the individual family members, the family unit, between the family and broader community and broader society, that results in some level of adjustment and adaptation over time so to either rebound or not from stress, a pile-up of stresses, crisis or adversities”*. They explained that the outcome is the result of adjustment and adaptation.

In 1998, Walsh defined family resilience as *“the **capacity** of families to rebound from adversity strengthened and more resourceful, and as an active process of openly facing life’s crises with a sense of endurance and growth”*.

In order to explain this capacity, Walsh developed a family resilience framework in which reference is made to the key processes of family resilience that assist the family to be more resourceful in how the family executes its functions and rebounds from adversity. These identified processes are organisational patterns, communication processes and belief systems. A distinction is made between family functions and family functioning.

Walsh (2012) later expanded her definition of family resilience and replaced capacity with ability; *“the **ability** to withstand and rebound from disruptive life challenges which involves dynamic processes fostering positive adaptation within the context of significant adversity”*. Walsh states (cited in Patterson, 2002b:353) that this ability refers to the “how”

of family functioning within the relational processes of a family. Family functions refer to “what” the family needs to do within these processes for effective family functioning. This definition now refers to the key processes of family resilience as being relational.

DeHaan et al (2002) explain adaptation in terms of pathways, and define family resilience as “*the **adaptive pathways** that the families exhibit in the present and over time when confronted with adversities*” that lead to different levels of integration outcomes that demonstrate different levels of resilience. These pathways that lead to different levels of resilience outcomes are (a) resilience reintegration, (b) homeostatic reintegration, (c) maladaptive reintegration and (d) dysfunctional reintegration.

Mackay (2003:40) views family resilience as “*a family’s **ability** to engage successfully with adversities and challenges, **rebound** and **move on**.*” This definition is supported by Simon et al (2005) who state that family resilience is “*the **ability** of a family to respond positively to an adverse situation and emerge from it feeling strengthened, more resourceful and more confident than before*”. Like Walsh, MacKay and Simon refer to family resilience as ability. MacKay, however, included a further dimension of “rebounding and moving on” (Mackay 2003:40).

The reference by Patterson (2002:353) relating family functioning to family resilience as “*the degree to which a family is competent in fulfilling its functions when confronted by crisis*”, links to the levels of resilience outcomes as identified by DeHaan et al (2002).

These definitions refer to family resilience as a process of adjustment and adaptation, the outcome of the interplay of risk and protective factors, the capacity and ability to rebound and cope and to move on.

Drawing upon the above definitions the researcher defines family resilience as “*a **dynamic change process of rebounding** when the family as a **functional system** is faced with normative or non-normative challenges as risk factors. During family functioning, risk factors or demands interact with the protective factors or capabilities within each domain of family resilience (family processes in family functioning) that are in synergy with one another to counterbalance the risk factors. **Pathways of adjustment and adaptation** are established during the crisis recovery process which leads to different levels of **resilience outcomes**”.* Depending on the capacity and ability of the family, the family will rebound and recover to be even stronger than before or be vulnerable. This summarising definition will be utilised in the explanation of how family resilience operates.

2.4.2 Development of the family resilience concept through research

The research on family resilience is discussed thematically and not chronologically and includes both conceptual and empirical research. The following will be discussed:

- research on individuals from adverse circumstances
- research on family strengths and protective factors within the family unit that enhance family resilience
- research on family processes in family functioning that enhance family resilience
- research on the adjustment and adaptation process over time that render families resilient

2.4.2.1 Research on individuals from adverse circumstances

The concept of family resilience developed from research on individual resilience (MacKay 2003). Researchers became aware that some children, contrary to all expectations, can overcome adversity, whilst others confronted with similar situations become overwhelmed by their circumstances. Werner and Smith (1982) reported on a longitudinal study conducted over a period of 30 years, following the lives of 505 individuals born in 1955 in similar risk situations (Earvolino-Ramirez 2007). The outcomes were very different for individuals raised in similar environments. Two-thirds of the individuals eventually developed serious problems as adults. However, the other one-third developed into competent, caring adults. This phenomenon of successful development under high-risk conditions was identified by Saleeby (2002) as resilience.

This was followed by research that sought to identify personality traits and coping skills as protective factors and processes that might account for the children's successful outcomes. Resilience research first focused on identifying personality traits and coping skills that enable individuals (children and adults) to overcome challenges (Braverman 2001:9; Garmezy 1991:416; Masten 2001:227). According to the ecological model, individual protection factors are, amongst others, an internal locus of control, emotional regulation and effective coping skills (Benzies & Muchasiuk 2009:103).

2.4.2.2 Research on family strengths and protective factors within the family unit that enhance family resilience

Research then identified that families can also be contexts in which individuals develop resiliency and the importance of relationships emerged. The crucial influence of positive relationships between family members and between the family and its broader context were identified (Black & Lebo 2008:35; Simon, Murphy and Smith 2005:427).

Three sets of variables that operate as protective factors were identified by Garmezy (cited in Rutter 1987:316) i.e. (a) personality factors such as self-esteem, (b) family cohesion and absence of discord and (c) the availability of external support systems that encourage and reinforce coping efforts. Rutter also found that families which display strengths (called protective factors) have an interactive relationship with risk exposure that leads to positive outcomes. Rutter (cited in Fergusson & Horwood 2003:130) therefore, preferred the term “protective processes”, as processes focus on factors that counter risk as they involve a change of pathway from risk to adaptation. This led to the development of a strengths-based perspective when dealing with families (Geggie, DeFrain, Hitchcock & Silberberg 2000:2).

Research on risk and resilience brought the view that whilst risk research emphasises negative features, resilience research focuses on the positive aspects of human development (McCubbin, McCubbin, Thompson, DeHaan & Allen cited in Weber 2011:181).

2.4.2.3 Research on family processes in family functioning that enhance family resilience

The McMaster Model on family functioning was developed by Epstein (Epstein, Bishop, & Levin 1978:19–31). This assessment model utilises a family systems approach in describing family functioning.

The assumptions underlying the McMaster model are that the family functions as a system and all parts of the family are interrelated. Family functioning cannot be fully understood by simply understanding the functioning of individual family members. Likewise, family structure, organisation and transactional patterns influence and shape the behaviour of family members. Effective family functioning thus enables families to fulfil their family functions adequately to ensure strong and resilient families (Miller, Ryan, Keitner, Bishop & Epstein 2000:168–189).

Various categories of family functions were identified. Ooms (1996) identified four categories of family functions i.e. (a) membership (families provide individuals with their basic personal and social identities), (b) economic support (families are the primary economic unit and responsible for providing economic support to meet their family members' basic needs for food, shelter and clothing), (c) child raising (socialization) and (d) caring for the vulnerable (Ooms 1996:6). Patterson (2002b:352) refers to these functions as (a) nurturance and socialization, (b) family formation and membership, (c) economic support and (d) protection of vulnerable members. A framework of family life in terms of roles and functions is useful for functional analysis of the family (Ooms 1996:6).

With regard to family resilience development, research started to focus on a search for characteristics, dimensions and properties of families which help families to be resistant to disruptions in the face of change and adaptation when confronted with crisis. These studies led to theory building on family typologies and a search for the underlying patterns of family functioning (McCubbin & McCubbin 1988:247). These family patterns or processes of family functioning were later referred to as the domains of family resilience (Moss 2010; Walsh 1998).

When families perform their functions well, families and society benefit. If not, society incurs substantial costs when families falter or fail (HSRC 2004). This supports the argument that strong resilient families should be promoted.

2.4.2.4. Research on the adjustment and adaptation process over time that renders families resilient

In 1973 in a discussion on the family stress theory, Burr (cited in Smith 1984:3) identified two concepts considered critical in a family's response to crisis, i.e. (a) the ability to either withstand or not withstand the initial impact of a stressor, depending on the family's resources and (b) the family's ability to change or not change in order to recover following a crisis. McCubbin and Patterson (1983:7–37), after considering the basic components of the family stress theory based on family stress research, conceptualised the recovery of a family from a crisis as a dynamic process of adjustment and adaptation which occurs when the family is prepared to make the changes required for such ongoing adjustment and adaptation following the crisis. This was done without yet recognizing this process as family resilience. McCubbin, Olson and Patterson (1983) subsequently developed the Family Adjustment and Adaptation Response (FAAR) model I to describe the process by which families achieve pre-crisis adjustment and post-crisis adaptation when (a) the family identifies a pile-up of stressors, (b) the family makes an effort to acquire new resources, (c) the family adjusts as it modifies the definition of the situation and (d) that results in coping strategies to deal with the situation (Smith 1984:4).

In 1988 first reference was made by McCubbin and McCubbin to resilience. Initially McCubbin and McCubbin (1988:247) did not attempt to define family resilience but to define resilient families. They defined resilient families as those families that are better able to negotiate their way through transitions and tragedies and to cope with and even thrive on family hardships. This led to studies on resilient families that attempted to find characteristics, dimensions and properties which help them to be resistant to disruption in the face of change and crisis, later described as family strengths and protective factors and

processes. From these studies a definition of family resilience emerged as described under the definitions on family resilience in Chapter 2 section 2.4.2.

These studies contributed to the strengths-based or resilience perspective. This is referred to as “the identification of family strengths and resources without minimizing the family’s problems and pain” (Simon et al 2005:429).

2.4.3 Development of family resilience conceptual models and frameworks

In order to avoid confusion and for clear understanding, it is necessary to differentiate between a ‘conceptual model’ and a ‘conceptual framework’.

A conceptual model is a type of diagram which shows a set of relationships between factors that are believed to impact on or lead to a target condition, and that defines theoretical entities, objects or conditions of a system and the relationships between them (*Dictionary.com* 2016, sv “model”).

According to Business.com (2016, sv “conceptual framework”), a conceptual framework, on the other hand, is a theoretical structure of assumptions, principles and rules that holds together the ideas comprising a broad concept. A conceptual framework assists in representing the phenomena extracted from existing theory.

Different conceptual models and frameworks were developed to illustrate family resilience and explain how the family honours its obligations and responsibilities of care, support, development and the protection of its members, despite the adversities they are faced with (Ametea et al 2006; Arditti 2015; Black & Lebo 2008; Blair 2003; Coyle 2011; DeFrain & Asay 2007; Garmezy 1991; Greene 2011; Hetherington & Bechman 1996; Jenson & Frazer 2006; Mackay 2003; Masten 2001; McCubbin & Patterson 1983; Patterson 2002a, 2002b; Rutter 1999; Saleebey 2002; Silberberg, 2001a, 2001b; Ungar 2012; Walsh 2002, 2003, 2006, 2011). For purposes of this study only those models and frameworks that impact on the study and on the conceptualization of the family resilience construct will be discussed. This will be used as baseline information for the development of “The Guidelines”.

2.4.3.1 Family Adjustment and Adaptation Response (FAAR) Model II (Patterson 1988)

The FAAR model II is an extension on the FAAR model I developed in 1983 by McCubbin, Olsen and Patterson (Patterson, 1988).

In this model, families' responses to life changes were described as two stages or phases, namely the adjustment phase to minor changes and the adaptation phase when there is a major shift in the way the family normally operates, due to the crisis they are facing.

This model was guided by the family stress theory (see 2.4.3.4) in order to explain how resilient families respond when they are confronted by normative and non-normative stressors and strains.

Families experience two types of stress or risk factors. Firstly, the demands of daily living that require day to day adjustment to maintain family balance. Secondly, stresses or risk factors that develop or cause a crisis that require that the family will not only need to adjust to these challenging situations but also will need to adapt to restore their level of family functioning and rebound from the crisis situation.

The FAAR model 11 can be explained as follows (see diagram 2.1).

(A) ADJUSTMENT PHASE

As the family moves through the family life cycle, they are confronted with the demands of daily functioning so as to meet family needs (A in diagram).

- Families confronted with challenges and the demands of daily life make adjustments whilst maintaining relatively stable patterns of interaction as they try to balance the demands (see A (a)) they face with their existing capabilities (see A (b)).
- This process of adjustment is mediated (see A (c)) by the meaning they give to the situation, their capabilities and resources.

This process leads to Family Adjustment (A (d)).

(B) ADAPTATION PHASE (see diagram)

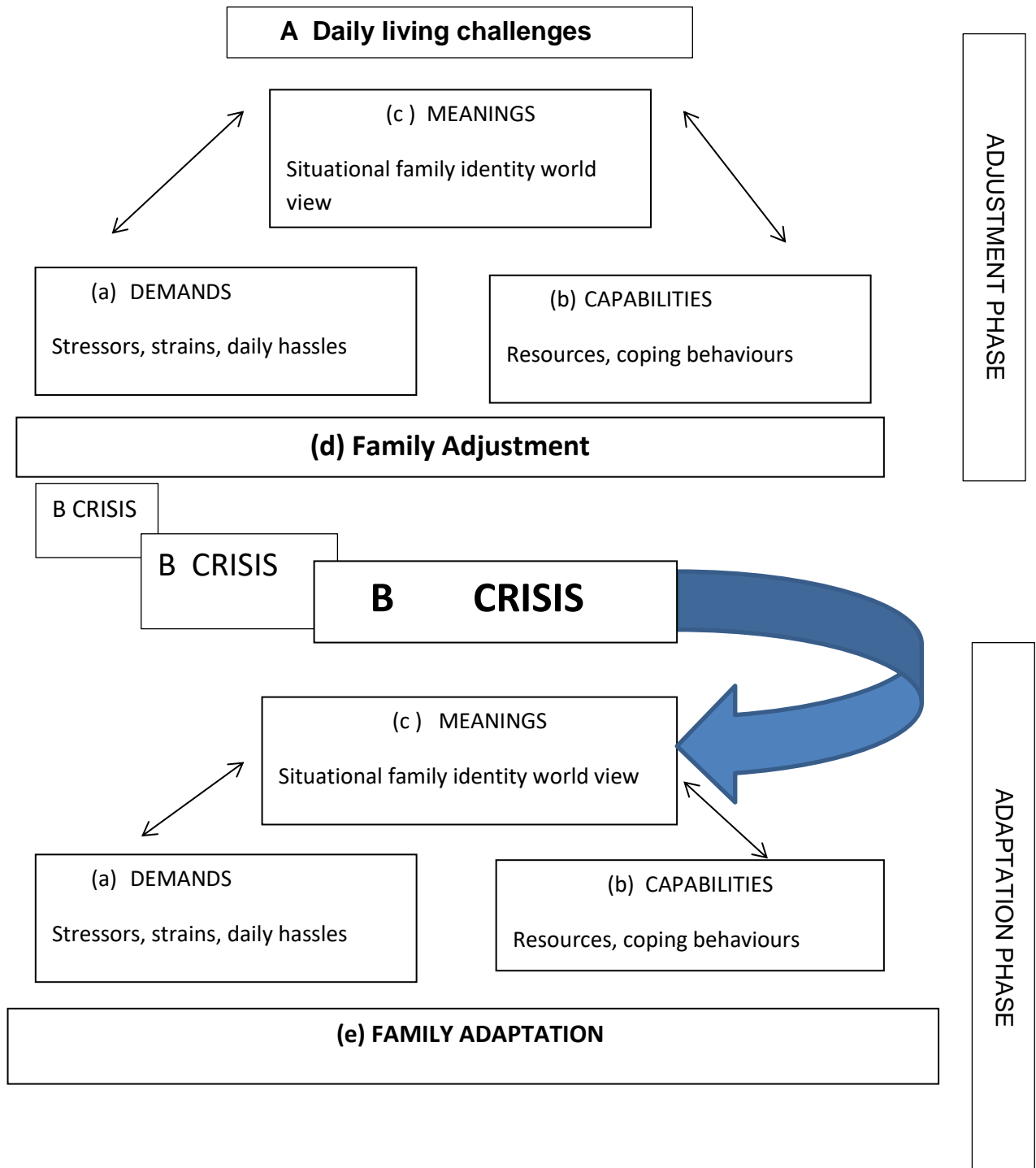
- When the family experiences crisis or a pile-up of stresses (B) and these imbalances persist during/beyond the adjustment phase, the family needs to review if their family **capabilities** (see B (b)) resources and coping behaviours will be effective enough to address the **demands** (see B (a)), the stresses, strains and daily hassles risk factors).
- The family then to give new meaning to their post-crisis situation (see B (c)).

Should the capacities of the families not be enough, the family will engage in a change process of adjustment and adaptation which include possible changes in family structure and family functioning that may lead to either poor or good outcomes. Poor outcomes can lead to vulnerability and good outcomes to resilience.

This process leads to Family Adaptation (B (e)).

The FAAR model II is extensively utilised by McCubbin and Patterson, as the developers of the model (Patterson 2002a:236). The following is a diagram of the FAAR Model II.

DIAGRAM 2.1 FAMILY ADJUSTMENT AND ADAPTATION RESPONSE (FAAR) MODEL II



2.4.3.2 The Resiliency Model by Richardson, Neiger, Jensen and Kumpher, 1990

A model of resilience applicable to families was developed by Richardson, Neiger, Jensen and Kumpher (cited in Blair 2003:44). Although Richardson referred to his conceptualisation of resilience as a model, in accordance with the definition of model, it should have been illustrated by a diagram. It is, therefore, a framework rather than a model (See definition of model in Chapter 1, section 1.8). According to the model the family has strengths and protective factors, as well as liabilities or risk factors. When confronted with challenges these protective factors counterbalance the challenge and depending on the sufficiency or insufficiency of protective factors, “reintegration” will take place at four possible distinct outcome levels earlier referred to as pathways of resilience outcomes i.e.:

(1) the family may develop rules or roles that create a level of functioning significantly below their previous level, labelled as “dysfunctional reintegration”

(2) the family may redefine itself at a level above “dysfunctional”, but still below the pre-challenge level, labelled as “maladaptive reintegration”

(3) the family may find solutions to the challenges that allow it to return to its pre-challenge level of functioning or “homeostatic reintegration”

(4) the family may create new rules and/or roles that move it to a level above pre-challenge level, labelled as “resilient integration” (DeHaan et al 2002:17; Richardson et al cited in Blair 2003:2).

This emphasis on the interplay between risk factors and protective factors was incorporated into programme development using the strengths perspective or strengths-based approach. Interventions aim to mitigate the risk factors and strengthen the protective factors. This emphasizes the need for programmes to build on individual, family or community strengths rather than focussing on individual, family or community deficits or risk factors (Werner & Smith, 1992; Fergusson & Horwood, 2003:130-155).

2.4.3.3 The Family Resilience Framework (Walsh, 1998)

The research informing the Family Resilience Framework was developed by Walsh (1998, 2003, 2006) as a conceptual map for practitioners to describe key family processes that can “reduce stress and vulnerability in high-risk situations, fostering healing and growth out of crisis and empower families to surmount prolonged adversity” (Walsh 2012:405).

Walsh (2012:405) states that there are three key family processes referred to as domains of family resilience i.e.:

- (1) Belief systems that include making meaning of adversity, positive outlook and transcendence and spirituality
- (2) Organisational patterns that include flexibility, connectedness and social and economic resources
- (3) Communication patterns that include clear, consistent messages, open emotional expression and collaborative problem solving

According to Walsh (2012:399), these family processes that outline this family resilience framework are extracted from research on resilience and effective family functioning.

2.4.3.4 The Resilience Enhancing Model (REM) (Greene, 2007)

The Resilience Enhancing Model (REM) was developed by Green (2007) as an assessment model to guide social work interventions to enhance resilience. It promotes a strengths perspective for social work practice to explore the risk factors, strengths and protective/buffering factors of the family and its members. The use of this model provides the information for the strengthening of existing protective systems in a family and its members. The model illustrates the complex interplay between risk and protective factors that impact on the ability of individual family members to rebound from adversities and be resilient (Greene 2007:41).

The Model of Greene refers to family resilience it however, concentrates more on the individual risk and protective factors of family members, with no emphasis on family processes. The model, therefore, lacks a relational perspective with regard to the functioning of the individual family members within the family. The family should be the unit of assessment and not the individual family members in the context of the family system (Moss 2010:28; DeHaan et al 2013:20).

Although Greene presents REM as a model, it is rather an assessment tool to guide social work interventions that will enhance resilience.

2.4.3.5 The Conceptual Framework of Family Resilience (Moss 2010)

Moss (2010) developed this framework from research with social workers and their client families who regarded themselves as resilient in her study "Exploring family resilience amongst social work clients".

The conceptual framework of family resilience by Moss (2010) was developed by integrating the Family Resilience Framework of Walsh (1998; 2002; 2003; 2006), the FAAR Model 11

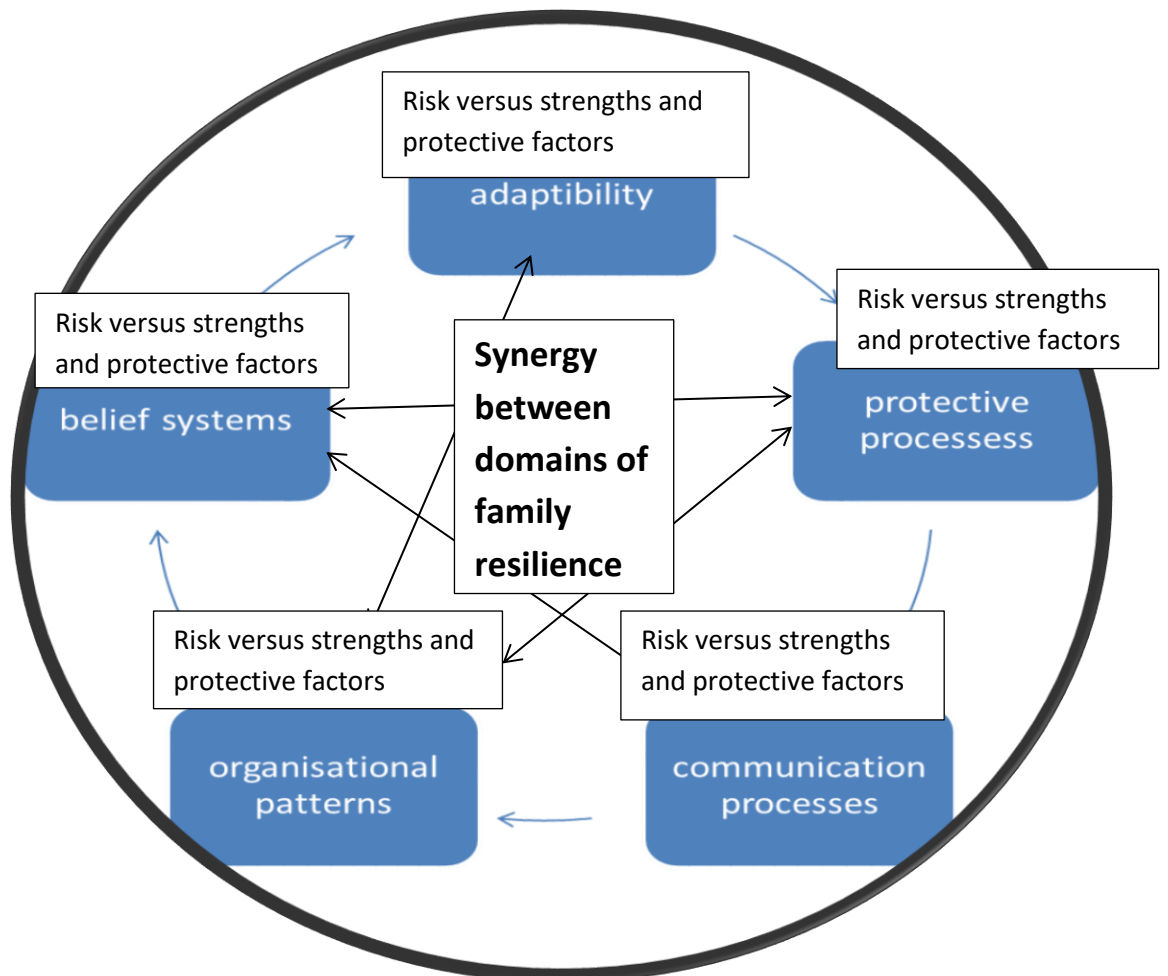
of Patterson, (1988; 2002a), and the REM Assessment Model of Greene (2007). In the footsteps of Walsh, Moss identified two additional domains of family processes informed by the FAAR model 11 and REM model to explain five domains of family resilience.

Moss's (2010:49) conceptual framework explains that family resilience entails the following domains of family processes, i.e.:

- (1) organisational processes that include stability, family organizational patterns, family connectedness and cohesion, and social and economic resources
- (2) adaptability processes that include stability, flexibility and individual resilience of family members
- (3) protective processes that include the risk factors, family strengths and protective and buffering factors in interaction with one another;
- (4) communication processes that include clear communication, collaborative problem solving and relationship building and conflict resolution
- (5) belief system processes that include making positive meaning of adversity, a positive outlook, transcendence, spirituality, religion and religiosity and family rituals in families

Moss's (2010:52) conceptual framework on family resilience also describes family resilience processes as continuous, interactive and in synergy with one another to render families either more or less resilient. Family processes need to be in synergy with one another as one alone will not be able to influence the resilience of families (Amatea et al 2006) (see diagram 2.2). It is within these domains that the risk and protective factors interactively engage during the adjustment and adaptation process to lead to different resilience outcomes for the family.

Diagram 2.2 DOMAINS OF FAMILY RESILIENCE IN SYNERGY WITH ONE ANOTHER



As illustrated in the diagram, risk, strengths and protective factors interactively engage within each domain of family resilience which in synergy with one another, render families resilient.

2.4.4 Concepts relating to family resilience

The researcher found that family resilience is based on a particular understanding of some key concepts to illuminate family resilience.

The following concepts are discussed, i.e.:

- Family as system, as functional unit and the family processes in family functioning
- Domains of family resilience as the family processes in family functioning
- Family resilience and risk factors and family strengths and protective factors
- The reciprocal influence of individual and family resilience

These above-mentioned concepts will be discussed in the section below:

2.4.4.1 The family as system, as functional unit and the family processes in family functioning

Family resilience relies on a particular view of family, i.e. a family as a system and a functional unit that through family functioning executes certain family functions.

(a) Family is a system

The family is connected by a **web of relationships** in synergy with one another, interacting as a whole. The systemic and relational view of the individual, the family, the family in its environment and family resilience as a process, provides a comprehensive understanding of family resilience.

The family as a social system is part of other societal systems and operates on three levels, i.e.:

- On an individual level within the family
- On a family relational level. The family is more than the sum of its parts and provides the context for the individual family members
- On a community level as context for the family. The family is affected by the context and affects the context

Different variables as identified by Greef (2013:275), also impact on the family as a system. Greef (2013:275) indicates that “ethnicity, culture and diversity in the family structure have become important variables in the understanding of family adaptation and resilience”. These variables will have an impact on the family patterns of functioning with reference to the day

to day functioning of the family and also when the family is subjected to stressful circumstances.

As has already been described (2.4.3.2) families as systems are key environments from which resilience emerges.

A key feature of the systemic view of families for understanding family resilience is the concept of equilibrium or “homeostasis”. All families strive to be in balance. Often achieving such balance will imply change. Families do not always find change easy and could resist such change. This will impact on their level of family functioning and resilience (Smith, [sa]).

(b) Family is a functional unit

The family as functional unit has diverse structures and various types of families can be identified. The structure of the family affects family relationships and family functioning – referring to “how” families fulfil their functions. Families are self-defined. Those who regard themselves as part of the family and those regarded by the family as family members are thus part of the family.

“The family unit functions to provide its family members a safe and sheltered environment from the outside world” (Miller, Ryan, Gabor, Keitner, Bishop & Epstein 2000:168–189). Independent of family structure the functions of the family remain the same as has been discussed in section 2.4.3.3.

Some of the most important functions of the family are that it should protect its members, display love to family members and address the basic needs of each individual family member. All families have strengths which can identify potential areas for growth, but all families are also confronted by challenges. This gives impetus to the understanding that taking the diverse structures of the family into consideration is not about the structure of the family, but about its functions and internal functioning (Asay & DeFrain 2012; Simon, Murphy & Smith 2005:428).

In accordance with Unger (2008:17–38), a resilience perspective that focuses on individual, family and community strengths assists in developing programmes with a strengths-based approach that build on capacity for effective family functioning, rather than only addressing risk factors. The concept of family resilience with its identified domains extends our understanding of family functioning to situations of diversity (Walsh 2012). Building bridges between the domains of family resilience is complex but could be simplified by linking these processes with family functioning when the family is under stress (Simon et al 2005).

(c) Family processes in family functioning

Family functions indicate **what** families should be doing to meet their needs. The family fulfils its functions during family functioning. Family functioning refers to **how** the family is executing its functions and can, therefore, be defined as “the family’s patterns of relating, or family processes over time through the family life cycle” (Winek cited in Openshaw 2011:6; Economic and Psychological functions of the Family [sa]).

Family processes in family functioning include the psychosocial, physiological and spiritual functions and relationships required to meet the needs of family members in the family unit. Factors that could influence family processes are family structure, the social and economic constellations of the family, the relationships of family members and the life stage of the family and life events that the family encounters (Dai & Wang 2015:134–141).

Should these family processes be in good working order, families would be able to fulfil their functions and family development would be ‘robust’ even in the face of severe adversity (Masten 2001:227–238). Family functioning after the onset of stresses or crisis, when compared with daily family functioning, has various patterns, i.e.: roller coaster; increased functioning; decreased functioning; mixed change; or no change at all. These depend on the available protective factors and processes available in the individual, the family, the community and broader society (DeHaan et al 2013:17–31).

Family process indicators describe the interactions between members of a family, including their relationships, communication patterns, time spent together and satisfaction with family life (World Family Map 2013).

Processes of optimal functioning and well-being of members vary over time as challenges emerge and families evolve. Therefore, no single model of healthy functioning fits all families or situations. Functioning should be assessed in context relative to each family’s culture and values, as well as structural and relational resources (Walsh 2012:405).

2.4.4.2 Domains of family resilience

Resilience is the “enduring force that leads a family to change its functioning dynamics to solve problems encountered (Lee et al 2004:636).

The **always present** domains of family resilience as family processes in family functioning are usually not visible when they come into play in the day to day functioning of the family as it confronts stressors. However, these domains do become visible when the family is confronting adversities and stress factors that bring about a crisis situation (Masten 2001).

The domains of family resilience include the following, i.e. (a) organisational processes, (b) adaptability processes, (c) protective processes, (d) communication processes, and (e)

family belief system processes (Moss 2010). Within each domain, risk and protective factors in interplay with one another affect family functioning as the family executes its functions. Patterson, (2002b:352) explains the functioning of the domains by referring to the adaptability domain, most relevant to family resilience, as “a process of restoring balance between capabilities and demands whilst the family is executing its necessary day to day functions”.

However, it is not through the efforts of a single domain but through the joint efforts of the domains of family resilience, in synergy with one another, that equilibrium in the family is established and maintained, enabling the family to weather storms and rebound from life’s challenges and to be resilient. (Walsh 1996:281; Epstein et al 1978; Holley cited by Mahmoodabadi, Bahrami, Ahmadi, Etemadi & Zadeh 2012:257; Peterson & Green 2009).

The domains do not function in isolation, but are interrelated and interdependent. A change in one domain, i.e. improved communication, will impact on the other domains i.e. adaptability, protective factors, belief systems and organization.

The family systems theory is useful in explaining the domains of family resilience in family functioning. An aspect that should be taken into consideration when referring to the family systems theory in family resilience is that the “individual is best understood and nurtured in the context of its family and social world” (Simon et al 2005:428).

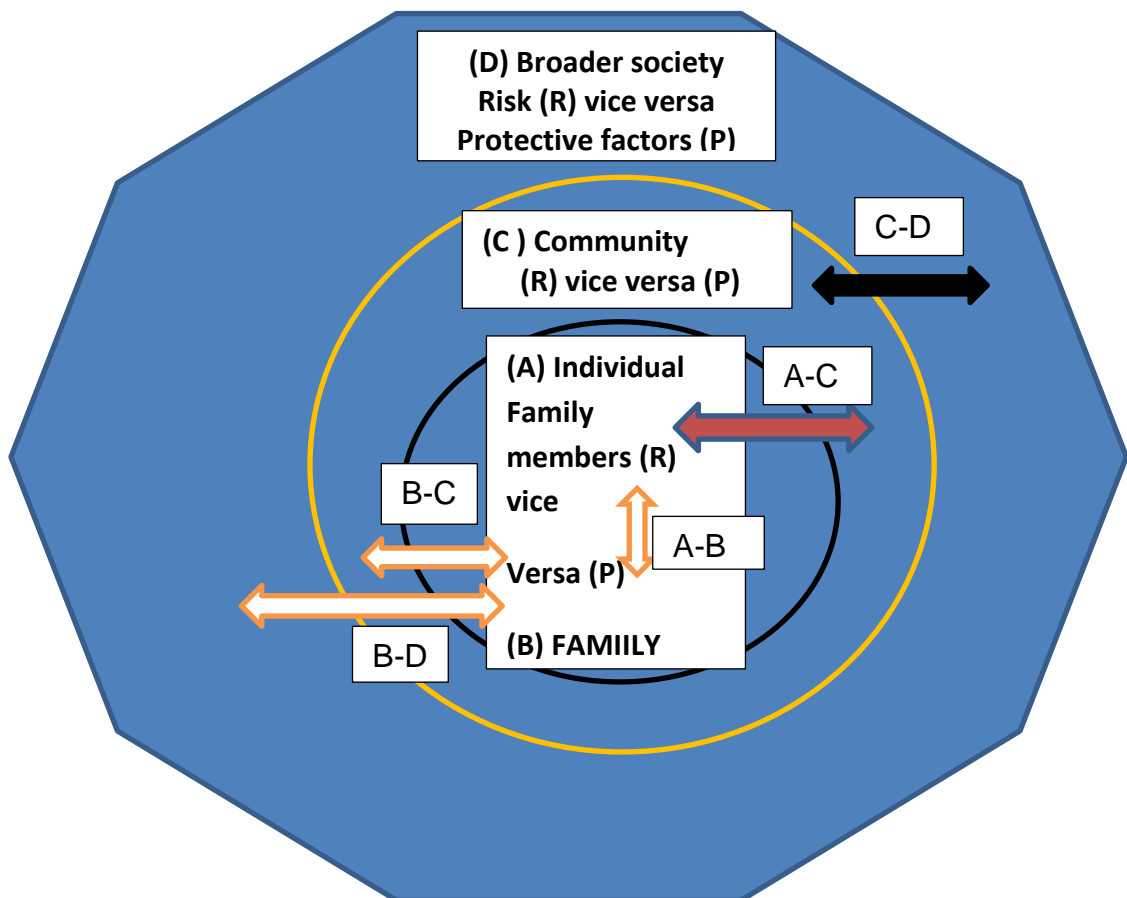
2.4.4.3 Family resilience and risk factors and family strengths and protective factors

A family systems and ecological approach is also useful to explain how risk and protective factors relate to family resilience. The family with its individual members is a system nested within the community and broader society. These systems all interactively impact on one another. Risk and protective factors are found in each system on micro, mezzo and macro level.

All families have risk and protective factors. The protective factors enable the family to mitigate stress, crisis or adversities (risk factors) which confront all families. The family has to deal or cope with the risk factors or adversities they are confronted with as illustrated by diagram 2.3. Should protective factors be stronger, the family is able to address the risks and cope with the situation. Propelled by their ability to address the risk factors, a process of rebounding could commence and the family can “move on” with resilient outcomes such as effective coping, mastery and positive adaptation (Black & Lebo 2008:36; Earvolino-Ramirez 2007:73–82).

The following diagram illustrates a family systems and ecological approach to the family unit and the impact of risk and protective factors on these interlinked systems (individual, family, community and broader society).

DIAGRAM 2.3 RISK FACTORS (R) AND PROTECTIVE FACTORS (P) IN INTERACTION WITH ONE ANOTHER WITHIN EACH EMBEDDED SYSTEM AND BETWEEN DIFFERENT LEVELS



Explanation of symbols

- A Individual family members
- B Family
- C Community
- D Broader society

A-B Individual family members in interaction within the family

A-C Individual family members in interaction with the community and vice versa

B-C The family in interaction with the community and vice versa

B-D The family in interaction with the broader society and vice versa

C-D The community in interaction with the broader community and vice versa

The diagram illustrates how the family and its members, with its strengths and protective factors, have to actively identify and **deal or cope with** risk factors or adversities they are confronted with, on the individual, family, community and society levels. Each of these systems and levels has their own risk and protective factors that interactively engage with one another.

(a) Risk factors

Earvolino-Ramirez (2007) states that a risk factor, also called crisis, adversity or a build-up of stresses (see examples of risk factors in 2.5.2.3), is the **single variable** that distinguishes resilience concepts and processes from other social management processes. The presence of risk factors in the family situation allows the domains of family processes of family resilience to **become visible** (Masten 2001).

The process of rebounding can only commence when the family is propelled by their ability to address these risk factors through their strengths and protective factors in order to be able to cope and be willing to “move on” (Black & Lebo 2008:33-55; DeHaan et al 2002:275-291; Earvolino-Ramirez 2007:73-84, Kaufman & Ziegler cited in Walsh 2002:130).

(b) Family strengths and protective factors and processes

Individual strengths such as personality characteristics and temperament are found in individual family members, whilst **family strengths** are those relationship qualities of the family and its members that contribute to the emotional and physical health and well-being of the family (*Encyclopedia.com* 2003, vs “family strengths”). Community strengths are the community’s ability to provide families with a safe and conducive environment with provision and access to needed resources to families.

Protective factors are defined by Masten & Reed (cited in Vanderbilt-Adriance & Shaw 2008:887-901), as characteristics of the individual, family and wider environment (community and broader society) that reduce the negative effect of adversity (see examples of protective factors in 2.5.2.2).

Protective factors and strengths in individual family members and families react to disruptive life events. When the family or individual is no longer in equilibrium, there is a striving to address the imbalance that exists and return to “normal” (Earvolino-Ramirez 2007:72-82). In order to do this, the family needs, consciously or unconsciously, to choose to reintegrate

and adapt to life's circumstances, as it is from the disruption that families learn how to tap into their strengths and protective factors. New vulnerabilities and/or strengths could emerge during these changing life circumstances. The domains of family resilience that contribute to positive adjustment and adaptation when confronted with risk factors, would however not be evident or visible in "good enough" daily functioning (Luthar, Cicchetti & Becker 2000:543-562).

Protective factors include a range of family, individual or community factors. These include amongst others, factors such as parental attachment and bonding, external interests and affiliations and problem-solving abilities (Fergusson & Horwood 2003; Unger, Theron & Didkowsky 2011:231–246). The complexity of human life and the diversity of families involve multiple risk and protective factors and processes. There is no direct correlation between specific risk factors (crisis or adversity) and protective factors that respond with one another (Fergusson & Lynskey 1996:281-292).

Protective factors become **protective processes** when the protective factors interact with risk factors (exposure to adversity) and there is a developmental progression as outcome. The outcome of the protective processes may lead to resilience.

2.4.4.3 The reciprocal influence of individual and family resilience

Individual resilience is a process of positive adaptation because of dynamic interactions between the individual and the family, community and his/her culture (Bhana 2011:131). Saleebey (2002:11) referring to individual resilience states that "being resilient is not the cheerful disregard of one's difficult and traumatic life experiences, but rather the ability to bear up in spite of those ordeals". A resilient family member can serve as a strength and protective factor to the family (Capra 1997:29). Therefore, promoting and strengthening individual resilience benefits the family unit.

Family resilience is an "emergent property" of the family as a system created by the relational processes of families and emerges when the family is confronted with adversity and the individual family members are able to choose to reintegrate and adapt (Capra 1997:29).

Capra (1997:29) states that family resilience is more than the sum of the resilience of individual family members, even though some parallels between individual and family resilience exist. Individual and family resilience are both processes that over time prove the individual or family to be resilient or not. Both processes refer to the ability to bounce back.

2.5 A FAMILY RESILIENCE PROCESS MODEL AS A CHANGE PROCESS (HOW FAMILY RESILIENCE OPERATES)

2.5.1 Introduction

Based on previously discussed theories, this section presents a theoretical model that summarises and integrates the selected family resilience construct content as a family resilience process model.

According to Walsh (cited in Blair 2003) family resilience should be examined as a process that occurs over time rather than a unique quality at one point in time.

Using a definition of process as a series of, or continuous actions that produce something, or that lead to a particular result or outcome (*Dictionary.com* [sa], sv “process”), family resilience should be considered as a process leading to change. Family resilience is a series of adjustments and adaptations or continuous actions that take place when the family is confronted with challenges and could thus be considered as a change process (McCubbin & McCubbin 2005).

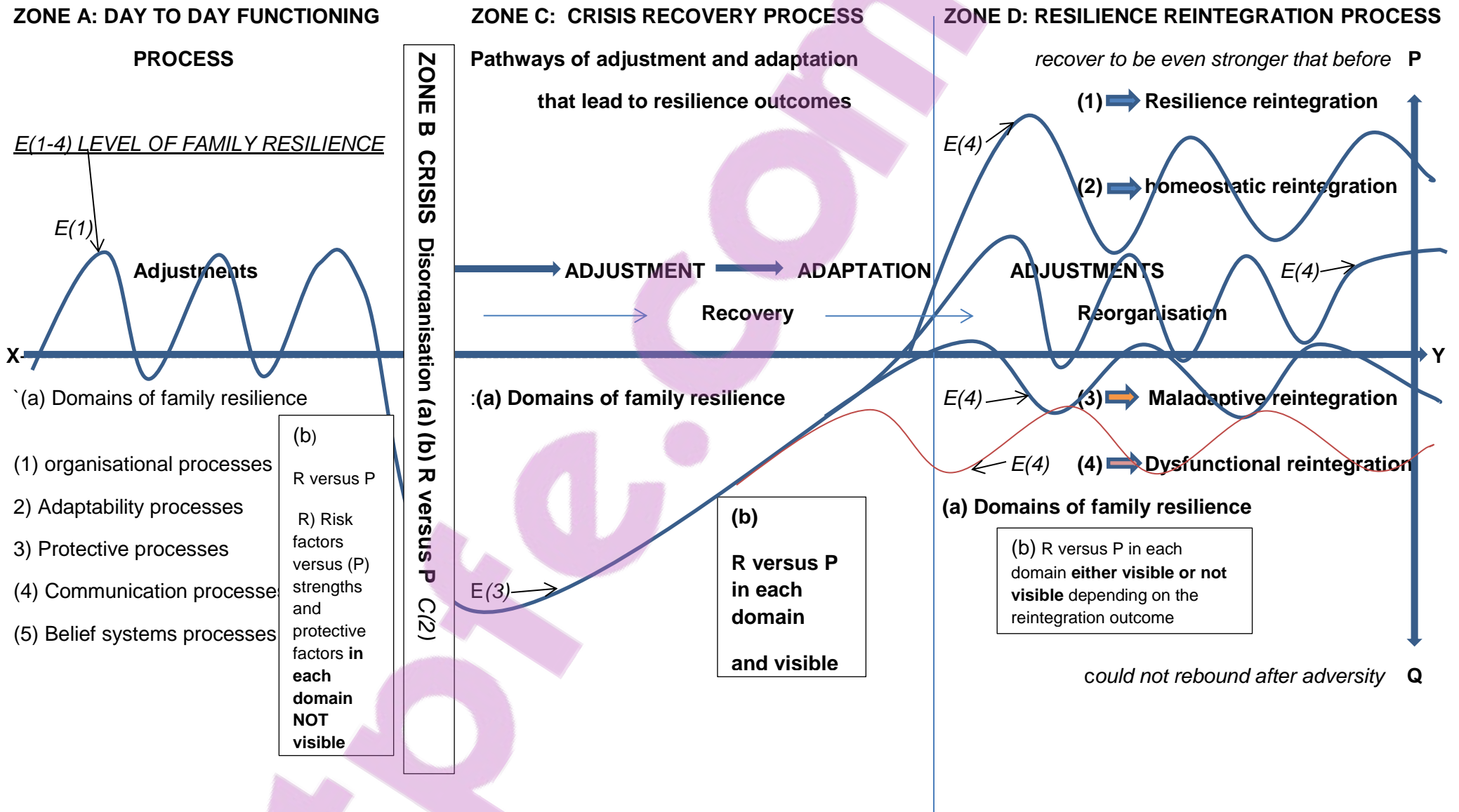
In the process of crisis, adjustment and adaptation, DeHaan, Hawley and Deal (2002:17-31) suggest the following periods in families response to stress:

- (B) a period of disorganization (crisis);
- (C) a period of recovery (crisis recovery process); and
- (D) a period of reorganizing (family resilience outcomes).

2.5.2 The process of family adjustment to daily challenges and the crisis recovery process of adjustment and adaptation after crisis, a pile-up of stresses and adversity

The researcher developed a Family Resilience Process model that not only refers to the processes when the family is confronted with crisis but also the process of family adjustment to daily challenges. The researcher viewed two family processes as domains of family resilience as the drivers of the family resilience process namely the adaptability processes and the protective processes. However, the synergistic nature of domains of family resilience implies that the communication processes, the organisational processes and the belief system processes will be interactively working together with the adaptability and protective processes.

DIAGRAM 2.4: A FAMILY RESILIENCE PROCESS MODEL AS A CHANGE PROCESS (HOW FAMILY RESILIENCE OPERATES)



Below the explanation of the symbols used in Diagram 2.4 (also included in Chapter 7 as Diagram 7.1):

SYMBOLS IN DIAGRAM 2.4

Axis X-Y	Continuum indicating “normal” family functioning
	(a) Domain
	(b) Risk factors in interaction with strengths and protective factors in each domain on individual, family and community level
Axis P-Q	Levels of resilience reintegration
A	Zone A: Day to day functioning
B	Zone B: Crisis, adversity, pile-up of stresses
C	Zone C: Crisis recovery process
D	Zone D: Resilient outcome (different levels of family resilience integration)
E(1)-E(4)	Level of family resilience in the different zones

- **X-Y Continuum of “normal” family functioning**

This continuum reflects family functioning overtime divided into four time zones. The X-Y axis as the ‘continuum of family functioning’ moves through zone A, B, C and D it will repeat itself and start again at A (day- to-day functioning) after weathering the crisis.

- (a) **Domains of family resilience**

The framework on family resilience with its five domains (Chapter 2, section 2.2.4.5) gives a holistic view on how family resilience operates. The domains of family resilience or family processes in family functioning work in synergy with one another and would not be able to function independently. In the Family Resilience Process Model the two domains that are the driving forces for change are the adaptability processes, as well as the protective processes as being referred to in c. The other domains e.i. the organisational, communication and family belief system processes could be described as the stabilising processes. Depending to where the family finds itself along the continuum of family functioning as described in the Family Resilience Process Model (Chapter 2, section 2.5), a family resilience intervention should be developed to address the needs of the family at that point (in time?) on the continuum.

b) Risk factors in interaction with strengths and protective factors in EACH DOMAIN on individual, family and community level (protective processes)

- **E(1)-E(4) Levels of family resilience in the difference zones**

In the diagram E-E(1–4) represents the **level of family resilience** in the different zones. In Zone A are the **ordinary ups and downs** of family life. In Zone B during the **crisis** the resilience levels drops sharply and increases again during the **resilience recovery process** (Zone C adjustment and adaptation phases) that will lead to the different **pathways** of adjustment and adaptation in Zone D.

- **P-Q Levels of family resilience integration**

Resilience outcomes are on different levels of reintegration (Axis P-Q). The various resilience outcomes return the family to normal, day-to-day functioning, but depending on the recovery process, on different levels of family resilience reintegration outcomes. This recovery level may allow the family to be even stronger than before the crisis or adversity or could lead to the family being vulnerable and in need of assistance and/or intervention.

2.5.3 Describing the Family Resilience Process model as a change process in Zones A, B, C and D

2.5.3.1 Day-to-day functioning is a continuous adjustment process (Zone A)

Keeping in mind that a process is a series of continuous actions that produces something, or that leads to a particular result or outcome, family resilience can be explained as coming into being through daily functioning and the ordinary actions performed by the family challenges of daily living. Day-to-day functioning only requires minor adjustments as the family attempts to balance the demands of daily living (the risk factors) with their capabilities and resources (family strengths and protective factors) within each family process or domain in family functioning in synergy with one another. **These processes are usually not visible.**

Through the multitude of ordinary actions performed within the family, families develop relatively stable and effective patterns of functioning that develop and maintain resilience in the family. Family members make adjustments as they try to balance the demands of daily living with their existing capabilities and resources. In doing so, they maintain a relatively stable pattern of interaction.

This dynamic process of family resilience is reliant on the quality of interaction or relationships between family members, between the family and the community and broader

society. Family processes in family functioning are influenced by family structure, individual resilience, resources and the quality of family functioning.

Domains of family resilience (family processes in family functioning) are continuous and in synergy with one another. The five domains in synergy with one another are: (a) organizational processes, (b) adaptability processes, (c) protective processes, (d) communication processes and (e) family belief system processes.

Within domains there are risk factors in interaction with strengths and protective factors. These domains interact with one another to sustain and maintain family equilibrium.

2.5.3.2 Crisis (Zone B)

Crisis is a major change or disruption of daily family functioning. A crisis or adversity could be expected or not expected, whilst a crisis as a pile-up of stresses may be expected or unexpected. Where in Zone A the daily challenges that the family is confronted with only requires the family to make minor adjustments, a crisis, a pile of stresses or adversity will require that the family will have to adjust and adapt during the family recovery process. The domains of family resilience now become visible as protective factors in each domain try to establish balance whilst trying to mitigate the risk factors the family is confronted with. Interventions that would be of assistance during this time period include crisis intervention and trauma counselling and trauma debriefing.

2.5.3.3 The crisis recovery process (Zone C)

In order to recover from a crisis, it requires that the family embark upon a change process. Following a crisis, during this crisis recovery processes, the risk factors (adversities, challenges and pile-up of stresses) and strengths and protective factors, interactively within each domain, **will become visible**. This takes the family on the process of family adjustment and adaptation that will lead to different pathways leading to different resilient reintegration outcomes.

During this crisis recovery period the family, confronted by these risk factors (challenge or crisis), has strengths or protective factors which may or may not counterbalance these risk factors (Richardson, Neiger, Jensen & Kumpher cited in Blair 2003). If the challenges exceed the protective factors the family cannot counterbalance and finds itself in disruption or a state of disorganization (being vulnerable). It is then that the family feels stretched beyond capacity when realizing that previous ways of coping are not working adequately. Alternatively, if the protective factors exceed the challenges, a process of coping or rebounding could commence and the family is able to “move on” and be resilient (Black &

Lebo 2008:33–55; Earvolino-Ramirez 2007:73–84, Kaufman & Ziegler cited in Walsh 2002:130; DeHaan et al 2002).

The family needs to **choose**, consciously or unconsciously, to reintegrate and adapt to life's circumstances, as it is from the disruption that families learn how to tap into their resilient qualities. When the family or individual is not in equilibrium anymore, there is pressure to address the imbalance that exists and return to "normal" (Earvolino-Ramirez 2007). (See section 2.4.5.2 (b)).

Depending on the flexibility of the family to bring about change, the family under stress would follow a process of crisis adjustment and adaptation that would lead to different pathways to overcome and rebound from stressful situations.

In an effort to make changes, the family now starts to search for ways to adjust. They look for new resources or modify rules and/or roles in an attempt to cope. New vulnerabilities and/or strengths could emerge during these changing life circumstances. In accordance with the available protective factors to mitigate the risk factors, different pathways may be followed resulting in different outcomes.

2.5.3.4 Family resilience outcomes on different levels of resilience reintegration (Zone D)

As during the crisis recovery process the family, depending on the family's coping mechanisms and resources, follow different pathways to adapt to new circumstances in order to retain relatively stable patterns of interactions and balance the demands with their existing capabilities and resources.

Four pathways have been identified (see diagram 2.4).

When the family perceives that sufficient change has been made in order to cope or they are unable to make further changes, family functioning will be at one of the following outcome levels of reintegration, i.e.:

- (1) Dysfunctional reintegration – the family functions significantly below their previous level. The family can experience unsuccessful reintegration that would leave them vulnerable. Without further intervention, these families will not rebound after this adversity.
- (2) Maladaptive reintegration – a level above dysfunctional but still lower than the pre-challenge level. Similarly, these families would struggle to regain their previous level of functioning without further intervention.

- (3) Homeostatic reintegration – the family returns to its pre-challenge level of functioning.
- (4) Resilient reintegration – when the family rebounds to a level above pre-challenge level (well-being) they recover to a level stronger than before (Richardson et.al. cited by Blair, 2003:2) (See section 2.4.5.4 (b)).

To obtain resilient integration families must function as a collective unit, and assign positive meaning to the challenges. Furthermore, the family must obtain a collective vision and mutual purpose, working in a united way and focusing on collective strengths and resources.

The researcher attempted to explain the complicated process of family resilience in simple terms in accordance with a diagram (2.4) developed. This important step is necessary for the Guidelines for Social Workers to foster and sustain family resilience as social workers must have a clear understanding of how family resilience operates in order to develop family resilience interventions. These interventions should focus on mitigating risk factors and building on strengths and protective factors so as to lead to resilience reintegration outcome. The outcomes of resilience are effective in coping when managing the adversities, mastery and positive adaptation when rebounding or recovering from a disruptive or adverse event (Black & Lebo 2008:33–55; Earvolino-Ramirez 2007:73–84; Kaufman & Ziegler cited in Walsh 2002:130; DeHaan et al 2002).

Should the family have a dysfunctional or maladaptive reintegration outcome these levels could initiate a new process and rebounding may start again, should the family still be vulnerable and not resilient. In dealing with challenges, Blair (2003) states that families often begin at lower levels of reintegration, moving on to higher levels. Families, as they are once again are confronted with the challenges of daily living, try to balance the demands with their existing capabilities and resources and make adjustments. In doing so, they retain relatively stable patterns of interaction. When confronted with a pile up of stresses, adversities or crisis families may find that imbalance persists in spite of adjustments and are then forced to resort to more profound ways of change in order to adapt.

Effective family functioning at the homeostatic and resilient integration levels lead to family well-being and resilience. Ineffective family functioning at the dysfunctional and maladaptive reintegration levels leaves families in a state of vulnerability requiring further interventions to overcome their inability to rebound, as discussed below.

(a) Family well-being as outcome of effective family functioning and family resilience

Effective family functioning for family well-being has a similar meaning to family resilience (Walsh 2012:405). Family well-being as outcome of effective family functioning can be conceived as the effectiveness with which family members experience belonging in the family, perform various family functions, communicate and interact with each other, provide resources, goods and services necessary to support and maintain the family and ensure that family members are protected. Furthermore, family well-being depends on the effectiveness with which the family members serve as a buffer between vulnerable members and negative societal conditions, prepare its members to face life's challenges, bond together as a unit to provide reciprocal care, emotional support, hope, encouragement and assistance and demonstrate individual resilience and contribute to family resilience in the face of adversity (Browne 2014:15).

(b) Vulnerability as outcome of family functioning when not being able to rebound after adversity

Vulnerability can be defined as “the propensity of social or ecological systems to suffer harm from external (or internal) stresses and perturbations” (Kasperson et al cited in deFur, Evans, Hubal, Kyle & Morello-Frosch 2006:817) Vulnerability is how the family respond and recover from adversities or stressors inadequately or not as well as the average. Four properties of vulnerability are susceptibility, exposure, preparedness, and responsiveness (DeFur et al 2006:817).

Families confronted with such adversities that they cannot rebound from or overcome them are regarded as vulnerable. The White Paper on Families (2013) states that vulnerable families could be families at risk of disintegration, in transition and/or in crisis. These families would require social work intervention at an early intervention level in order to increase their level of resilience. If these services are not effective these families could require statutory intervention.

2.6 SUMMARY OF THE FAMILY RESILIENCE PROCESS MODEL

In conclusion, keeping the Family Resilience Process Model in mind, families have to adjust to daily challenges to function effectively (Diagram 2.4), but when confronted with adversities, crisis or a pile-up of stresses they have to adjust and later adapt. Depending on the effectiveness of their family functioning the family will reach a level of resilient outcome whilst attempting to achieve balance or equilibrium. Following the crisis (Zone B

in the diagram 2.4) and during the crisis recovery period (Zone C), the family will follow a specific pathway of adjustment and adaptation that will lead to a resilient outcome at different levels of reintegration (Zone D), depending on their family functioning.

The always present family processes in family functioning acting in synergy, as domains of family resilience, become visible when confronted with crisis. Risk factors and strengths and protective factors on individual, family, community and broader society levels interact with the risk and protective factors within each domain. These domains are (a) organizational processes, (b) adaptability processes, (c) protective processes, (d) communication processes and (e) the belief system processes. The result of these interactive processes is to render families more or less resilient.

2.7 CONCLUSION

Chapter 2 presents the theoretical framework for this study. It discusses the theoretical approaches of service delivery to families with a focus on approaches to enhance the understanding of 'family', 'family members' and 'family resilience'. This, along with the discussion on social welfare service delivery principles for interventions, leads us into the family resilience construct. The family resilience construct can serve as a conceptual map in orienting a wide range of social welfare services to "repair", "foster", "prepare" or "sustain" family resilience within the family system and set the stage for the paradigm shift from an exclusive focus on risks to an emerging focus on strengths (Masten 2001:228; Peters, Leadbeater & McMahon 2005:50; Walsh 2006:25). Much of the contents of this chapter will, therefore, be included in the guidelines for social workers to foster and sustain family resilience.

CHAPTER 3

DESCRIPTION AND APPLICATION OF THE RESEARCH METHODOLOGY IN THE DEVELOPMENT OF PRACTICE GUIDELINES FOR SOCIAL WORKERS TO FOSTER AND SUSTAIN FAMILY RESILIENCE TO STRENGTHEN AND PRESERVE FAMILIES

3.1 INTRODUCTION

Policies and legislation within the South African context recognize that all families have inherent capacities and strengths despite risk factors and challenges they have to face. There is also an understanding that family resilience is described as the ability to withstand and rebound from adversities. The White Paper on Families (2013) outlining the policy of services to families, refers to family resilience but gives no direction on how to translate family resilience into practice.

Working in the Directorate: Families in the Department of Social Development and being involved in the development of a policy on families as outlined in the White Paper on Families (2013), I became interested in family resilience. During my Masters study, I conducted research with the topic “Exploring Family Resilience amongst South African Social Work Clients” (Moss 2010).

I came to the conclusion that most social work clients do not know what the term family resilience means, but could clearly illustrate through own life experiences what family resilience is. The social workers involved could also clearly explain what family resilience is, but had difficulty in translating the information into appropriate programmes and services that could foster and sustain family resilience. These findings and my personal interest in family resilience and being tasked to write guidelines on family resilience sparked the idea of developing practice guidelines for social workers to foster and sustain family resilience.

In this chapter, I will describe how I did the qualitative research and developed the practice guidelines. I will, in contrast to the other chapters, write this chapter in the first person. Denzin and Lincoln (2000:924) support this practice: “Writing from our selves should strengthen the community of qualitative researchers and the individual voices within it, because we will be more fully present in our work, more honest, more engaged”.

The aim of the study is to develop practice guidelines for social workers to foster and sustain family resilience so to answer the research question “How, and by doing what, can social workers foster and sustain family resilience to strengthen and preserve the family”.

The following goals and objectives were formulated for the study:

The goal of the study is to develop “Practice guidelines for social workers to foster and sustain family resilience to strengthen and preserve families”.

The following are task objectives formulated to guide and monitor the progress of the study:

- Task objective 1: To explore and describe the available documented interventions that aim to strengthen and preserve families and foster and sustain family resilience.
- Task objective 2: To explore and describe social workers’ understanding of family resilience.
- Task objective 3: To explore and describe social workers’ experiences of interventions that foster and sustain family resilience.
- Task objective 4: To explore and describe social workers’ suggestions on interventions to foster and sustain family resilience.
- Task objective 5: To develop draft practice guidelines for social workers to foster and sustain family resilience.
- Task objective 6: To pilot the draft practice guidelines during a national consultative workshop through the Department of Social Development to finalise the guidelines.

The development of practice Guidelines steered towards applied research. Applied research as defined by Fouché and De Vos (2011:94) is most often the “scientific planning of induced change in a troublesome situation” and pointed towards using intervention research.

Through careful consideration, I concluded that the research question of this research would be best answered by conducting qualitative research within the Intervention Design and Development (IDD) model of Rothman and Thomas (1994).

Chapter 1 provided detail on the proposed research method, data verification and ethical guidelines. This chapter, chapter 3, provides a “**thick**” and **comprehensive** description of the research methods used, as the value worth of the findings will depend on the validity of the design and data collection procedure. Thick description also leads to thick interpretation (Schurink, Fouché & De Vos 2011; Gelo et al 2008:269; Denzin & Lincoln 2000:391).

Exploring social workers’ understanding and their suggestions on family resilience processes to develop the practice guidelines, a qualitative approach in the intervention research was used. De Vos and Strydom (2011:475) defined intervention research as

“studies carried out for the purpose of conceiving, creating and testing innovative human services interventions”. Intervention research also allows for the thick in-depth data description, especially when a qualitative research approach has been followed.

3.2 RESEARCH APPROACH: QUALITATIVE RESEARCH

As was highlighted in Chapter 1, a qualitative research approach was used in this study.

The notion of multiple realities lies at the heart of qualitative research and it is an inductive process (moving from the particular to the general, from concrete observations to a general theoretical explanation) that entails observing particular people in context and how they view their actions and the world around them. Qualitative approaches proposed a naturalistic, contextual-based and holistic understanding of the human being (Nicholls 2009:586; Gelo et al 2008:268).

I used qualitative research as it provides an opportunity to systematically explore, describe and contextualise the human experience. I later realised that the underlying assumptions and characteristics of the qualitative research approach would also provide me with the opportunity to have a multi-perspective approach to the interaction with social workers through the face-to-face semi-structured interviews, the focus group interviews and the consultative workshop conducted to test the prototype of practice guidelines for social workers to foster and sustain family resilience. Qualitative research gave me the opportunity to describe, make sense of, and interpret this interaction in terms of the meanings and the perceptions of the “actors in action” (social workers) on family resilience within a specific context. (Donalek & Soldwisch 2004; Fossey, Harvey, McDermott & Davidson 2002:717; Fouché & Schurink 2011:312; Scott & Xie 2005).

I also took the following features of qualitative research into consideration when deciding to conduct qualitative research, i.e.:

- In qualitative research, the researcher is the research instrument and, therefore, must have the ability to observe and have interviewing skills and the ability to build rapport with the research participants. As a social worker I was able to maintain objectivity and be clear in my role as researcher. I, however, needed to keep in mind that I, coming from a family myself, have an own narrative of family life and needed to be empathetic when establishing how people live and **what** they are doing (family functions) and **how** they are doing it (family functioning) as part of everyday life (Denzin & Lincoln 2000:386, 646).
- The phenomenon is ill-defined or not well-understood. Social workers’ understanding of family resilience and their suggestions on implementation were unknown. Qualitative

research, therefore, provided an opportunity to gain greater understanding of the nature of social workers' understanding. The open and generative nature of focus groups and individual interviews allowed for the exploration of social workers' understanding of family resilience and their suggestions for implementation as the ultimate goal was to develop guidelines for social workers utilising, amongst others, their suggestions to develop family resilience programmes.

- The collection of information from individuals or groups that have a specialised role in society. In this research study information was collected from social workers who have a specialised role in the welfare sector rendering services to families. Their views, sought from the vantage point of their particular positions, were explored by exploratory questioning in focus-group interviews and the face-to-face semi-structured interviews. Furthermore, the research participants used case studies to illustrate their interventions of how they as social workers had fostered and sustained family resilience, even though it had not been their intention to do so in the first instance. The exploratory and descriptive nature of qualitative research provided an opportunity to answer “what” and “how” questions.

Qualitative research enabled me to explore and describe the perceptions and experiences of social workers rendering services to families, as well as the interventions that they could identify, which could enhance family resilience and family well-being. Furthermore, the qualitative approach enabled me to establish social workers' understanding of family resilience, and explore their experiences of rendering family preservation services (Alson & Bowles 2003:34; Creswell 2003:154; Fouché & De Vos 2011:95; Ritchie & Lewis 2003:27).

Evidently, qualitative research, concerned with the interpretation of subjective meaning, the description of the social context and the privileging of lay knowledge, was the most appropriate research approach to be utilised (Creswell 1998; Fossey, Harvey, McDermott & Davidson 2002:723).

3.3 RESEARCH DESIGN

The design used by researchers depends on the purpose of the study, the nature of the research question and the skills and resources available to the researcher (Creswell 2009:14; Fouché & Schurink 2011:312).

The research design can be defined as a set of flexible guidelines and instructions, guided by the research questions that connect theoretical paradigms, firstly, to strategies of inquiry and, secondly, to methods for collecting empirical materials. It was imperative that I developed a strategy of inquiry that would connect me as researcher to specific methods for collecting and analysing empirical material (Denzin & Lincoln 2005:25; Mouton 2009:107).

Formulating a research design is a creative process and thought provoking. The research design had to provide a procedural plan to answer the research question (which flows from the research problem) as validly, objectively and economically as possible. The research design can be described as a “blue print”, referring to a detailed research plan, structure and strategy of investigation to answer the research questions (Creswell 2009:14; Hill 2012). The use of blueprints within qualitative research should be flexible and should have the ability to be changed during the course of the study. Furthermore, different parts of the design may receive differential attention or should even be omitted (Yin 2011:76).

There are differences in how the research goals can be achieved. Rubin and Babbie (2013:50–52) describe the purpose of qualitative research as exploration, description and explanation and evaluation.

The research was undertaken with the purpose of exploring and describing the understanding, experiences and suggestions of social workers on family resilience, as well as interventions to foster and sustain family resilience to be used to develop practice guidelines for social workers to foster and sustain family resilience. Therefore, qualitative research with an exploratory, descriptive and contextual purpose and related designs, as well as intervention research, were undertaken.

3.3.1 Exploratory design

As was mentioned in Chapter 2, substantive research has been done on the phenomena family resilience and there seemed to be a clear understanding on what family resilience is and how it should be defined. However, in South Africa a knowledge gap exists in translating family resilience theory into practice. None of the existing family resilience interventions that presently exist, comprehensively and holistically address family resilience. At present there

is no attempt to foster and sustain family resilience as an outcome of social welfare services in the South African context. Furthermore, it seems that the understanding of family resilience and its synergetic nature has not as yet been thoroughly introduced to social workers in South Africa. I realised that the lack of knowledge urgently needs to be addressed. The development of guidelines for social workers to foster and sustain family resilience to strengthen and preserve families would assist in bridging the identified gap.

As set out in the research questions and the objectives, I wanted to explore how and by doing what, can social workers foster and sustain family resilience to strengthen and preserve families. I, therefore, explored and described how social workers understand family resilience and their experiences and suggestions of interventions that foster and sustain family resilience. The information guided me to develop practice guidelines for social workers to foster and sustain family resilience.

3.3.2 Descriptive design

The descriptive purpose of the research was to get detailed specific information on the views of the social workers on family resilience and their experiences on interventions. Detailed information was collected by using case studies to get specific information on “what” was required for the development of practice guidelines for interventions on “the how” of fostering and sustaining family resilience.

3.3.3. Contextual design

The contextual purpose of the research was to describe the views and experiences of social workers from different environments in which where they render services. I, therefore, chose as sample social workers from different provinces and work settings to ensure that should different environments impact on the findings, it would be clearly mentioned. This contextual design provided the researcher with the opportunity to explore the understanding of how local social workers understand the “doing of family resilience interventions” within the environment context where they are rendering services. Such diversity would also assist with data triangulation during data collection.

Research methods used for these exploratory and descriptive purposes and contextual significance of data were incorporated into the Intervention Design and Development (IDD) model of Rothman and Thomas (1994), Phase 1.

3.3.4 Intervention research

As mentioned in chapter 1, I decided to utilise the Intervention Design and Development (IDD) research model of Rothman and Thomas (1994) to develop the guidelines for social workers to foster and sustain family resilience. The IDD model provided me with the opportunity to develop insight into the social workers' understanding of family resilience and identify a knowledge gap on how social workers understand and describe family resilience. I utilised the exploration and consequent understanding, to develop practice guidelines for social workers as guide to develop programmes and services to foster and sustain family resilience. Through these guidelines, I intended to improve the understanding of the family resilience construct and how it operates and which intervention strategies social workers should consider in fostering and sustaining family resilience.

Applied research plays an important role in the planning, management, implementation and evaluation of projects, programmes and services (Fox & Bayat 2007:10). Through applied research I attempted to broaden scientific knowledge by designing practice guidelines as a specific tool for improving practice and policy to guide the development of interventions through intervention research that would foster and sustain family resilience to strengthen and preserve families.

Intervention research includes studies carried out with the purpose of conceiving human service interventions in maintaining a quality of life (De Vos & Strydom 2011:475). According to Schilling cited by De Vos and Strydom (2011:475) at least five kinds of studies may be considered under intervention research, i.e. (a) those that attempt to understand problem phenomena; (b) those undertaken with the objective of developing interventions; (c) those that conduct research on the process of helping; (d) those that observe what happens to clients during and after their agency contact on a longitudinal basis (longitudinal studies); (e) and those that systematically design and develop interventions. For purposes of this study the focus was on the systematic design and development of interventions, but more specifically on practice guidelines to guide the development of interventions.

The Intervention Design and Development (IDD) Model of Rothman and Thomas (1994) is at present still the only fully developed model on intervention research. Intervention research is a flexible design which values the insights of the practitioners (Comer, Meier & Galinsky 2004:250). The goals and objectives stipulated for this research are to explore and describe the views of social worker professionals, involved in service delivery to families, regarding current services and programmes to families which could ultimately foster and sustain family resilience. Seeing that, these research findings contribute to the professional

knowledge base of social work practice; the relevance of utilizing the intervention research design became obvious.

Rothman and Thomas's (1994) model of intervention research consists of six interconnected phases. However, only four phases and specific steps were followed and adapted to suit the needs of this study. For purposes of this research, I used the first four phases of the IDD model (Rothman and Thomas 1994:28) i.e. in Phase 1: Steps 1–5; in Phase 2: Steps 1–3; in Phase 3: Step 2; and in Phase 4: Steps 1–3. Time, as well as, financial and logistical constraints, contributed to this decision.

3.3.3.1 The unique application of the IDD model in developing practice guidelines for social workers to foster and sustain family resilience

In exploring, describing and contextualising family resilience so as to develop guidelines for social workers to foster and sustain family resilience, I used the IDD model in a unique way. In this section, I reflect on how I implemented the proposal and why I at times deviated from the planning in my proposal so as to share the discoveries I made which added value to my research.

An in-depth discussion of the phases and steps will follow below.

TABLE 3.1 INTERVENTION DESIGN AND DEVELOPMENT (IDD) MODEL OF ROTHMAN AND THOMAS (1994:28) AS ADAPTED FOR THE STUDY

PHASE 1	PHASE 2	PHASE 3	PHASE 4
Problem analysis and project planning	Information gathering and synthesis	Design	Early development and pilot testing
Step 1	Step 1		Step 1
Identifying and involving clients	Using existing information sources		Developing a prototype of "The Guidelines"
Step 2	Step 2	Step 2	Step 2
Gaining entry and cooperation from settings	Studying natural examples of interventions	Specifying procedural elements of "The Guidelines"	Conducting a pilot test
Step 3	Step 3		Step 3
Identifying concerns of the sample population social workers	Identifying functional elements of successful models of fostering and sustain family resilience		Applying design criteria to the prototype of "The Guidelines"
Step 4			
Analysing identified concerns and data collected			
Step 5			
Setting goals and objectives of "The Guidelines"			

The above-mentioned phases and steps are interconnected and I could return to previous phases, when I felt it was necessary. However, only some of the phases and steps were used as planned in chapter 1.

PHASE 1: PROBLEM ANALYSIS AND PROJECT PLANNING

Problem analysis and project planning is critical in conducting intervention research. The phase requires that collaboration be established between researchers and clients in order to gain the cooperation and support of the clients (Fawcett, Suarez-Balcazar, Balcazar, White, Paine, Blanchard, & Embree 1994:27).

As follow-up on the findings of my MA degree and part of this study, I initiated a literature review on the nature and extent of existing intervention attempts by social workers to foster

and sustain family resilience, even if only indirectly. It was found that various programmes address only certain family processes in family functioning without taking the adjustment and adaptation process of family resilience, which enables families to rebound from adversities, into consideration. These programmes also lack a synergistic view on the family processes and ignore the role the interaction between the risk and strengths and protective factors within each family process plays. This made it impossible to formulate a comprehensive understanding of the problem and contributed to the inadequacy of existing interventions to foster and sustain family resilience.

Furthermore, the White Paper on Families (2013) indicates that family resilience should be fostered and sustained, however, did not give guidance on how such interventions should be developed and implemented as no guidelines exist to assist with the interventions that could address the resilience of families. I determined that it would be feasible to continue with the designing and testing of a human service intervention to resolve the identified problem.

I, therefore, found that it would be most appropriate to develop practice guidelines for social workers to foster and sustain family resilience as a tool to improve practice and policy (Thomas & Rothman 1994:9).

I implemented phase 1 according to the following steps, i.e.:

- identifying and involving clients
- gaining entry and cooperation from the setting
- identifying the concerns of the sample population social workers
- analysing the identified concerns and
- setting the goals and objectives of the envisaged guidelines

It became apparent that in the execution of these steps the sequence of these steps unfolded differently. Furthermore, the steps overlapped.

Phase 1, Step 1: Identifying and involving clients

In accordance with the IDD model to conduct intervention research, the first step of phase 1 is to identify the selected target group population (Fawcett et al 1994:27). As stated in chapter 1, a population is the term that identifies the potential subjects, which possess specific characteristics that the researcher has interest in (Leedy & Ormrod 2005:253; Welman et al 2005:52). For purposes of this research, the population was social workers and, more specifically, those social workers involved in rendering, either directly or

indirectly, services to families in Limpopo, Gauteng and the North West province, to participate in focus group interviews and face-to-face semi-structured interviews.

Rothman and Thomas (1994) do not include sampling in their IDD model. However, for purposes of this study purposive and snowball sampling was done. I used purposive sampling to draw a sample that would provide rich information on the meanings social workers attach to family resilience and on interventions that they thought could foster and sustain family resilience (Alston & Bowles 2003:90; Fossey et al 2002:717–732).

The sample for this study comprised of social workers employed by the Department of Social Development and two Non-Governmental Organisations, i.e. Family and Marriage Society of South Africa (FAMSA) and South African Women's Federation (SAVF) from Gauteng, North-West and Limpopo provinces, that render amongst others, family preservation services to families. All these social workers complied with the criteria for inclusion into the sample as stipulated in Chapter 1:33.

I also made use of data triangulation that involves collecting data at different times, at different places and with different people (Johnson 1997:289). I deliberately selected a sample group that comprised of social workers employed by different organisations, as well as the Department, in different provinces. Gauteng, Limpopo and North-West provinces were selected due to their convenient proximity and their different cultural and geographic (rural, semi-rural and urban) characteristics.

The two Non-Governmental Organisations (NGOs) from where the sample was selected are actively involved in service rendering to families on a preventative and early intervention level. FAMSA renders non-statutory services, whilst SAVF renders services on both a statutory and non-statutory level. The Department of Social Development (DSD) also renders services on both levels. In smaller DSD offices, due to human resources constraints, social workers render generic social work services addressing the whole range of challenges families and individual members are confronted with. At what level social workers render services did not substantially pose a problem, as all social workers, in accordance with the Generic Norms and Standards for Social Welfare Services [sa], are expected to take family preservation as a cross-cutting issue into consideration.

The researcher envisaged in Chapter 1 to select at least one social worker from each of FAMSA, SAVF and the Department of Social Development from different provinces to be included in each of the focus groups. The composition of the focus groups brought challenges. It was not easy to repeat the composition of the focus groups in all the different provinces. In Gauteng the composition of the focus group was one departmental social

worker, three FAMSA social workers and one social worker from the SAVF. In North West Province the composition was four departmental social workers, four social workers from FAMSA and one social worker from SAVF. However, such composition was not possible in the Limpopo province, where the first focus group arranged in Bela-Bela only comprised of departmental officials as FAMSA and SAVF were not able to attend the focus group due to transport problems. A second focus group in Limpopo was arranged with the SAVF director in Lephalale. The FAMSA office in Tzaneen was again invited to the focus group, but again could not attend. This focus group was attended by 14 SAVF social workers. These two groups in Limpopo, therefore, deviated from the ideal that the focus groups should comprise of at least two social workers from the district office of Social Development, and the satellite offices of FAMSA and the SAVF in the province. Adaptive planning, therefore, enabled the researcher to ensure the desired representation in the Limpopo province.

In order to find more research participants to include in the sample, I made use of snowball sampling to identify social workers to engage in face-to-face semi-structured interviews (Greeff 2011:350). Six face-to-face semi-structured interviews with social workers from Gauteng province were conducted to ensure triangulation.

Phase 1, Step 2: Gaining entry and cooperation from settings

Prior to gaining entry to the research populations, I made sure that I was updated on the constitution, staff composition, management structure, as well as the services that the targeted non-governmental organisations as well as the Department of Social Development are rendering. As an official of the National Office of the Department of Social Development, I used an official route to gain access to the research populations. I requested the management structures of the Department of Social Development, FAMSA and SAVF to provide me with the necessary authority to gain entry to and cooperation from the settings where the sample group social workers were employed.

The process I followed was as follows:

- In a formal letter signed by the Deputy Director-General of the National Department of Social Development, I requested the approval of the Heads of Departments (HODs) of the Provincial Department of Social Development in the Gauteng, North West and Limpopo Provinces, as well as the Directors of the National Offices of FAMSA and SAVF to conduct research within their district and satellite offices in the three provinces (Annexure A and B).

- After approval was received, I have forwarded the letters to the provincial coordinators of the family programme in the three provinces to inform them of the research. In a letter to the family coordinators, I requested their assistance to identify a district office in the province through which I could gain entry to social workers at grass roots. In this letter the purpose of the research was explained and they were requested to formally request the district manager to identify social workers who would participate in the research.
- The provincial family coordinators responded to my request and identified district offices located in the provinces (Bela-Bela in Limpopo, Potchefstroom in North West and Pretoria in Gauteng). They contacted the managers of the different district offices of the Department of Social Development informing them of the research to be conducted and requesting them to allow me entry to their offices. I, thereafter, contacted the managers telephonically and via emails to formalise my contact with them.
- I simultaneously sent letters to the National Director of FAMSA and directors of SAVF in the three provinces requesting their assistance with the research. I arranged discussions with the directors of FAMSA national and the SAVF provincial office informing them about the identified location of the sites where the envisaged research would take place and requesting them to contact the satellite managers in the different sites to identify social workers to participate in the research. The discussions with the directors allowed me more in-depth understanding of what family services these organisations are rendering in the respective provinces. These key role players expressed keen interest in the research project, especially the Director, SAVF in Gauteng who had also assisted me during my MA research study “Exploring family resilience amongst social work clients” (Moss, 2010). The directors of FAMSA and SAVF informed the managers of the satellite offices at the sites in the provinces about the envisaged research and requested them to identify social workers that could form part of the sample group for the research.
- One of the obstacles that I had to overcome was that FAMSA and SAVF did have offices in Potchefstroom in the North West province and in Pretoria in Gauteng, but not in Bela-Bela in Limpopo. The nearest place with a satellite office for FAMSA was Tzaneen and for the SAVF in Lephalale. Due to money constraints it was not possible for social workers from the FAMSA office in Tzaneen to attend. The SAVF social workers were accommodated by arranging an additional focus group interview in Lephalale.
- The managers of the DSD district offices, as well as the NGO satellite offices, played a key role in identifying and motivating social workers to participate in the research study and they could be regarded as gatekeepers due to their formal authority to control access to the sites (Creswell 2009:178; Leedy & Ormrod 2005:137).

- I wrote formal letters to the managers attached to emails to request them to assist with identifying social workers that would be willing to participate in the research. Attached to the emails were invitation letters to the social workers that were willing to be part of the sample group to partake in the focus group discussions and possible face-to-face semi-structured interviews if necessary (Annexure C). Attached to the invitation letter was the consent form that each social worker had to fill in prior to the focus group interviews (Annexure D). This invitation letter included information on the purpose of the research, the criteria for their inclusion, the method of data collection, the recording of interviews and the importance of their written consent prior to participating in the research. The social workers as research participants were assured of their anonymity and the confidentiality of the process as only the researcher, the editor, independent coder and the researcher's promoter would have access to the recordings and transcripts of the focus group and face-to-face interviews. I first intended to contact each social worker telephonically prior to the focus group interviews; however, this was impossible as the managers did not submit the personal details of the social workers to me well in advance.

The Deputy Director-General granted me permission to conduct pilot interviews within the national department to test the focus-group interview guide, as well as the face-to-face interview guide. This was done before commencing with the focus-group interviews.

I found the arrangements of the focus groups challenging and time consuming. It was necessary to arrange venues and catering for the focus groups. To find a suitable date that suited all the participants was difficult as some of the participants had to drive long distances to attend the focus groups. The NGOs complained that they had time constraints that made their participation in the focus groups difficult.

Phase 1 Step 3: Identifying concerns of the sample population social workers

During the project planning phase I realised that focus-group interviews, as well as semi-structured face-to-face interviews, would be the most appropriate methods to collect data to gain an understanding of the issues of importance to the social worker population. These issues were the understanding of family resilience by the social workers, their experiences on fostering and sustaining family resilience and suggestions on interventions to foster and sustain family resilience. It became clear that it would be important to keep in mind that the qualitative research interviews (the focus-group interview, as well as the face-to-face interview), as form of data collection, can be experienced as intrusive by the research participants and that the data can vary with the mood of the participant. However, the

advantages of these methods are that they are flexible and provide participants with the opportunity to describe what is meaningful to them. Furthermore, with regard to the nature of the focus group interviews, the interactive nature of the focus group provided the research participants with the opportunity to brain storm on issues of concern (Fossey et al 2002:762).

The data collected through the focus-group interviews and the face-to-face semi-structured interviews provided me with specialised insight and rich data on the experiences of social workers on the nature of current family preservation services and programmes that strengthen families and directly or indirectly enhance family resilience.

Focus group interviews:

The researcher involved 35 research participants (social workers) in the four focus-group interviews that took place in the Gauteng, Limpopo and North West provinces. In Gauteng and North West the focus groups were three-hour sessions with a lunch break in between. This method was followed due to logistical and time constraints. In Limpopo two focus groups on different days of two hours each were conducted with lunch after the sessions. The two focus-group interviews in Limpopo province followed after the interviews in North West and Gauteng. Due to saturation of information on social workers' understanding of family resilience, I did not cover this aspect (Section 2 (2.1) of the interview guide) during the interviews in Limpopo, which shortened the length of the two group interviews.

In order to cover all items included in the group interview guide, I focused during the first session the discussions on the exploration and description of social workers' understanding of family resilience and their experiences on interventions that could foster and sustain family resilience. During the second session, the focus was on social workers' experiences of family preservation services that directly or indirectly enhance family resilience, as well as their suggestions on what should be included in practice guidelines for interventions that could foster and sustain family resilience. Social workers were also requested to discuss possible obstacles and the enabling factors that could impact on implementing a family resilience intervention.

During the first two focus-group interviews in Gauteng and North West, I found it difficult as facilitator to cover all aspects as planned due to time constraints. In the last two focus groups in Limpopo I managed the time better. After completing the four focus-group sessions my data analysis showed that data on social workers' suggestions on interventions to foster and sustain family resilience was not yet saturated.

I found the focus-group interviews extremely useful. As facilitator I could provide the social workers the opportunity to brainstorm, by asking probing questions. Social workers were able to build on each other's responses and gave me insight into how these stakeholders think (Focus Group Facilitation Guidelines 2005). This provided for a "thick" description of the data. However, I found the focus-group interviews demanding. Although I planned to involve an assistant to co-facilitate the focus-group interviews, it did not materialise due to practical reasons. Furthermore, arranging the venues and catering was challenging and time consuming.

Semi-structured face-to-face interviews

After the focus group interviews, for further data collection I conducted six face-to-face semi-structured interviews using the revised interview guide. The reason for planning to also conduct semi-structured interviews was to ensure triangulation through using different data-collection methods. I also anticipated that conducting face-to-face semi-structured interviews would generate new information that, however, was not the case.

In the face-to-face interviews, I mainly concentrated on the social workers' experiences of family resilience, their suggestions on family resilience interventions and what they deemed necessary to include in the practice guidelines for social workers to foster and sustain family resilience.

After conducting six face-to-face semi-structured interviews, I was confronted with the following facts:

- Where the focus-group interviews provided the research participants with an opportunity to brainstorm certain issues and, therefore, create more ideas and an in-depth description of a subject, it was not possible in the face-to-face semi-structured interviews.
- With the face-to-face semi-structured interviews, no new facts were identified. The information just added to the descriptions of information already covered.

I asked myself the question, when will I know that enough participants have been interviewed?" Two identified criteria for "enough" are sufficiency and saturation (Greeff, 2011:350). I found it sufficient to only conduct the six semi-structured face-to-face interviews as I felt that sufficiency and saturation of information had been reached.

The sample size for this study was, therefore, not determined at the beginning of the research, but was determined by data saturation, which enhanced transferability and external reliability (Krefting 1990:217). Saturation refers to "the condition of an interpretive

account where the account is richly fed by the material that has been collected, at least to the point where the researcher can intuitively say, "I have thoroughly explored the data and have acquired a satisfactory sense of what is going on" (Kelly cited in Terre Blanche, Durrheim & Painter 2006:372).

Interview guide:

I developed an interview guide (see Chapter 1) for both the focus-group interviews, as well as for the semi-structured face-to-face interviews. I realised that it would be imperative to conduct a pilot study to test the instrument by which the data would be collected. The interview guide was pre-tested during a pilot study that included a focus-group interview with six social workers and a face-to-face semi-structured interview with one social worker.

Piloting the interview guide provided an opportunity to refine the interview questions in the interview guide to ensure that these questions are focussed on the issue in question and, additionally, is appropriate and effective to guide the collection of data needed to answer the research questions. The pilot study also provided an opportunity to come to grips with some of the practical aspects such as conducting the different interviews, and also to become aware of one's own level of interviewing skills (Alston & Bowles 2003:73; Babbie & Mouton 2001:306). I have adjusted the interview guide accordingly where necessary (Annexure E).

At the end one interview guide was used for both focus-group interviews and the face-to-face semi-structured interviews. To assist me in structuring the interviews, I developed a PowerPoint presentation of the interview guide for my use only. This was used instead of written notes to enable me to fully concentrate on the facilitation process. It also assisted me to keep the discussions focussed. As further assistance, I made use of a flipchart to write down important aspects mentioned, which enable me to refer back to previous discussion points so to link the discussions. I requested the social workers to make use of practical examples (case studies) to explain the interventions that they would use. This provided the social workers with the opportunity to translate theory into practice and did it contributed to thick descriptions of the data.

It became obvious to me as the research study unfolded, that it was necessary to refine the interview guide after almost each interview. This was due to the fact that the interviews became more focussed and specific. Below is the interview guide with probing questions that was used during the last two focus-group discussions and that was also used to guide the face-to-face interviews.

TABLE 1.2 INTERVIEW GUIDE WITH PROBING QUESTIONS FOR THE FOCUS GROUP AND FACE-TO-FACE INTERVIEWS

Focus group and semi-structured face-to-face interviews
<i>Section 1: Introduction</i>
<p>The following will shortly be discussed:</p> <ul style="list-style-type: none"> • Ground rules for the focus group interview. • Ethical considerations that will guide the researcher's behaviour during the research. • Introduction of the research question: "How (and by doing what) can social workers foster and sustain family resilience to strengthen and preserve families". <ul style="list-style-type: none"> • The goal of the research is: "To develop practice guidelines for social workers on fostering and sustaining family resilience." <p>The research objectives are:</p> <ul style="list-style-type: none"> - To explore and describe social workers' understanding of family resilience. - To explore and describe social workers' experiences of interventions that foster and sustain family resilience. - To explore and describe social workers' suggestions on interventions to foster and sustain family resilience.
<i>Section 2: What is your understanding of family resilience?</i>
• What is the meaning of crisis/adversity?
• What happens when your client family is experiencing crisis/adversity?
• What impact do you think a crisis/adversity will have on the way the family is functioning?
• What is your understanding of resilience?
• Which words refer to "family"?
• Is there a difference between "resilience" and "family resilience"?
• Let us look at the diagram of family resilience. Would you say that it reflects what we discussed about family resilience?
• Let us list the things that happen in resilient families that help them deal with day-to-day functioning.
• Let us cluster these actions within a resilient family.
• Literature identifies the following clusters/domains of family resilience.
• Do we differ or agree after our brainstorming session?
• Do you agree that these actions listed in clusters/domains be called family processes? Why?
• Do you think that these domains/family processes have an influence on each other? Why? Please illustrate with metaphors, images (rope, balloon, water)
• If one or more of these domains are weak will such a family be resilient?
<i>Section 3: What is your experience (what do you do or know about) of fostering and sustaining family resilience?</i>
• What is your experience as social worker on fostering and sustaining family resilience? What do you do or know about the fostering (bring change) and sustaining (support to maintain) of family resilience?
• Do you think the fact that you as social worker also come from a family will have an impact on rendering services that could foster and sustain family resilience, especially if you had previously experienced similar challenges?
• Do family processes occur in families independent of the family being resilient or not?
- What is a stressor?
- What does coping entail?

<ul style="list-style-type: none"> • Please describe “risk factors”, “family strengths” and “protective factors/buffering factors”. Give practical examples.
<ul style="list-style-type: none"> • What is the difference between a strength and a protective factor?
<ul style="list-style-type: none"> • How would you establish these factors within the family situation?
<ul style="list-style-type: none"> • How important is it to be able to adapt to life’s circumstances?
<ul style="list-style-type: none"> • Which enabling factors would let you adapt to changed circumstances?
<ul style="list-style-type: none"> • Explain how the family processes render families resilient?
<p><i>Section 4: Explore and describe social workers’ suggestions on interventions to foster and sustain family resilience</i></p>
<ul style="list-style-type: none"> • What fosters the family processes of family resilience?
<ul style="list-style-type: none"> • What sustains the family processes of family resilience?
<ul style="list-style-type: none"> • What theoretical frameworks or approaches could be used in addressing family resilience?
<ul style="list-style-type: none"> • Different social work theories – how do they apply to family resilience?
<ul style="list-style-type: none"> • Which principles can we formulate from these frameworks that are applicable to family resilience?
<ul style="list-style-type: none"> • What are the enabling factors that are experienced or could be anticipated in rendering services that foster and sustain family resilience?
<ul style="list-style-type: none"> • What would be the obstacles that are experienced or could be anticipated in rendering services that foster and sustain family resilience?
<ul style="list-style-type: none"> • What would be the goals and objectives of such a programme?
<ul style="list-style-type: none"> • What elements would you consider critical to address in a family resilience programme?
<ul style="list-style-type: none"> • Do you think that a frame of reference to base the guidelines on is necessary?
<p><i>Section 5: Conclusion</i></p>

The discussion on the understanding of family resilience reached saturation earlier than the other aspects to be covered. That gave me the chance during the later interviews to concentrate more on interventions that the social workers suggested would be useful in fostering and sustaining family resilience which contributed to comprehensive descriptions of the data.

Recording of interviews and focus-group discussions:

I digitally recorded the focus groups and face-to-face semi-structured interviews to ensure that as much data as possible was retained and kept as evidence. The data was later transcribed for analysis. In order to ensure that the data recording did not become a disturbance, I carefully planned the seating arrangements for the focus groups, as well as where to position the recorder. The first focus group I recorded without a video recorder, I however, discovered that without visual material, the transcription of the focus-group discussion became difficult. I, therefore, video recorded all the following focus groups. I found the video recorder on a stand most useful and did not have any technical problems in that regard. I utilised a flipchart to assist me with the facilitation process.

I, however, only audio taped the face-to-face interviews. Utilising recordings allowed for a much fuller record than notes taken during the interview. It enabled me to concentrate on how the interview was proceeding and to note all the relevant aspects of the interview process. This action is supported by Gill, Stewart Treasure and Chadwick (2008) stating that videotaping is recommended for focus-group discussions as recordings should be transcribed verbatim and that speakers should also be identified in a way that makes it possible to follow the contributions of each individual. During the interviews, I made use of the different interview techniques as was discussed in chapter 1, i.e.:

- **Facilitation:** I facilitated the focus groups and tried to create a safe and comfortable environment for the groups to stimulate discussion. I gave participants ample opportunity to participate and support each other's opinions or even to express a different opinion. I also encouraged quiet participants to also participate in the discussions. The facilitator made use of breaks to drink tea and also provided lunch.
 - **Minimal encouraging of verbal and non-verbal responses:** I, for example, said "yes" or "more" when a participant gave a comment to which I was forced to respond. This technique also served as encouragement for further discussion.
 - **Clarification:** I used this technique with care to avoid me leading the participants to say what I hoped they would say when bringing vague data into shape by rephrasing and by repeating the question.
 - **Focusing:** Making use of focussing assisted me to continuously ensure that the interviews were on track and that we did not get side-tracked. As further assistance I used the flipchart to assist me to not to lose focus by making notes on the main issues being discussed.
 - **Summarising:** I made use of summarising comments such as "So, what you were saying is ..." to focus the discussion and to stimulate further in-depth discussions on specific issues.
- Probing:** I made use of open-ended questions as means of follow-up to ensure that the maximum amount of data was obtained. I, however, was careful not to let research participants expose themselves by giving more information as than were comfortable to share.

In conclusion, I experienced a number of logistical challenges. However, due to the active participation of the social workers, "thick" data was obtained and data saturation could be reached.

Phase 1, Step 4: Analysing the identified concerns and data collected

Step 4 in Phase 1 of the IDD-model of Rothman and Thomas concerns itself with analysing the identified concerns as articulated by the participants in the previous step (Fawcett et al 1994:31). This step followed on the collection of qualitative data obtained from social workers.

Data analysis already started during the focus group and face-to-face semi-structured interviews. Informal data analysis takes place during interviews as participants' responses are followed up in different ways as probes are used to obtain richer description. The formal process of analysing the data started off with the transcription of the interviews. Transcribing of interviews is a very time-consuming process. However, the intensive engagement with the research data provided me with the opportunity to methodically analyse and assess the data. I made sure that I did not conduct any follow-up interviews before finishing the transcription of the previous interview. This process assisted me in realising when data saturation had been reached (Flick 2002:65).

I used the eight-step framework for data analysis of Tesch (cited in Creswell 2009:186) to analyse the data. These steps assisted me to analyse the data in a comprehensive and systematic manner. After conducting the focus-group interviews and face-to-face semi-structured interviews:

- I read through the transcriptions to get a sense of the whole and then started reading through the first transcription to identify topics or themes from the data and substantiating the topics or themes with story lines.
- I followed the same process with all the other transcriptions and then collated all the above information in one document with provisional themes, categories and sub-categories with their storylines.
- After completing the transcriptions, I gave all the transcribed interviews to an independent coder who, like me, used Tesch's framework in Creswell (2009:1) to independently identify topics and themes.
- A consensus discussion between the independent coder, my supervisor and I, took place during which we came to a consensus on the themes, categories and sub-categories interpreted from the data.
- The themes, sub-themes, categories and sub-categories of the analysed data are presented in chapter 3 and 4.

Trustworthiness of the research data

Data verification in qualitative data takes place during data collection, data analysis and the writing of the research report (Alston & Bowles 2003:48). For data verification, Guba's model (cited in Krefting 1991:214–222) was used to describe four criteria of trustworthiness, i.e. truth value, applicability, consistency, and neutrality.

- **Truth value**

I endeavoured to establish the credibility of the research data by basing data collection on the research design, the participants and the context in which the study was undertaken. I increased the truth value of the presenting data by using the recorded words of the different interviews to represent the multiple realities of the participants. Krefting (1991:216) states that credibility is enhanced when “the data presents such accurate descriptions or interpretation of human experience that people who also share that experience would immediately recognize the descriptions”.

As was planned, I established confidence in the truth of the findings through the use of the following strategies to increase the rigor of the qualitative study:

- **Interviewing techniques**

I used interview and communication techniques such as encouragement, probing, reassurance, clarification, summarising, focusing, minimal verbal responses and avoiding leading comments and remarks to minimise interviewer influence. I used an interview guide and recorded all the interviews.

- **Triangulation**

I utilized the following to enhance triangulation:

- Four focus group interviews.
- Six semi-structured individual interviews to create a triangulation of methods and sources of data.
- A prototype 'practice guidelines for social workers to foster and sustain family resilience' was compiled.
- Two-day national consultative workshop utilising the prototype 'practise guidelines for social workers to foster and sustain family resilience' as baseline information was conducted for input on the prototype.
- The workshop was co-facilitated by me and my UNISA supervisor.
- A video recording was made of the national consultative workshop. The small group discussions, which took place during the workshop, were transcribed.
- A workshop report on the outcomes of the workshop is available and is discussed in Chapter 6.

- The inputs of workshop delegates from the national consultative workshop were incorporated into Chapter 7, "Practice guidelines for social workers to foster and sustain family resilience to strengthen and preserve families".

I deliberately chose this strategy so as to develop a more complex understanding of social workers' understanding of family resilience and suggestions on interventions that could foster and sustain family resilience.

- **Peer-examination**

Peer-examination is useful for data verification, as well as trustworthiness. Advice is provided and guidance given by colleagues in the field and the UNISA supervisor.

- **The value of the authority of the researcher**

As was mentioned in Chapter 1, I am specialised in the field of services to families. I am employed by the National Department of Social Development and have been working in the Families Directorate as a policy developer and later manager since 2001. I was directly involved in the development of the Family Policy, now the White Paper on Families, which was approved by Cabinet in 2013. I was also involved in the facilitation and the development of three manuals on family developmental programmes, i.e. the Manuals on Family Preservation Services, Marriage Preparation and Marriage Enrichment programmes and the Framework on Mediation for Social Services Professionals mediating family matters. I was also involved in the development of Norms and Standards for Services to Families. The process that was followed in developing these documents was to conduct consultative workshops in provinces facilitated by myself.

I conducted a qualitative research study for my Master's Degree in Social Work through the University of South Africa with the topic: "Exploring family resilience amongst South African Social Work Clients" (Moss 2010).

Applicability

The degree to which the findings of a research study are applicable to other contexts or groups, determines the trustworthiness of the research. Transferability is a strategy through which applicability of qualitative data is assessed (Krefting 1991:216). "Transferability can be fostered when researchers provide detailed information about the participants and the research process so that the readers can judge whether findings might transfer to other settings" (Hill 2012: 176). Transferability in qualitative research is enhanced through the

criterion of a “thick” description of the methodology, as well as the purposive sampling technique.

In order to enhance the applicability and the transferability of the research findings, I carefully described the sample population and the organisations and the locations where the social workers worked, so as to clearly define to whom the results might apply (Hill 2012:72).

Consistency

In order to enhance consistency, I made use of an independent coder to ensure consistency in the findings. I requested the coder to independently carry out an analysis. The researcher and the coder met thereafter to compare and critically discuss the coding. The aim of independent coding was not only to improve reliability but also to assist me to think critically about the thematic structure that had been developed and the coding decisions that were made (Guba cited in Krefting 1991:216).

Neutrality

I made use of confirmability strategies to achieve neutrality. I reflected on my part in the research process by making notes on feelings and challenges I experienced. I noted how tedious the arrangements for conducting the focus-group interviews were due to a continuous change in the arrangements. The fact that I only had assistance with the first two focus groups was strenuous and required meticulous advance planning to ensure the success of the focus groups. These notes made me aware of possible biases and preconceived assumptions and, therefore, allowed me to minimize my influence on the data (Krefting 1991:221).

I made use of triangulation by using both face-to-face and focus-group interviews, as well as a national consultative workshop and an independent coder for the analysis of data so as to ensure neutrality and to prevent subjective perspectives from guiding the process.

Phase 1, Step 4 provided me with the opportunity to validate the data using Guba’s model (cited in Krefting 1991:214–222) for trustworthiness, truth value, triangulation, peer examination and the authority of the researcher. Further validation techniques that were used included applicability, consistency and neutrality.

Phase 1, Step 5: Setting goals and objectives of “The Guidelines”

The final step in the first phase of the IDD-model refers to the identification of a goal and objectives for “The Guidelines”. The goal of the “The Guidelines” informed by the research

question was the provision to social workers within the South African welfare context with systematically developed statements to guide social workers in implementing interventions with the outcome of family resilience. The guidelines needed to address the need of the social workers as community of interest to be informed as outcome on how to implement a family resilience intervention

Objectives refer to those more specific changes in programmes, policies or practices that would contribute to the broader goal. An objective can also be described as a focus of interest, purpose or aim or “the steps one has to take, one by one, realistically at grass-roots level within a certain time span” to attain the research goal (De Vos & Strydom 2011:479).

The objectives of “The Guidelines” were not developed during this phase of the IDD due to the fact that I thought it appropriate to first develop a prototype practice guidelines for social workers to foster and sustain family resilience with suggestions of possible objectives of the guidelines. In this regard, I was led by objectives stated in developed guidelines that I utilised and studied during a literature review to guide the decision on what format to be used to develop the guidelines. As part of the task objectives a consultative workshop on the draft guidelines for input from relevant social workers in the welfare sector was conducted as part of Phase 4, Step 2, conducting a pilot test.

The formulation of the objectives for the guidelines were only finalised after the workshop took place and the inputs of the workshop delegates were collated into the final guidelines. Phase 1, Step 5 was, therefore, only finalised hereafter.

The following objectives for the guidelines were formulated:

- (1) to empower families to deal with life’s stresses and challenges
- (2) to build, foster and sustain family resilience and family well-being
- (3) to guide families to independence and self-reliance and
- (4) to educate social workers to have a clear understanding of the family resilience construct and how family resilience operates so as to be able to develop interventions that would foster and sustain family resilience

The national consultative workshop was most valuable in finalising the objectives of the guidelines and also acted as a peer review mechanism.

PHASE 2: INFORMATION GATHERING AND SYNTHESIS ON EXISTING KNOWLEDGE THROUGH STUDIES AND INTERVENTIONS ON FAMILY RESILIENCE

When planning an intervention development project, it is essential to discover what others have done to understand and address the problem, so as not to be reinventing the wheel. Phase 2 of the IDD involves knowledge acquisition in order to identify and select relevant types of knowledge and to use and integrate appropriate forms of archival information and natural examples of successful practices of individuals or organisations (Fawcett et al 1994:32).

The aim of this phase is to identify a list of apparently functional elements that can be incorporated into the design of the intervention by:

- (1) using existing information sources
- (2) studying natural examples and
- (3) identifying functional elements of successful models

Phase 2, Step 1: Using existing information sources

I started the study by looking at existing literature on the family resilience construct. My aim with the literature review was to explore the existing available literature so as to utilise it in the design and development of practice guidelines with the assistance of the subject librarian at UNISA.

I also conducted a literature review on existing programmes and services for families, which, directly or indirectly, aimed at fostering and sustaining family resilience and family well-being within the global context, as well as within the South African context.

I undertook the literature review by utilising various databases mainly from EbscoHost, such as Academic Search Premier, Afric-Wide Information, ERIC, PsycINFO, Public Administration Abstracts, Social Work Abstracts, and SocINDEX with full-text and SA E-Publications of Sabinet.

Through the literature review, I discovered what others have done to understand and address family resilience. In examining existing information, I also looked beyond the literature of a specific social work field to establish new linkages between concepts and methods of various disciplines. This integration contributed to the generation of new knowledge (Fawcett et al 1994:33; Fraser & Galinsky 2010:462).

The literature review is reflected in various parts of the study. In Chapter 1 it is reflected as an introduction to the report on the research. In Chapter 2 the theoretical framework for social workers to implement a family resilience intervention, as well as a discussion on the

family resilience construct and the development of the Family Resilience Process model on how family resilience operates that was incorporated into the guidelines, was provided. In Chapter 3 research methodology to identify limitations in the existing literature on a subject in order to justify the proposed research, was used (Greener 2011:36; Janesick 2011; Youn 2007:47). In Chapters 4 and 5 the existing literature on family resilience and family resilience programmes was utilised as a literature control when the data was analysed. In Chapter 6 the functional elements inherent to models, programmes and guidelines and suggestions in literature relating to family resilience interventions was discussed to indicate what was known previously and how the current research has added to the “stock of knowledge in the area” (Gomm 2009:192).

Valuable information on the family resilience construct and the implementation of projects and programmes to foster and enhance family resilience was gathered that richly contributed to the information that needed to be included into “The Guidelines” in Chapter 7.

Phase 2, Step 2: Studying natural examples of interventions

A particular useful source of information was the information and case studies shared by social workers on how they understood and experienced family resilience and the attempts of their social work clients to overcome daily stresses, crisis, adversities and challenges. During the focus-group interviews and the face-to-face semi-structured interviews much was learnt from social workers’ perceptions and suggestions on interventions that could foster and sustain family resilience and what they suggested should be incorporated into the practice guidelines during phase 1, Step 3.

I realised that the data obtained from the social workers was key to the development of the practice guidelines. The information gathered from the natural examples is presented in depth in Chapters 4 and 5.

The data accessed from Phase 2, Step 1 (using existing information sources) introduced me to models, guidelines and suggestions that enabled me to identify functional elements inherent to these models, guidelines and suggestions, which relate to the step discussed below.

During the national consultative workshop conducted during Phase 4, information on natural examples was also provided.

Phase 2, Step 3: Identifying functional elements of successful models of fostering and sustaining family resilience

Phase 2, Step 3 of the IDD-model provided me with the opportunity to explore the effectiveness of different service programmes, practice guidelines and services, to address the specific issues they were developed for, as well as more specifically the research question that flows from the research problem, i.e. “how and by doing what, can social workers foster and sustain family resilience to strengthen and preserve families”? Some critical questions listed by Fawcett et al (1994:33) were considered in identifying the functional elements of a successful intervention that will enhance family resilience. Some of these questions were captured in the interview guide for both the focus group and the semi-structured face-to-face interviews, but with a specific focus on the question: “What specific procedures were used in the programme, policy or practice?”

I studied guidelines, programmes and models that directly or indirectly enhanced the resilience of families in order to identify potentially useful elements which were discussed in Chapter 6 under the heading functional elements inherent to models and guidelines and suggestions in literature relating to family resilience. The identified elements were included in the guidelines.

The synthesis of this information and those from social workers and others allowed me to develop a good understanding of how family resilience operates.

PHASE 3: DESIGN OF HUMAN SERVICE TECHNOLOGY (“THE GUIDELINES”)

The phases of design of human technology (Phase 3), and early development and pilot testing (Phase 4) are not distinct. Bender (2007:78) maintains that they could be considered as one process as the activities for these phases are difficult to separate (Bender 2007:78).

In Phase 3, Step 2, specifying procedural elements of the intervention (for this study practice guidelines), will be discussed (Fawcett et al 1994:33–35).

Phase 3 Step 2: Specifying the procedural elements of “The Guidelines”

Step 2 of Phase 3 included specifying details on the proposed procedural elements to be included into “The Guidelines”. These procedural elements should be detailed to enable practitioners to replicate them in other settings (De Vos & Strydom 2011:483). The practice guidelines for social workers to foster and sustain family resilience are described in Chapter 7.

I identified the procedural elements for “The Guidelines” through the research findings in Chapters 4 and 5 with literature control, and the functional elements for the guidelines in Chapter 6 which enabled me to identify how the guidelines should be implemented (Fawcett

et al 1994:33). An important element to be considered at this stage was the format on how to present “The Guidelines”, which need to be developed.

This step is deemed to be very important as it identified the procedural elements to be collated in the practice guidelines whilst considering the importance of ensuring that social workers would easily understand “The Guidelines” and that “The Guidelines” would be user-friendly in order to ensure the smooth implementation thereof.

PHASE 4: EARLY DEVELOPMENT AND PILOT TESTING

As was discussed in the previous phase, phases 3 and 4 are difficult to separate and could almost be considered as one process. However, this phase is characterised by the development of practice guidelines by means of a process in which innovative intervention is implemented (Strydom, Steyn & Strydom 2007:335).

Fawcett et al (1994:36–37) identify three operational steps in this phase, i.e.:

- (1) developing a prototype or preliminary intervention
- (2) conducting a pilot test and
- (3) applying design criteria to the preliminary intervention concept

This study includes all these steps in adapted form.

Phase 4, Step 1: Developing a prototype of “The Guidelines”

In order to start off the process of development “The Guidelines” to be discussed in Chapter 7, I developed a prototype “Practice Guidelines for Social Workers to foster and sustain Family Resilience” by integrating material from Chapter 2 and suggestions from the research findings in Chapters 4 and 5 and the functioning elements in Chapter 6. As advised by my supervisor I also studied various guidelines with a specific focus on those of the Department of Social Development to establish the best framework to be used in layout of “The Guidelines”. This was deemed necessary as the Department of Social Development, after I finalised the research, requested that “The Guidelines” developed be utilised as training material to train social workers on fostering and sustaining family resilience in families.

Guided by the chosen format for “The Guidelines” I developed the prototype guidelines dividing the document in two sections:

- The first section was an information section on the family (how to define the family with regard to structure and function) and on family resilience (describing the family

resilience construct, and the Family Resilience Process model on how family resilience operates).

- The second section provided information focussed on how social workers could foster and sustain family resilience through the social work process of engagement, developmental assessment of the family, family developmental plan and intervention strategies in accordance with the basket of services available to address the needs of families on all levels of service delivery.

The prototype guidelines gave structure to the information as mentioned above, and were the document utilised as baseline information during phase 4, step 2.

- **Phase 4 Step 2: Conducting a pilot test**

The national consultative workshop was thereafter conducted with social workers from the Department of Social Development and NGOs, representing provinces across the country. The prototype guidelines were used as baseline information at the workshop. The prototype guidelines were distributed to the workshop delegates prior to the workshop. Delegates were, therefore, able to come to the workshop prepared, which contributed to them being able to provide well-thought through feedback.

The input of the delegates was utilised to finalise “The Practice Guidelines for Social Workers to foster and sustain family resilience to strengthen and preserve families”.

“The Guidelines” include the goal and objectives of the guidelines, the prerequisite knowledge, functional aids and concise strategies regarding the implementation thereof.

During the national consultative workshop, workshop delegates made many suggestions on how to refine and simplify the prototype guidelines. The feedback was put into practice to structure Chapter 7.

Phase 4: Step 3: Applying design criteria to the prototype of “The Guidelines”

The design process is informed by common guidelines and values for intervention research. There are agreements about standards for appropriate community intervention in social welfare (Fawcett et al 1994:27). The questions that were asked were adapted to focus on “The Guidelines” to be developed through this research study:

- Do the draft guidelines provide effective scope for the development of interventions to foster and maintain family resilience?

- Do the guidelines provide guidance to social workers on how to develop family resilience interventions that will be effective?
- Are the guidelines practical to use?
- Do the guidelines give enough support to ensure that the family resilience interventions developed are adaptable to various contexts?

The above-mentioned questions were asked at the National Consultative Workshop in the evaluation form provided to the delegates after the workshop. The workshop delegates provided valuable information that could be utilised in answering the questions. I wrote a workshop report after the workshop as reflected in Chapter 6.

Applying design criteria to the prototype guidelines assisted in *standardising* the final guidelines for social workers to foster and sustain family resilience with other available guidelines and the answers of social workers to the above questions asked, as *benchmark*.

2.3.3.2 CONCLUSION ON THE USE OF THE IDD MODEL

According to Fraser and Galinsky (2010:465) “the design and development of interventions is a vital aspect of evidence-based practice, a perspective that places emphasis on the best available practice knowledge”. The model’s more flexible design that valued the practitioners’ insights, assisted in translating theory on family resilience into practice (Comer et al 2004:250).

The researcher found the IDD model of Rothman and Thomas most useful in the quest to develop guidelines for social workers to foster and sustain family resilience that could assist with the development of effective evidence based interventions to improve the lives of families. The model provided assistance to carefully plan and designs the development of the guidelines.

3.4 RESEARCH ETHICS IN THIS STUDY

The research design described above was implemented by engaging with social workers to provide information for the study and the development of guidelines and, therefore, I was obliged to protect their human rights. As social work professional, registered at the South African Council for Social Service Professions in accordance with the Social Service Professions Act 110 of 1978 (South Africa 1978), I realised that I would be held accountable for the professional code of ethics in conducting the research and, therefore, must adhere to the Social Work Code of Ethics. Ethics are the principles of conduct and behaviour that are considered by the profession as correct (Kumar 2005:190).

The following ethical considerations were upheld:

➤ **Informed consent**

I formally requested permission to enter the sites in provinces, firstly through the HODs of the provinces involved, then through the district and satellite managers of SAVF and FAMSA, as well as the DSD district offices.

Social workers as research participants, prior to engaging with them, were informed about the purpose and nature of the research and about the fact that they, as prospective participants, had a choice of either participating or not. I conveyed this information in clear and understandable language in a written letter to the sample group social workers. I also informed them about the goal and objectives of the research, the procedures that would be followed, the advantages, possible disadvantages and risks of participation, the credibility and role of the researcher, the assurance of self-determination, and the opportunity to ask questions. A consent form for their signature (see Annexure D) was given to the participants prior their engagement with me as researcher. I also asked permission to record the focus group and semi-structured interviews. This information was again shared with the social workers prior to starting the interviews.

➤ **Protect participants from harm**

In the exploration of the experiences of social workers on family resilience the researcher implemented the following to protect participants from harm:

- The social work managers of the various district offices and satellite offices were co-opted as “gatekeepers”. This provide the social workers with the protection of the gatekeeper should I not adhere to my ethical obligations to them.
- The social workers were assured that neither they nor their service delivery were evaluated, but that only their specialist knowledge, skills and input would be drawn upon to assist me in developing the practice guidelines.
- Not to inconvenience the sample group social workers, I made appointed arrangements with them and ensured that the venues were suitable. I also arranged, due to the length of the focus group interviews, catering during the lunch breaks.

➤ **Right to privacy and confidentiality of data**

I dealt with the information that the social workers provided in a responsible way and kept the identifying details of participants confidential (Babbie & Mouton 2001).

I, furthermore, safeguarded the social workers' privacy by using codes in transcriptions so to prevent the possibility of either intentionally or accidentally associating participants' identity with any of the data collected.

➤ **Management of information**

I assured them that only I as researcher, the editor and the independent coder and my supervisor had access to the recordings and transcripts. I stored the data and tapes on a secured computer and will be erasing the information after completion of the research.

3.5 OTHER ETHICAL ASPECTS

The following ethical aspects were considered, i.e.:

- Approval of the proposal by the Research and Ethics Committee of the Department of Social work was granted to me to proceed with the research
- I made sure that acknowledgement to research material was given through careful referencing and the inclusion of all the references consulted in the bibliography
- I acknowledged all contributions of participants that were involved in the research

I was as researcher, at all times aware of my responsibility towards the social work professional and the interests of the research participants that were willing to participate in the research.

3.6 LIMITATIONS OF THE STUDY

Three types of limitations can be identified, i.e. study design limitations, impact limitations and data limitations. Mentioning the limitations of your study ensures that you provide “accurate context for your work and readers sufficient information to properly evaluate the relevance and impact of your results” (Hindle 2015).

- **Study design limitations**

Utilising intervention research as research design was the most appropriate design in developing the “Practice Guidelines”, but it had its challenges due to the interconnectedness of the phases and steps of the IDD model as it could be at times bring feelings of been muddled up in the process. In hind sight, the interconnectedness and the return to previous phases made logical sense. It could, however, at times delay the process and progress made.

Making use of focus-group interviews enabled me to collect “thick” descriptions of data. However, the process of arranging the focus groups and agreeing on a date to conduct the

focus interviews was time consuming and costly as I had to provide catering at the groups in the different provinces. Furthermore, to be the only facilitator and only rely on technology to assist with the recording of the interviews was stressful and put a lot of strain on me as I constantly was afraid that the technology would fail, leaving me with only notes made on the flipchart.

- **Impact limitations**

Impact limitations are not yet known as the whole IDD model was not included in the study design.

- **Data limitations**

Transcribing the focus group interviews was a tedious and cumbersome process. The video recordings, however, assisted with the process, but the data analysis process was also challenging due to the enormous amount of data that needed to be analysed. The Chapters 4 and 5 on the findings is, therefore, lengthy and it was difficult to shorten the chapters.

3.7 CONCLUSION

Chapter 3 provides an audit trail of decisions and actions during the research process. In this chapter I gave a “thick” description of the application of the qualitative research methodology used within this study. The unique application of the Intervention Design and Development Model of Rothman and Thomas (1994), as adapted in the development of the practice guidelines for social workers to foster and sustain family resilience, was described.

The use of focus groups provided the research participants with plenty of scope to brainstorm. The brainstorming sessions provided thick and rich in-depth data material that added to a process of knowledge forming and a clear understanding of the phenomenon of family resilience, its construct and how it operates. However, focus group interviews are time consuming and the transcription thereof “a nightmare”.

Making use of the IDD model is a complex process and the researcher had to be prepared, at times, for the phases and steps of the IDD model to run parallel and not always following the sequential steps stipulated in the IDD model. This was at times confusing but on the other hand assisted with the triangulation of data. The goals and objectives for the intervention for this study “The Guidelines”, posed a problem as they were not established early enough in the research process. Researchers should be aware that the goals and objectives of an intervention developed need to provide a strong focus in the development of an intervention and should be considered even earlier than the IDD model indicates.

Tesch's steps (cited in Creswell 2009:186) were used to analyse the data systematically and data was verified by Guba's model (cited in Krefting 1991:214–222). I also explained the ethical issues, informed consent, protection of participants from harm, right to privacy, and confidentiality of data and other ethical aspects considered during the study, as well as the limitations of the study.

CHAPTER 4
RESEARCH FINDINGS:
SOCIAL WORKERS' UNDERSTANDING AND EXPERIENCES OF FAMILY
RESILIENCE

4.1 INTRODUCTION

In Chapter 1 an overview was given of the background and the rationale of the study, its goals and objectives, the research design and methodology, ethical considerations and clarification of concepts. In Chapter 2 the theoretical framework for the study was discussed. Chapter 3 contains a detailed discussion of how the qualitative research approach and the Intervention Design and Development (IDD) model was applied during the study. Chapters 4 and 5 present the findings on the empirical study. This chapter, Chapter 4, presents the findings on social workers' understanding and experiences on family resilience and is planned according to phase 1 step 3 of the IDD design. In this chapter, prior to discussing the findings of social workers' experiences and views on family resilience, the biographic details of the research participants are discussed.

4.2 BIOGRAPHIC DATA OF SOCIAL WORKERS WHO PARTICIPATED IN THIS STUDY

The study included different groups of participants.

The first group of participants was made up of 35 social workers from whom data was gathered during focus group and individual interviews. The biographic data of the 35 social workers is presented in Table 4.1.

TABLE 4.1 THE BIOGRAPHIC DATA OF SOCIAL WORKERS INVOLVED IN THE EMPIRICAL RESEARCH

(Total number of participants = 35)

GENDER				
Male 3		Female 32		
PROVINCES				
North West province		8		
Gauteng province		11		
Limpopo province		16		
EMPLOYERS				
Department of Social Development		16		
FAMSA		6		
SAVF		13		
YEARS OF EXPERIENCE AS SOCIAL WORKERS				
1 year	2–5 years	6–10 years	10–20 years	20+ years
6	9	11	5	4
FIELD OF SOCIAL WORK THE PARTICIPANTS WERE ENGAGED IN				
Generic social work		25		
Preventative social work		6		
Statutory social work		2		
Foster care		2		

From the biographic information of the participants the majority were female. Most of the participants had between six and ten or more years of experience as social workers which also implied that the majority of the participants were in the late 30s age group, indicative of longer life and occupational experience. Most of the social workers were doing generic social work which implied that only the social workers from FAMSA were working at a non-statutory level. All the other social workers were working on prevention, early intervention, statutory, aftercare and reunification levels.

The other group of participants was made up of 37 social workers who attended a two-day national consultative workshop on the prototype “Practice guidelines for social workers to foster and sustain family resilience” hosted by the national Department of Social Development. These 37 social workers were from seven provinces, i.e.: Gauteng, Limpopo, North West, Mpumalanga, KZN, Northern Cape and the Free State. Twenty-six of the

delegates attending the workshop were from the Department of Social Development. The 11 remaining social workers were from the civil society sector.

4.3 FINDINGS ON SOCIAL WORKERS' UNDERSTANDING AND EXPERIENCES OF FAMILY RESILIENCE

Data was analysed by both the researcher and the independent coder based on the framework of Tesch (cited in Creswell 2009:189). After a discussion between the researcher, the coder and supervisor, a final table of themes, sub-themes, categories and sub-categories was agreed upon and drawn up.

Six themes with sub-themes, categories and subcategories were identified:

Theme 1: Social workers have an understanding of 'family' and 'crisis'

Theme 2: Social workers have an understanding of family resilience

Theme 3: Social workers' suggestions of interventions that foster and sustain family resilience in accordance with the Department of Social Development (DSD) basket of services

Theme 4: Social workers' experience and anticipation of enabling factors and obstacles in family preservation services that also applies to fostering and sustaining family resilience

Theme 5: Social workers' explicit and implied suggestions on the elements for a family resilience intervention to be included in "The Guidelines"

Theme 6: Social workers' suggestions on how to implement a family resilience intervention

The findings relating to the understanding and experience of social workers of family resilience are summarised in Table 4.2 themes 1 to 2 while a table of social workers' suggestions on interventions that (directly or indirectly) impact on family resilience will be presented in Chapter 5. The table will be followed by a discussion on the themes, sub-themes, categories and sub-categories with relevant storylines and literature references.

For most of the social workers as research participants, English was not their first language. Therefore, some of the formulations of the storylines have been corrected using square brackets to indicate where a word or phrase should be left out, whilst round brackets indicated where a word or phrase was inserted.

TABLE 4.2. SOCIAL WORKERS' UNDERSTANDING AND EXPERIENCES OF FAMILY RESILIENCE

THEME 1: SOCIAL WORKERS HAVE AN UNDERSTANDING OF "FAMILY" AND "CRISIS"		
SUB-THEME	CATEGORY	SUB-CATEGORY
1.1 Social workers have an understanding of "family"	1.1.1 Families are characterized by relationships and interactions	
	1.1.2 Families function as a system/unit and consist of sub-systems	
	1.1.3 Families have different structures	
	1.1.4 Families have different functions	1.1.4.1 Family function include "what" families do
		1.1.4.2 Family function include "how" families do what they do
	1.1.5 All families have strengths	
	1.1.6 All families at times experience stressors, crises, challenges and vulnerability	
1.2 Social workers have an understanding of crisis	1.2.1 Social workers describe "crisis" in various ways	
	1.2.2 Crisis can be triggered by different happenings (events)	
	1.2.3 A crisis can be expected or unexpected	1.2.3.1 A crisis can be expected
		1.2.3.2 A crisis can be unexpected
	1.2.4 A crisis is accompanied by various fluctuating thoughts and feelings	
	1.2.5 A crisis disrupts the normality of life and implies change	

	1.2.6 A crisis creates pressure – a sense of urgency and pressure for resolution and restoring balance	
	1.2.7 The effect of the crisis is influenced by the nature of the support systems	1.2.7.1 Internal family support systems mitigate the effect of crisis
		1.2.7.2 External family support systems mitigate the effect of crisis
	1.2.8 A crisis can have a positive or negative impact on the family and its family members	1.2.8.1 Different family members will react in different ways to crisis
		1.2.8.2 A crisis can have a positive impact on the family
		1.2.8.3 A crisis can have a negative impact on the family

THEME 2: SOCIAL WORKERS HAVE AN UNDERSTANDING OF FAMILY RESILIENCE

SUB-THEME	CATEGORY	SUB-CATEGORY
2.1 Social workers' differentiate between individual resilience and family resilience	2.1.1 Resilience is an individual strength	
	2.1.2 Resilience is a family strength	
	2.1.3 Individual resilience of family members and family resilience are reciprocal	
2.2 Social workers use various words to explain their understanding of family resilience	2.2.1 Social workers regard family resilience as "coping"	
	2.2.2 Social workers view family resilience as a family "inclination"	

	2.2.3 Social workers consider family resilience as a “skill”	
	2.2.4 Social workers perceive family resilience as an “ability”	
	2.2.5 Social workers deem family resilience as a “strengths”	
	2.2.6 Social workers view family resilience as “change through learning and growing”	
	2.2.7 Social workers regard family resilience as “as optimal functioning”	
	2.2.8 Social workers deem family resilience as “relational”	
2.3 Social workers understand family resilience as a process	2.3.1 Social workers’ understanding is that family resilience is not a static state but a dynamic process that evolves over time	
	2.3.2 Social workers’ understanding is that family resilience is a process of rebounding and recovering	
	2.3.3 Social workers’ understanding is that family resilience is a process to sustain equilibrium, regain balance or normalise a situation	
	2.3.4 Social workers’ understanding is that families that could not rebound from crisis could have a lower level of functioning than before the crisis	
2.4 Social workers understand that Family resilience entails five domains of family processes in family functioning	2.4.1 Social workers’ understanding is that family resilience entails organisational processes	
	2.4.2 Social workers’ understanding is that family resilience entails adaptation processes	

	2.4.3 Social workers' understanding is that family resilience entails protective processes	
	2.4.4 Social workers' understanding is that family resilience entails communication processes	
	2.4.5 Social workers' understanding is that family resilience entails family belief processes	
2.5 Social workers understand that the five family processes in family functioning as domains of family resilience are in synergy with one another		

In the next section the first two themes, with their sub-themes, categories and sub-categories will be supported by story lines from the focus groups and face-to-face semi-structured interviews conducted with the social work research participants. The researcher will refer to appropriate literature to serve as literature control.

THEME 1: SOCIAL WORKERS HAVE AN UNDERSTANDING OF “FAMILY” AND “CRISIS

This theme is divided into the following sub-themes:

- Social workers' understanding of 'family'
- Social workers' understanding of 'family crisis'

As introduction to the discussion on family resilience, social workers were asked to explain their understanding of what 'family' and 'crisis' entails. This was deemed necessary as social workers' understanding of family and crisis, that is congruent with the family resilience construct, qualifies them to make contributions. Their lack of understanding on family resilience-related topics would be an indication of what should be included in “The Guidelines” (*What Counts: Measuring Indicators of Family Well-being* 2003).

SUB-THEME 1.1: SOCIAL WORKERS HAVE AN UNDERSTANDING OF “FAMILY”

This sub-theme is divided into the following categories:

- Families are characterized by relationships and interactions
- Families function as a system/unit and consist of sub-systems
- Families have different structures
- Families have different functions
- All families have strengths
- All families at times experience stressors, crises, challenges and vulnerability

CATEGORY 1.1.1: Families are characterized by relationships and interactions

A “relationship” is defined as the way in which two or more people or things are connected and behave toward each other, or the state of being connected. “Interaction” refers to reciprocal action or influence (OED 2016, s.v. “relationship” and “interaction”).

The following assertions by social workers refer to different types of bonds in the family:

- (To be a family) there must (be) relationships. A blood relationship or a relationship not really adopted but acquired. Actually, doing things together, being together and even when there is a huge physical distance.
- For me a family means a group of people, like a mother and a father in a relationship who have children that might be their biological children or could be adopted.
- Family functioning has to do with the relationship between each other.

These storylines that illustrate the biological, legal and informal forms of relationships that define a family, even if family members are physically separated, are supported by the definition of families in the White Paper on Families (2013:11) which defines the family as a “Societal group that is related by blood (kinship), adoption, foster care or ties of marriage (civil, customary or religious), civil union or cohabitation and go beyond a particular physical residence.”

Another storyline on relationships is:

- (Family is) more than one person staying together, (and who are) emotionally attached to one other [and then also] through sharing and depending on one another (and being available to each other) [and how available he or she is to the family].

The above storyline illustrates the importance of emotional attachments in the relationships between family members which include sharing, mutual dependency and availability. Family well-being is multifaceted, made up not only of the immediate family relationships and health

and safety of its members, but include having adequate income to meet the demands of a minimum standard of living (Noor, Gandhi, Ishak & Wok 2014:279–318). Other indicators could be the time spent together as family, positive communication, commitment, love, protection of children and positive parenting, amongst others. This is also supported by Hansen (cited by Black and Lebo 2008:34) who defines the family as “two or more individuals who depend on one another for emotional, physical and economic support”.

One participant was emotional about “home” when she stated the following:

- Home is always part of your family no matter where home is. There is always one home that you call your family home. Home is part of family.

The storyline mentions that home is not only a physical place but implies that it is an emotional space of relationships and the emotional connectedness between the family members. Social workers understand that the interactional relationship network of the family unit is characteristic of family life. Communication processes and relationship building is one of the domains of family processes of family resilience. The theoretical approaches referred to in Chapter 2 (2.2), the family life cycle approach, as well as the family systems approach; furthermore, enhance the understanding of “family”.

CATEGORY 1.1.2: Families function as a system/unit and consist of sub-systems

A social unit is a person or a group of persons, as a family, functioning as a unit in society (Dictionary.com [sa]: sv “social unit”).

The following excerpts from the interviews illustrate this category:

- (Family) [it] is a system that is supposed to function as a unit with different individuals.
- Everybody (in the family) will be affected. It’s a system.
- (Family) [it] is a system that consists of sub-systems.
- Then on family resilience, when a family as a unit is going through certain experiences, they survive going through it collectively [as a unit].

These storylines attest that social workers considered families to be a social unit or system. According to Smith [sa] by definition a family system functions because it is a unit, and every family member plays a critical, if not unique role in the system. As such, it is not possible that one member of the system can change without causing a ripple effect of change throughout the family system. The perception of the family as unit is supported and expanded by the Plan of Action for Families in Africa (2004) developed by the African Union. Although not mentioned by the social workers, this description of the family delineates three dimensions of the family as a unit namely: the family as a psycho-biological unit (linked

together by relationships and emotional bonds); a social unit (share tasks and social functions); and a basic economic production unit. These concepts are important for the study when describing family functioning and the functions that families have to fulfil.

These storylines indicate that social workers understand that the causes and effects of behaviour are not determined by the individual family members but by the interactions among the members of the family as system and as part of a macro system. Social workers understand that the family functions as system. Perceiving the family as an interdependent unit fits well with the family resilience perspective that family processes in families in synergy with one another render a family resilient (Amatea et al 2006:177–187; Conger & Conger 2002:361–373; Walsh 2003).

The last storyline above is supported by McCubbin et al (cited in MacDonald, Glade & Wien 2005:361) who state that it is necessary for the understanding of resilience in families to focus on the family unit rather than on the individual family members as the family unit as system is constantly balancing and rebalancing itself as changes occur.

CATEGORY 1.1.3: Families have different structures

A “structure” is defined as “the arrangement of and relations between the parts or elements of something complex” (OED 2016, sv “structure”). Social workers describe different family structures as follows:

- Family can be extended, single (parent), it can be a nuclear family.
- I think of my family as an extended family as it is at this stage only my husband and I at home. The children are elsewhere but the extended family is also available. But our siblings (brothers and sisters) are also around.

Social workers identify various types of family structures as “family”. This is supported by the White Paper on Families (2013:16) that mentions that the reality of South African families with their diverse structures requires a move away from the view that a family is **only** constituted of a mother, father and children. Other family structures also should be recognised such as child headed households (White Paper on Families 2013:16).

Social workers also linked the structure of the family with specific responsibilities:

- Extended family, it’s me myself, my mother and my child. Each one of us has certain duties towards each other.
- Your friend... if she serves the purpose of **supporting**, she should be regarded as your ‘family’. So if you talk structure you talk about the members of the family, but it is difficult... your friend can be your family if she serves that function, even though she is not really your family.

- These people are living in a specific place. They also have specific or unique dynamics. And the values we talk about that the family have and the behaviour and how they act towards each other. The relationships that they have and also that in a family there are expectations on what the family needs to achieve and also the **roles** that each member will play.

Family roles can be defined as the recurrent patterns of behaviour by which individuals fulfil family functions and needs (Epstein, Bishop, Ryan, Miller & Keitner cited by Peterson & Green 2009). All families have an identifiable structure that is composed of members with roles to play (who does what) (*About your family structure* [sa]). A family resilience framework applies to the various types of family structures, as well as formal and informal kin networks (*Be resilient: s-t-r-e-t-c-h, bounce back and roll forward* 2011).

CATEGORY 1.1.4 Families have different functions

According to (*OED*, sv “function”) a “function” is defined as an activity that is natural to or the purpose (responsibility) of a person or thing. This category is divided into the following sub-categories, i.e.:

- family functions include “what” families do; and
- family functions include “how” families do.

Sub-category 1.1.4.1 Family functions include “what” families do

The “what” of family function refers to the behaviour or the actions of family members that take place in the family. Research participants referred to family functions as follows:

- Staying together, emotional attachment to each other and then also through sharing and depending on how available (family members are, to gather together should they not physically be staying together) [he or she is to the family will come together].
- Raising children; reproductive function; providing love, care and support.

The storylines indicate that social workers expect families to fulfil certain functions such as helping each other in raising children, providing love, care and support and emotional attachment towards each other. Patterson (2002a:352) refers to functions families need to fulfil such as (a) nurturance and socialization; (b) family formation and membership; (c) economic support; (d) protection of vulnerable members.

Ooms (1996:6) identified four categories of family functions relevant to social policy and programmes, namely (a) membership (families provide individuals with their basic personal and social identities); (b) economic support (families are the primary economic unit and

responsible for providing economic support to meet their family members' basic needs for food, shelter and clothing); (c) child raising (socialization); (d) caring for the vulnerable. The research on family processes in family functioning that enhance family resilience in Chapter 2 (2.4.3.3) confirms that what families do – the functions of families – and how effective families are executing these functions during family functioning as discussed in category 1.1.4.2, will directly impact on the level of resilience of families.

Sub-category 1.1.4.2 Family functions include “how” families do what they do

The following storylines attest to “how” families execute their functions through family functioning:

- Within family relationships (there must be) love. Love is a wonderful word that comes to my mind. (How we do it is that) fun in our house is always part of it, and crying together is also part of it. Actually doing things together, being together even if there is a huge physical distance.
- If you think of relationships we have (to be) caring and to be close to each other. To support each other, to have “begrip” (understanding) for each other and that unity. To protect each other, to support, to give room to each other to develop and have respect for each other.

The storylines not only indicate that family members should be communicating and relating emotionally to each other but, also “how” it should be done, i.e. with positive emotions like respect, understanding, appreciation, joy, and loyalty. Furthermore, aspects such as doing things together, sharing experiences (that brings a sense of belonging), close family relationships and utilising individual strengths were mentioned that indicate the active participation of family members as part of daily family functioning.

CATEGORY 1.1.5 All families have strengths

Family strengths describe the qualities that make families strong (Assay & DeFrain 2012:8). Social workers state that all families have strengths and refer to the following family strengths that they identified:

- There are strengths in every family. It might be one thing or two things but there are always things that you can say, irrespective of the present situation, what was there in the past that you can go back to that was good.
- You need to consider the potential of the family. Their strengths and their ability to overcome.
- If you consider their potential, you must also, in the back of your mind, consider that you might find the capacity there even though [that] at that moment it lies on their unconscious level.

According to the storylines the social workers acknowledge the fact that all families have strengths and potential strengths (capacities or resources) that may not be evident. Moore, Chalk, Scarpa and Vandivere (2002:1) state that because family strengths don't lend themselves to a statistic that can be captured easily they tend to be overlooked or dismissed, resulting in a gap in our knowledge base.

The above storylines indicate that social workers' views on family strengths are aligned to the strengths-based perspective in which the focus is on how families can succeed "rather than why they fail" (Black & Lebo 2008:34; DeFrain 1999:13).

CATEGORY 1.1.6 All families at times experience stressors, crises, challenges and vulnerability

Family stress can be defined as a real or imagined imbalance between, on the one hand, the demands on the family, and on the other, the family's ability to meet those demands. In definitions of family stress, the demands in the family are commonly referred to as stressors (Clemson Extension 2009).

The following storylines attest to this:

- Families are on a continuous basis confronted with challenges and changes. It is how they address these changes whether they are going to grow to become a stronger family (or become vulnerable) or just going to survive as family.
- To whatever comes the way of the family that the family can deal/cope/overcome it whatever the challenges will be.

From the storylines it becomes apparent that social workers assume that it is normal and accepted that families experience stressors, crises and change, and not overcoming these may make a family vulnerable. Clemson Extension (2009) also states that how the family will react when planned or unplanned events disrupt the normal course of the day depends on the stressor event, the family's perception of the event and the family's resources for dealing with the event. These all assist to determine how vulnerable a family is and its ability to prevent the stressor from creating a crisis.

There are many aspects of vulnerability arising from various physical, social, economic and environmental factors. Vulnerability in families can be defined as the diminished capacity of the family to anticipate, cope with, resist and recover from the impact of a natural or man-made hazard and will impact on the resilience of the family (International Federation of Red Cross and Red Crescent Societies [sa]).

SUB-THEME 1.2 SOCIAL WORKERS HAVE AN UNDERSTANDING OF “CRISIS”

Experts from different spheres such as education, psychology and social work agree that there is no single pathway leading to negative outcomes in families. Crisis is rather an accumulation of risk (the number of adversities and traumas) confronting the family that disrupts normal developmental trajectories or paths (Rutter cited by Jenson & Fraser 2006:3). There are times when family demands exceed the family’s capabilities. When these imbalances exist, some capabilities may supersede others while moving towards regaining equilibrium. However, some families fail to adapt, with poor immediate and long-term outcomes (Patterson 2002a:236).

A crisis or stressor is a life event or transition that also happens within the family. It can be either positive or negative and can cause a change in the family’s coping pattern (Clemson Extension 2009). According to Collins (2012, sv “crisis”) a crisis can be defined as “a stage in a sequence of events at which the trend of all future events, especially for better or for worse, is determined (turning point)”.

This sub-theme is divided into the following categories:

- Social workers describe “crisis” in various ways
- A crisis can be triggered by different happenings (events)
- A crisis can be expected or unexpected
- A crisis is accompanied by fluctuating thoughts and intense emotion and feelings
- A crisis disrupts the normality of family life and implies change
- A crisis creates pressure – a sense of urgency/pressure for the resolution and restoring balance
- The effect of the crisis is influenced by the nature of the support systems
- A crisis will impact differently on different family members
- A crisis can have positive or negative impact on the family

CATEGORY 1.2.1 Social workers describe “crisis” in various ways

Social workers describe crisis and provide explanations through the following excerpts:

- I think a crisis is an event that disrupts the normality of the family (making them vulnerable).
- Stress and crisis in my understanding is something that you (most of the time) did not plan. (For example) [So] today you are still working and tomorrow you get dismissed at work. Or there was a car accident. It could also be that my partner misuses alcohol and that could put stress on my relationship.

- A crisis is disabling...
- A crisis [renders] (causes) you to do certain things that you at the time have no control over.

Social workers describe crisis in various ways and regard crisis as synonymous with stressors, risk, adversity/difficult circumstances, challenges, problem situations, incidents/trauma and/or a pile-up of stressors. Excerpts from the interviews with social workers attest to this.

A crisis as a stressor or risk factor:

- A stressor is something that disturbs your equilibrium – the normal day to day living.
- A risk factor is everything that goes against the grain, principles and values of the family.

A crisis as a challenge or a problem situation:

- With crisis it might have to mean some sort of challenge within the family or (some) sort of [a] difficult situation, an unexpected one.
- You will get people (when there are problems) that want to withdraw in such a situation and then they remove themselves from the family which would have a negative impact.
- A lot of [things] (problems) that come the way of the family, threatening the existence and the well-being of the family.

A crisis as an incident or trauma

- Crisis the way I understand it ... is a situation or incident that needs urgent attention so that the family can be able to develop their own coping mechanism(s) while they try to find out how to resolve [this] (the crisis).
- I think a crisis is an event that can bring trauma and disrupts the normality of the family

A crisis as a pile-up of stressors and/or adversity

- (When) a family member falls ill, it can be a long and difficult process that brings a lot of stress. You can expect what could happen in the next few months, but it is still a crisis due to the difficult circumstances that will change the whole setup of the family. Everything [is] (will be) under stress.

A crisis followed by additional stresses result in a stress pile up (cumulative stress) that renders families vulnerable (McCubbin, Thompson & McCubbin cited in Vandsburger, Harrigan & Biggerstaff 2008:18).

CATEGORY 1.2.2 Crisis can be triggered by different happenings (events)

A question put to the social workers was to list different happenings or events as risk factors that would trigger a crisis situation for families. The following situations were listed:

- You get dismissed from work or there was a car accident.
- It could also be that my partner misuses alcohol and that could put stress on my relationship.
- Death in the family, the breadwinner died.
- Divorce, adultery, natural disasters, sickness.

These examples of events or happenings that can come suddenly or over a period of time are considered as the risk factors. Greene (2007:41) states that risk factors could be internal biological conditions such as low birth-rate, or external environmental factors, such as poverty. In accordance with Patterson (2002a:236) there needs to be a balance between family demands (family risk factors) and family capabilities (family protective factors) to allow a level of family adjustment or adaptation.

CATEGORY 1.2.3 A crisis can be expected or unexpected

The category is divided into the following sub-categories namely:

- A crisis can be expected
- A crisis can be unexpected

Sub-category 1.2.3.1 A crisis can be expected

An expected crisis usually has warning signs that could put a family on an alert position to “prepare the family to expect what is coming” (*The role of Stress on Family Experience* [sa]).

The following excerpts describe crisis or difficulties that families could expect and prepare for:

- A crisis can also be expected. That can be a family member fell ill. It can be a long and difficult process. It is still a crisis due to the difficult circumstances that will change the whole setup of the family and everything is under stress.
- If you have a personality that cannot cope with work stress on a daily basis, (it could be expected) [then] that it will display negative factors.
- If you have a mental disability that is a stress factor as you cannot (be expected to) cope with the normal demand of life.

Illness, for example, can be unexpected, but if it is long term, the longer-term difficulties would be expected. Families, however, are often ill prepared for the difficulties ahead (*The role of Stress on Family Experience* [sa]).

Sub-category 1.2.3.2 A crisis can be unexpected

We often think of a crisis as a sudden unexpected disaster, such as a car accident, natural disaster, or another cataclysmic event. However, crises can range substantially in type and severity (Cherry 2016).

A crisis can also be unexpected and not planned for as the following storylines attest:

- stress and crisis [for] (according to) my understanding is something that you did not plan;
- with crisis it might have to mean some sort of challenge within the family or (some) sort of difficult situation, an unexpected death. A death in the family, like the breadwinner died unexpectedly; and
- unexpected circumstances.

The social workers distinguished between crises as expected and unexpected events. Arditti (2015:29) makes a distinction between stressors which correspond with expected crises and hazardous events or situations or precipitating factors or incidents that correspond with unexpected crises. Whether a stressor is a hazardous event or a precipitating factor is based on the order of occurrence. When the hazardous event occurs prior to the precipitating factor, the individual may become vulnerable or at risk after it occurs. They may not experience crisis at all or only experience crisis when other stressors happen. The pile-up of stressors could serve as the last straw that broke the camel's back.

In accordance with Patterson (2002b:350) family demands (crisis or pile-up of stressors) comprise of (a) normative and non-normative stressors (discrete events of change) or (b) ongoing family strains (unresolved, insidious tensions) and (c) daily hassles (minor disruptions of daily life). These require adjustment and adaptation in family functioning in order to maintain balance and equilibrium.

CATEGORY 1.2.4 A crisis is accompanied by fluctuating thoughts and intense emotion and feelings

The following storylines illustrate social workers' understanding of the impact that crisis could have on the feelings and thoughts of a family and its members:

- Then they can be emotionally fighting with everyone. That could be a way of saying help me – I am stuck.
- A crisis brings also a lot of this type of activity (showing with her hand – up and down movements like waves). Today they are at a very low stage; tomorrow they are a little bit better.
- It destabilized the family, brings confusion, sometimes separation. Conflict that brings a breakdown in the relationships. Sometimes they feel shattered (despair). Their minds are shattered. It disempowers them to make decisions.

Social workers recognize that a crisis is accompanied by fluctuating thoughts and feelings. This conclusion is supported by the *Australian Centre for Posttraumatic Mental Health* ([sa]), which explains that families are diverse and unique and each will therefore respond differently to a crisis situation. When a family experiences a stressful or traumatic event, it can have a profound impact on the psychological well-being of family members and on the family as a whole. Family members may experience different emotional and physical reactions which vary in severity depending on how close the family member was to the event and the degree of loss they may have experienced.

CATEGORY 1.2.5 A crisis disrupts the normality of family life and implies change

This category is illustrated by the following storylines:

- A crisis is due to the difficult circumstances that will change the whole setup of the family. The family and everything is under stress.
- A crisis (disrupts the normality of family life and) sometimes it can change the setting of the family.
- A crisis is an event that disrupts the normality of the family.

Social workers realise that crisis disrupts the normal functioning of the family and brings about change in the functioning of the family. This change can have a positive or negative impact on the family. According to Kumpfer (1999:183), stressors can be regarded as incoming stimuli that could create a disequilibrium or disruption in the homeostasis in the family and its individual family members. The degree of stress perceived depends on perception, cognitive appraisal and interpretation of the stressor as threatening or aversive.

The Resilience Model of Richardson et al (1990) as discussed in Chapter 2, section 2.4.4.2, indicates how crisis (risk factors) create disequilibrium and how families rely on protective processes to counterbalance the risk factors.

CATEGORY 1.2.6 A crisis creates pressure – a sense of urgency and pressure for resolution and restoring balance

The following storylines attest to urgency in the striving of the family to restore balance despite difficulties:

- A crisis needs urgent attention so that the family can be able to develop their own coping mechanism while they find out (ways) to resolve this.
- So, if there is a crisis in the family, school dropout or someone is abusing substances, you need to look thereafter for a balance in the family again.
- If the father has a drinking problem, the family needs to try and adapt to the situation and try to deal with it. Some of the things that the father used to do changed due to the problem. So, either the mother must move now in place to do some of his functions or

the children need to do it. If the problem of the father goes on it might be that the family can strike a balance whilst dealing with the father's drinking problem. They are, however, not really able to function optimally as before, because of the challenges that go with the substance abuse of the father.

Social workers stress the element of urgency created by crises. Levine (2012) supports this explaining that after a crisis the family will experience a sense of urgency or pressure for a resolution and would usually strive to return to "normal". Central to a crisis state is severe emotional upset or disequilibrium, vulnerability, reduced defensiveness and failed attempts at coping. This all contributes to the striving of the family to regain balance and equilibrium (Levine 2012).

CATEGORY 1.2.7 The effect of the crisis is influenced by the nature of the support systems

Social workers refer to family support systems through the following statements:

- The families and their support systems will also have an influence on how they handle [this] (crisis) and that can also be either negative or positive. The support systems can strengthen (the family) [it] but (the lack thereof) could be the opposite.
- Extended families share responsibilities (and can be a support) whilst everything is upon the single parent family.
- A single parent needs to find a way to identify support systems that will enable them to cope (with crises).

From these statements, social workers realise the importance of appropriate support systems for families to deal with crises. This is supported by Substance Abuse and Mental Health Services Administration (2014:8) when stating that the more resources that are available during a time of struggle, the better the individual and family will be able to cope and bounce back from adverse circumstances. An individual and family's ability to regain a sense of normalcy or define a new normalcy after adverse circumstances will be partially based on the resources available.

The National Human Service Assembly in the White Paper on Families (2013:63) identify three core areas of support that are essential to strengthen families, i.e. (a) family economic success, focusing on individual capacity building and work opportunities to earn a living wage that provides for the needs of the family, (b) family support systems with a focus on building of appropriate and adequate systems of support for, amongst others, health care, child care and education, and (c) thriving and nurturing communities which emphasise the building of a nurturing and supportive environment.

In Chapter 2 (2.4.5.3(b)) family strengths and protective factors and processes are discussed. Protective factors become processes when the protective factors start

interacting with the risk factors. The categories of support systems referred to below, should, therefore, be regarded as protective factors that could assist families to mitigate risk factors.

The categories of support systems are divided into the following sub-categories, i.e.:

- Internal family support systems
- External family support systems

Sub-category 1.2.7.1 Internal family support systems mitigate the effect of crisis

The following storylines highlight the important role that individual family members can play as internal support systems to the family

- ...because you bring with you your individual capabilities into the family and then you as a family decide how do you handle the stress or crisis in your life.
- If I have a crisis, are we going to have meetings together and talk together? Your individual input will have an impact on the relationships within the family. The way you deal with these situations could thus decrease the stress and positively impact on the family.

The input of individual family members could provide strong support to the family when confronted with challenges and risk factors. Such a family member provides internal family support and assists the family to be focussed and not to lose hope despite the difficulties the family is experiencing. Non-effective internal family support will have a negative impact on the family.

Individual resilience can be summarised by referring to those internalized capacities and behaviours that reflect an individual family member's ability to serve as strength to the family when facing crisis and adversities through effective coping skills. This was discussed in Chapter 2, section 2.4.5.3.

Sub-category 1.2.7.2 External family support systems mitigate the effect of crisis

External family support systems and resources can be informally (friends providing assistance) or formally (involvement of the formal welfare system) provided. External family support can be valuable to families in crisis as the following excerpts indicate:

- External support, friends that give motivational support, seeking help outside the family to rectify stress.
- The child is in a crèche so there was an outsider that could ensure that despite everything, everything is still well with the boy.

Social workers see the role of external family support in dealing with crisis as being a positive factor. It can be amongst others, motivational or provide protection to vulnerable family members. According to McCeown (2000), family support (external support by the formal welfare system) is an umbrella term covering a wide range of interventions which vary along a number of dimensions. This diversity indicates that family support is not a homogenous activity but a diverse range of interventions.

CATEGORY 1.2.8 A crisis can have a positive or negative impact on the family and its family members

The category is divided into the following sub-categories, i.e.:

- Different family members will react in different ways to crisis
- A crisis can have a positive impact on the family
- A crisis can have a negative impact on the family

Sub-category 1.2.8.1 Different family members will react in different ways to crisis

The following storylines indicate that different family members will react in different ways to crisis:

- I think that there is a difference in how (the various family members) will deal with [it] (crisis). So, yes [you] (each family member) will deal with it differently.
- I would say that it might differ on the personality of the person involved here.
- I think it will also depend on the strength of the people involved. How each family member will handle [it] (a crisis) and also their education level.

A crisis within a family will impact differently on different family members. Kumpfer (1999:183) states that “different stressors or challenges as incoming stimuli can create disequilibrium or disruption in the lives of family members and will impact in different ways on family members”. The meaning that family members attach to the stressors depends on each individual member’s perception, interpretation and cognitive appraisal as indication to what degree the stressor is seen as threatening or aversive.

Sub-category 1.2.8.2 A crisis can have a positive impact on the family

Storylines below indicate social workers’ perception of crisis bringing a positive result.

- Say there was not communication in the family, a crisis can bring the family together; it can cause them to communicate better.
- A crisis could bring families together as everybody will focus on the crisis.

The storylines highlight that in some cases where family functioning was previously ineffective in certain areas a crisis can improve family functioning thereafter, as it could serve the purpose of bringing the family together and improving communication between members. Preventative psycho-social interventions that strengthen the protective factors of the family may assist in mediating the relationship between stress and competence in order to resist the potentially harmful effect of stressful experiences. Challenges could then become potential enhancers of competence as the family is then forced to strengthen personal attributes and utilise environmental resources (Walsh 2006:36).

Sub-category 1.2.8.3 A crisis can have a negative impact on the family

Storylines below indicate social workers' perception of crisis having a negative result.

- You will get people that (during a crisis) would want to withdraw in such a situation and they remove themselves from the family, which will then have a negative impact.
- A crisis could also trigger some other problems.....to come to the surface. I think it will also depend on the strength of the people involved. How each family member will handle it and also their education levels.
- I think the family and its support systems will have an influence on how (the family will handle the crisis) [they will handle this], and (this) [that] can also be either negative or positive. If the family support systems are weak it could have a negative impact on how the family would deal with the crisis. If the support systems are strong (the family) [it], but it could also (have) [be] the opposite (effect).

From the above, social workers perceive that crisis could have a negative effect. This perception is supported by Australian Centre for Posttraumatic Mental Health ([sa]), which mentions that the negative impact of crisis is common and would normally faze out over time. However, if reactions seriously affect the family and its individual family members and impact on daily functioning, intervention from an appropriate service provider would be necessary. A weak family support system could add to the negative effect of the crisis.

DISCUSSION ON THEME 1

Social workers mentioned that families are characterised by relationships and interaction. Also, that the family functions as a system with sub-systems and the family could have different structures, but that the functions the family execute are similar despite the diversity in family structure. Most importantly, all families are faced with adversities throughout the family life cycle, but also have strengths and resources to be drawn upon to face these challenges and adversities in order to overcome them and move forward.

Social workers have an understanding that a crisis disrupts the normality of family life and implies change that could leave families vulnerable. Their view is that crises could either

have a positive or negative impact on the family and that the change in the family could have different outcomes for the family and its members. The effect of the crisis on the family is influenced by the nature of the internal and external support systems available to the family.

Social workers recognise that a crisis, stressor, adversity or trauma can have a significant impact on the family and can be a hugely intense experience with various feelings that could fluctuate over time. However, the most damaging situation can be created when there is a pile-up of stressors that could “break the camel’s back” and that could create an intense crisis situation or severe trauma. A crisis can be expected or unexpected which will impact on the changes the family will have to made.

Social workers acknowledge the fact that when the family is considered as system with different components, the different family members that are in relationship with one another will find meaning through their interactional processes. However, it will be important to acknowledge that each family member will experience the crisis that the family are confronted with differently. A crisis could have positive as well as negative impact on the family and its members and should be dealt with accordingly.

THEME 2: SOCIAL WORKERS HAVE AN UNDERSTANDING OF FAMILY RESILIENCE

The findings of this theme emerged from focus group and face-to-face semi-structured interviews with social workers on their understanding of family resilience. The theme is divided into the following sub-themes:

- Social workers differentiate between individual resilience and family resilience
- Social workers use various words to explain their understanding of family resilience
- Social workers understand family resilience as a process
- Social workers understand that family resilience entails five domains of family processes in family functioning
- Social workers understand that the five family processes as domains of family resilience are in synergy with one another

SUB-THEME 2.1 SOCIAL WORKERS DIFFERENTIATE BETWEEN INDIVIDUAL RESILIENCE AND FAMILY RESILIENCE.

The sub-theme is divided into the following categories:

- Resilience is an individual strength

- Resilience is a family strength
- Individual resilience of family members and family resilience are reciprocal

CATEGORY 2.1.1 Resilience is an individual strength

The social workers voiced their understanding in this regard as follows:

- Individual resilience is the person's ability to rise above any adversities. The key aspects are (your) strength and drive to overcome certain circumstances you are faced with.
- Individual resilience is the ability of a person to handle difficult situations. I also think that personality plays a role here. And education.
- Individual resilience refers to the inner strength that an individual has. Normally the person would not know that they have this strength. He/she only realizes (this) when there is a crisis.

Social workers make a clear link between individual resilience and individual strengths and refer to individual capabilities, empowerment, self-awareness and personality characteristics that assist them to rise above adversities and difficult circumstances that they have to deal with. This is supported by Saleebey (2002:11), when stating that individual resilience is the ability or strength of the individual to bear up in spite of demanding, stressful and/or traumatic life experiences. Individual resilience refers to the inner locus of control and an optimistic confidence in own abilities – a feeling of confidence that the odds can be surmounted (Werner 2004:492).

CATEGORY 2.1.2 Resilience is a family strength

Family strength can be defined as those relationship qualities that contribute to the emotional health and well-being of the family. Families who define themselves as strong commonly say they love each other, find life together satisfying and live in happiness and harmony with each other (*Family Strengths* [sa]).

Social workers describe family resilience in terms of family strengths:

- Family resilience is something that strengthens, brings the family together despite difficult situations. As it supports to overcome difficult situations –it is like elastic. It can be stretched but then it pulls together again.
- Family resilience is the ability of the family (the strengths that the family has) to hold on despite challenges and the ability of the family to move through their crisis and then go back to normal again.
- Family resilience is a process of family drawing on its strengths to be able to recover and go through change and grow after experiencing difficulty in life.

These storylines are supported by Cowan, Cowan and Schulz (1996:14) stating that “resilience may be a better descriptive term for the idea that some individuals or families possess physiological strengths, psychological resources and interpersonal skills that enable them to respond successfully to major challenges and to grow from the experience”.

Social Workers also indicate that the strengths of individual family members should be combined with the strengths of the family so to overcome and deal with adverse situations.

- It also says something about the strengths within the family. The individual strengths as well as the combined strengths of the family to be resilient, to overcome and deal with situations.

The descriptions of family strengths by the social workers can be linked with the emphasis placed on social workers to work from a strengths-based and not a deficit approach with families. DeFrain (cited in Silberberg 2001b:52) states that after identifying family strengths, they can become the foundation for continued growth and positive change in a family. One social worker referred to the ordinariness of family resilience as described by Masten (2001:227).

- Family resilience is part of the normal family functioning and should then be running parallel with the continuum of care.

The social worker linked the ordinary day to day functioning of the family with family resilience. Despite challenges, it is required from families to keep up the continuous care a family requires. Silberberg (2001b:52) states that a family can be described as not static but in a constantly evolving process as a family requires constant action and maintenance. The family will thus go through stages of strength and instability. In unstable times families can lose sight of their strengths and it will be the responsibility of the practitioners to assist the family to regain sight of their own strengths and look beyond their difficulties.

CATEGORY 2.1.3 Individual resilience of family members and family resilience are reciprocal

Reciprocal can be defined as given or felt by each toward the other; or a mutual relationship or action (Dictionary.com [sa], vs “reciprocal”). Social workers indicated the following:

- If you add the individual strengths and you put it into the family together it almost multiplies the strength of the family. The family also supports individuals and the individuals the family.
- It is the strength of each family member combined with the strength of the family...the different coping mechanisms of each of the family members

- Individual strength can strengthen the family depending on how they will interact with each other in the family. It can also have a good impact or a bad impact.

From the above, it can be seen that social workers understand that individual and family resilience are reciprocal. Individual resilience strengthens the family unit whilst the family unit provides a support system to the individual family members. Social workers mention the impact that individual family members have on the relationships and interactions within the family. Family resilience emerges from individual resilience and refers to the family relational processes wherein risk and protective mechanisms develop and result in some level of adaptation (Patterson 2002a:233; Chapter 2, section 2.4.5.3).

SUB-THEME 2.2 SOCIAL WORKERS USE VARIOUS WORDS TO EXPLAIN THEIR UNDERSTANDING OF FAMILY RESILIENCE

In the focus group interviews social workers were asked to brainstorm single words that reflect their understanding of family resilience. These were used to organise their contributions about family resilience.

The sub-theme is divided in the following categories according to the words mentioned:

- Social workers regard family resilience as “coping”
- Social workers view family resilience as a family “inclination”
- Social workers consider family resilience as a “skill”
- Social workers perceive family resilience as an “ability”
- Social workers deem family resilience as “strengths”
- Social workers view family resilience as “change, through learning and growing”
- Social workers regard family resilience as “adapting and rebounding”
- Social workers consider family resilience as “optimal functioning”
- Social workers deem family resilience as “relational”

CATEGORY 2.2.1 Social workers regard family resilience as “coping”

Coping can be defined as the collection of overt and covert strategies to be used during confrontation with a challenge (Wills, Blechman & McNamara 1996:111). The following storylines attest to coping as key to social workers’ understanding of family resilience:

- The ability of the family to cope in life (cope) with things that come the way of the family that could be threatening to the existence of the family.
- It could be a coping mechanism. Coping is part of the functioning of the family despite the situation.
- It is the way family copes with stress factors in their situation, the ability to cope with life. To whatever comes the way of the family that the family can deal and overcome it, whatever the challenges will be.

The social workers refer to coping strategies as the specific efforts, both behavioural and psychological, that people use to overcome and endure stressful events to explain their understanding of family resilience. One social worker indicated that coping implies that the family can deal and overcome challenges with which they are confronted with.

CATEGORY 2.2.2 Social workers view family resilience as a family ‘inclination’

Inclined means that you are likely or have a tendency to do something, you are leaning toward doing it or you do it habitually (Vocabulary Dictionary [sa], vs “inclination”). The following excerpts attest to the social workers’ view of some families being inclined to be resilient:

- I would say it is the inclination of a resilient family to stay strong. It can be a skill to be used to buffer change beyond past experiences and those that lie ahead. To be able to overcome anything that is bad comes from the skills you have learnt from coping with those you already encountered, so it is also what you have learnt that keeps you going.
- It is the strengths of the family that incline families to adapt and to deal and manage with things coming its way and not to give up.

Social Workers acknowledge the fact that resilient families have the inclination to stay strong and to learn from previous experiences. Such a family is also inclined to empower themselves to be able to buffer themselves against the odds and make the changes they need to go through, due to crisis, adversities and challenges. Kumpfer (1999:179) states that this implies a paradigm shift by social workers towards an increasing emphasis on optimism and hope (strengths-based approach) as opposed to the frustration and despair that can occur from an emphasis on risk factors.

CATEGORY 2.2.3 Social workers consider family resilience as a “skill”

The following storylines attest to the importance of family skills for families to be resilient:

- It is the coping skills of the family, how they use their resources in a difficult situation.
- (They are) able to use the skills[and tools] to cope with this event (crisis, adversity, challenge) and those (skills) [tools] can strengthen the weaknesses and opportunities (available) [and ability] to deal with the threats that are there.

Part of coping is the skilful use of resources when confronted with a crisis. How the resources are used and how available resources are, will strengthen or weaken the family's ability to deal with threats and overcome them or not.

CATEGORY 2.2.4 Social workers perceive family resilience as an “ability”

In accordance with the Merriam-Webster's Dictionary ([sa], sv “ability”) an ability is the belief that you or your family is capable of doing something to a situation – the quality or state of being able, the natural capacity or talent that enables an individual to perform a particular job or task successfully and accomplish something. The following storylines attest to this:

- I see family resilience as the ability of the family to overcome the challenges they are faced with.
- The ability to accept the new you in the old you. It is like to be at peace with yourself. You could have lost a leg but can stand up and face the world.
- The ability to handle and cope with the process of change.

The storylines from the social workers above describe their understanding that a change in life circumstances (for example losing a leg) forces family members to be able (have the ability) to adjust and adapt and move on. You do not have choice, you have to “stand up and face the world”.

CATEGORY 2.2.5 Social workers deem family resilience as a “strength”

Social workers illustrate that their understanding of family resilience implies strengths when describing the strengths of a family as follows:

- It is the strength and strategy that can bind people together and their capability to do things together.
- For me it is something that strengthens, brings the family together despite difficult situations.
- ... maybe the strength of the family to rebound.

In accordance with the storylines, social workers consider strengths of the family as an action – the strength of the family of doing things together; bringing the family together that provides the family with the strength to rebound. The social workers see a link between

family resilience and the qualities of effective functioning. Silberberg (2001b:52) refers to the Australian Family Strengths Template which is founded on eight qualities which were identified by studies on family strengths. These qualities are communication, togetherness, sharing activities, affection, support, acceptance, commitment and resilience (the strength to rebound).

CATEGORY 2.2.6 Social workers view family resilience as “change, through learning and growing”

Change is the process of causing a function, practice or thing to become different somehow, compared to what it is at present and what it was in the past (Business Dictionary [sa], vs “change”).

The social workers explain the change that family resilience brings about as follows:

- It is a change that families go through when they experience a crisis.
- ...experience to learn and grow from the crisis without being impeded in day to day living.
- I say it is a process of a family recovering or going through change, after experiencing a difficulty in their life.
- If you go through certain things, you grow as well and in a next situation that growth will be part of your (and your family’s) resilience. Hopefully [if] you have learnt something.

Social workers explore and describe family resilience in stating that family resilience brings about change so as to be able to cope with the adversities that they are confronted with. In this regard, social workers view family resilience as a process you go through when confronted with stressors or crisis. As families are confronted throughout their life cycle with situations they need to address and cope with, they should be able to learn from previous experiences – thus the remark of the social worker that families have *hopefully* learnt from the experience. Hatter (2014:6) states that a prerequisite for building family strengths is the families have learnt that they have the capacity to grow and flourish and not to accept that family problems are a fixed state. This should be one of the core beliefs of the family.

CATEGORY 2.2.7 Social workers consider family resilience as “optimal functioning”

Social workers stated that family resilience is:

- When the family unit is able to adapt to the life changes they are experiencing to function optimally again.
- When some families can even function even better than before.
- ... to be able to thrive and function as effectively as it was before you were in a problem situation.

When confronted with crisis, stresses, risk factors or adversities, families are called on for substantial changes in the family system including roles, goals, values, rules, priorities, boundaries and overall patterns of functioning. These changes are necessary to achieve balance and harmony across the domains of family functioning. If the family cannot or will not be prepared to make these changes, imbalances will continue in the family functioning and the family will not be able to function optimally and be resilient (McCubbin & McCubbin cited in Unger 2005b:29).

CATEGORY 2.2.8 Social workers deem family resilience as “relational”

The following storylines attest to the importance of relationships in social workers’ understanding of resilient families:

- Families that are not resilient do not worry about each other which will [it might] have a total different effect [as] when they do have close relationships – family resilience goes together with sound relationships.
- ... mutual relationships that could go hand-in-hand with communication (brings about family resilience).
- ... the physical and emotional care provided through sound, mutual relationships (enhance family resilience).

One of the qualities used by social workers to explain family resilience is sound or mutual relationships that imply a relational view on family resilience.

Black and Lebo (2008:320) state that vital for optimal functioning, is the affiliation values an individual experiences and the crucial influence of positive relationships within and outside the family on family members.

From the above inputs from social workers, it can be seen that their views of family resilience correspond with the definitions of family resilience cited in Chapter 2, section 2.4.2 in particular effective functioning with all its elements is seen by the social workers as an indication of family resilience.

SUB-THEME 2.3 SOCIAL WORKERS UNDERSTAND FAMILY RESILIENCE AS A PROCESS



Social workers were asked to first explain what they understand about process and thereafter if they would consider family resilience as a process. The following storylines illustrate social workers' understanding of process:

- The definition of a process is that it is something that is happening and it is different steps that take us from point A to point B.
- There are certain steps you need to go through to achieve what you wish to achieve after completion of the process.
- With a process you would know there is a start and an end. And there are steps that you have to do to get at the other end.

A process can be defined as a series of, or continuous actions that produce something or that lead to a particular result or outcome (Dictionary.com [sa], sv "process").

Social workers' understanding of family resilience as a process is divided into the following categories:

- Social workers' understanding is that family resilience is not a static state but a dynamic process that evolves over time
- Social workers' understanding is that family resilience is a process of rebounding and recovering
- Social workers' understanding is that family resilience is a process to sustain equilibrium, regaining balance or normalising a situation
- Social workers' understanding is that families that could not rebound from crisis could have a lower level of functioning than before the crisis

CATEGORY 2.3.1 Social workers' understanding is that family resilience is not a static state, but a dynamic process that evolves over time

A dynamic process or system is characterized by constant or active change or progress (Merriam-Webster's Dictionary [sa], sv "dynamic"). The following storylines attest to family resilience as a dynamic process that requires change:

- ... challenges come day by day, not always big challenges but also small challenges that require changes; some practical arrangements that need to be set in place which is acceptable to all family members – so yes I think family resilience is an on-going process that happens on a day to day basis.
- I think family resilience is a process because it is not an overnight achievement...A crisis is a process (over time). There is a start and an end. And there are steps (that you have to do) to get to the other end.
- Family resilience is not something that comes over night. It is something that a family grows into.

With reference to the above discussion family resilience would never be static due to the changes families have to make over time. Mackay (2003:3) states that resilience is not a categorical state, but a continuum and that it is contingent.

Social workers' understanding is that family resilience is a process that is not static but always evolving. Families become resilient by learning from previous experiences on how to deal effectively with crisis and change or what to avoid in order to prevent a previous negative outcome. Walsh (2012:405) referring to family resilience states that "processes for optimal functioning and the well-being of members vary over time as challenges emerge and families evolve".

CATEGORY 2.3.2 Social workers' understanding is that family resilience is a process of rebounding and recovering

Social workers gave similar definitions of family resilience and made use of metaphors to illustrate family resilience as a rebounding process:

- Family resilience can, as an example, be compared with elastic. It can be stretched but then it pulls together again.
- To stretch something and that it will come back to its original shape is comparable with family resilience.
- To recover is a change process. Change brings growth (that could lead to) adaptation.
- I would say family resilience is a process of a family recovering (as they) go through change and growth after experiencing a difficulty in their life.

Social workers understand that family resilience, due to added issues that the family has to deal with, become stretched beyond their usual capacity. This implies that the family must find ways to rebound to come back to "normality" – thus the comparison with elastic that is stretched but thereafter returns to its normal size.

Walsh (2003:1) explains this as follows: "it is where key processes over time foster the ability of the family to 'struggle well', surmount obstacles and to go on to live and love fully". In Chapter 2, section 2.5.3.4, reference is made to the ability of the family to rebound, as resilient reintegration after crisis.

CATEGORY 2.3.3 Social workers' understanding is that family resilience is a process to sustain equilibrium, regain balance or normalise a situation.

The following excerpts illustrate social workers' understanding that family resilience is action to achieve balance after disruption:

- If there was a crisis in the family [, school,] there needs to be balance in the family again.
- That is why I think there should be a balance between the (family processes as) domains (of family resilience) to ensure a normal well-functioning family.
- I think it (family resilience) is the ability of the family to hold on despite challenges, and the ability of the family to move through their crisis and then go back to the normal again.

Walsh (2011:185) states a crisis loss disrupts a family's functional equilibrium and stability. This needs to be restored to enable the family to normalise family functioning. A crisis brings a disruption in the lives of the family; a time period that impacts on the usual functioning of the family. Families are resilient when they are able to return to their level of family functioning as it was prior to the crisis that they view as "normal".

According to Patterson (2002), resilient families are family units that act responsibly, are positively oriented, self-reliant, committed, confident and that can be viewed as problem-solving social units capable of nurturing children and facing adversity and life's hardships without deterioration or disorganisations.

CATEGORY 2.3.4 Social workers' understanding is that families that could not rebound from crisis could have a lower level of functioning and family resilience than before the crisis

Social workers attest to this through the following storylines:

- If [people] families are not able to rebound, they sometimes (could) have a new level of "normal" [but that it will be] lower than before.
- ...they would be able to change their level (of functioning) especially if they have set themselves a standard for living. Maybe they would not live up to their challenges, even if they fight back.

Families could follow different pathways to recovery and reintegration. One on these pathways is to only rebound to a functioning level lower than that before the crisis.

Families that were subjected to disaster and trauma may in time develop psychological problems that leave them vulnerable especially if there were a death in the family, loss of livelihood or serious injury (Australian Centre for Posttraumatic Mental Health [sa]).

SUB-THEME 2.4 SOCIAL WORKERS UNDERSTAND THAT FAMILY RESILIENCE ENTAILS FIVE DOMAINS OF FAMILY PROCESSES IN FAMILY FUNCTIONING

Family processes in family functioning formulated have been findings from numerous studies to identify and synthesize family functions. They refer to family functions, to the 'what' that needs to be done and family functioning, the 'how' these functions are executed. Family processes in family functioning as domains of family resilience have in common the empowering factor of how these processes, in synergy with one another, have the potential to reduce stress and assist families to rebound from their stress situation (Von Backstrom 2015:33; Walsh 1998).

Moss (2010:49; Chapter 2, section 2.5) developed a conceptual framework for family resilience with five domains of family processes in family functioning.

Social workers' responses to what happens in a family to render them resilient could be organised according to the five domains of family processes in family functioning. These family processes are usually not clearly visible or noticeable without a crisis. These domains are:

- Organisational processes
- Adaptability processes
- Protective processes
- Communication processes
- Family belief processes

The sub-theme is divided into the following categories:

- Social workers' understanding is that family resilience entails organisational processes
- Social workers' understanding is that family resilience entails adaptability processes
- Social workers' understanding is that family resilience entails protective processes
- Social workers' understanding is that family resilience entails communication processes
- Social workers' understanding is that family resilience entails family belief processes

CATEGORY 2.4.1 Social workers' understanding is that family resilience entails organisational processes

Organisational processes refer to the way in which families function on a daily basis. These processes include surviving economically, ensuring that basic needs for food, shelter, health and nutrition are met, supporting family members on a psychological level and finding meaning in life (Hanson & Lynch 2004:64). Organisational processes also refer to the family's ability to utilise identify and utilise their internal and external support systems.

The social workers referred to the importance and content of organisational processes of a resilient family as follows:

- From getting up in the morning, dropping the children at school, going to work, coming back after work – that organisational process as one of the domains of family resilience.
- I think (organisational processes refer to) the ability (of the family) to ensure that the child is always well taken care of. Even though it is also through the help of the community, but she always tried to ensure that the child is safe and being taken care of.
- Family roles are very interchangeable and it is important to organise your family. Certain things must be done, care must be done, safety issues must be addressed.... so [the] family roles are very important.

Family roles within the organisational process can be defined as the “recurrent patterns of behaviour by which individual family members fulfil family functions” (Miller, Ryan, Gabor, Keitner, Bishop & Epstein 2000:168–189). Social workers also linked organisational processes to role division in the family. Family members have interchangeable roles to play and tasks to execute on a daily basis such as the physical and emotional care of family members. When family members honour their roles and responsibilities with or without the support of others, the family members will function effectively as a family.

These views of social workers are supported by Epstein et al (cited in Peterson & Green 2009) who refers to instrumental and affective family roles as patterns of behaviour by which individuals fulfil their family functions and needs through a dynamic and continuous process.

CATEGORY 2.4.2 Social workers' understanding is that family resilience entails adaptive processes

The following storylines illustrate social workers' understanding of the importance and content of adaptive processes in resilient families.

- The adaptability of the family (is) to build bridges from what could have been a disastrous situation (to a more bearable situation) that could alleviate the harm (that the disastrous situation) [it] might have caused the family, (so that the family and its members can go on

with their lives) [in order to still continue to live as a family]. So (families need to) [you must] have adaptability and flexibility.

- They really wanted to better the situation. For some members it is less easy to adjust and adapt to new situations. They want to adapt to what is normal to them.
- Different families will adjust at different paces which will be reflected in the time period of the adjustment and adaptation process that the family goes through to adjust and adapt to their changed situation.

The adaptation process of the family refers to the ability of the family to deal with the day-to-day life events, unforeseen crises and the normal changes that occur in families over time. The family needs to be flexible enough to make these changes. When the family realises that they have the inner strength to make the necessary changes, it gives them the hope that they would be able to overcome the crisis and to rebound. According to Patterson (2002a, 2002b), the active processes that a family engage with to balance family demands (including crisis and a pile-up of stresses) and family capabilities brings about family adjustment or adaptation that leads to reintegration outcomes as part of the family resilience process.

CATEGORY 2.4.3 Social workers' understanding is that family resilience entails protective processes

Protective factors are conditions or attributes of individuals, families, communities or the larger society that mitigate or eliminate risk to families, resulting in positive outcomes. Risk and protective factors occur at individual, family and community levels and may be situational or ongoing (Browne 2014:20; Condly cited in Coyle 2011:1).

The following story lines show social workers' understanding of the importance and content of protective processes in resilient families:

- But it feels to me that the strengths that you have are the enabling factors to protect. And the more strengths you have, the more you would be able to cope with the risk.
- Protective factors refer to the capacity of the family or their defence mechanisms to keep the family safe. If your strengths are stronger than the risks, you will be able to find solutions.

The protective, as well as risk factors that would mediate family resilience are found within the domains of family processes of family resilience. Protective processes refer to the interactive process between the family risk factors and the protective factors that render the family either more or less resilient (Greene, 2007). In accordance with the unique situation of the family and the risk factors (adversity) the family is confronted with, the various protective factors within the family processes in family functioning operate in synergy with one another to mitigate the risk factors. It is within these family processes (domains of family

resilience) that, should the protective factors be able to mitigate the risk factors, the family would be able to maintain the balanced situation that all families strive to sustain. These processes happen during family functioning that describes the way in which families fulfil their functions (Patterson 2002a:234). This protective process will render a family either more or less resilient at a given time.

CATEGORY 2.4.4 Social workers' understanding is that family resilience entails communication processes

Resilient families are characterised by effective family communication. Family members are taught communication skills as tools to cope with addressing challenges (Hetherington & Blechman 1996:107). The following storylines attest to this.

- Communication processes that build family relationships are processes that are going to help family members to bind together and bounce back together after a crisis.
- It is not possible to deal with challenges unless you communicate about these challenges. And by communicating you sometimes understand these challenges better and bring (it) nearer to solutions.
- If you bounce back together after a crisis you are able to understand each other (and communicate) more clearly because you grow in communication.

Social workers indicate that effective communication between family members bind them together and establish relationships between them. Family members are then able to, through the support they experience from one another, bounce back as a family unit and strengthen their relationships. According to Sixbey (2005), communication has two functions namely (1) to share important information, opinions and feelings amongst family members and (2) that through communication the nature of family relationships is defined.

Social workers mention that interaction, contact and problem solving discussion are embedded in ongoing relationships that bind families together. Through communication you strengthen family relationships. Without contact with one another there will be no communication and no relationship building. Resilient families have the ability to go in search of solutions together, for which open communication between family members is very important (Maenhout, Rober & Greef 2014:305).

According to the social workers, the communication processes within the family brings better understanding, especially when the family is confronted with a stress situation. Communication that is based on clarity and open emotional expression and collaborative problem solving leads to effective communication between family members that normalises life and contextualises adversity and distress (Walsh 2011:465).

CATEGORY 2.4.5 Social workers' understanding is that family resilience entails family belief processes

Belief systems are the lenses through which we view the world and make meaning thereof. Family belief systems are the core of all family functioning and are powerful forces in resilience (Walsh 2006:49).

Social workers describe the importance and content of family belief processes as a domain of family resilience as follows:

- Beliefs of the family are what you hold onto in a crisis. One belief that I have is - that problems can be solved. Life brings along challenges that can be resolved and if that is the belief of most of the members of your family, they will bring their energy to come to some kind of a solution.
- I think it is what you believe in. If you believe that you can get out of this by doing XY and Z then you can. It is not in your money but in your power. Thus, that what I believe I can achieve, that I will achieve.
- The belief systems of having rules in the house, going to church, having respect for other people.

Social workers' understanding of family belief systems are that they have a powerful influence on family life as 'what you believe defines your reality'. It is your belief system that you hold onto during a crisis and that gives the family power to overcome crises and bounce back. Coles (cited in Walsh 2003:10) states that "individuals and families commonly emerges from shattering crises with a clearer moral compass (beliefs) and heightened sense of purpose in their lives, gaining compassion for the plight of others".

Burr and Klein (1994:200) state that a wide range of strategies can be useful in coping with family stress. Some strategies however, are more useful, with specific reference to spiritual strategies. Many families find the spiritual part of their life meaningful and helpful as they try to manage stressful situations. However, belief systems not only refer to the spiritual part of family life, they refer to morals and values that govern family life.

Social worker also said that belief systems should be instilled in children to enhance their individual resilience throughout their development as the following storylines reflect:

- It is also a process. In a religion, it is like a relationship, you must almost grow into it - you always have room for growing. If you stay the same you become stagnant, so you must always grow. Also, everything changes day by day. If you look at your community and the values at the moment it is definitely a growing process and something that you must teach your children so that they also can grow.
- Belief systems come from childhood and impact on family members.

Social workers also indicate that an important belief in families is the hope generated within families that things will become better as time goes by. This belief will be a contributing factor to ensure that families will not despair when things go wrong.

- An important belief in families is hope. Hope that things will be better.
- Maturity in the family that comes from (dealing with) the problematic situation. Belief that things will become better, optimism.
- Their inner strength will give them hope to adjust.

According to Walsh (2003:1–19) belief systems, considered as inner strengths of individual family members, could assist members to make meaning of crisis situations. This could facilitate a hopeful, positive outlook on life and give them hope that they would be able to adjust and adapt after being confronted with crises. This contributes to the family being resilient.

SUB-THEME 2.5 SOCIAL WORKERS' UNDERSTAND THAT THE FIVE FAMILY PROCESSES IN FAMILY FUNCTIONING AS DOMAINS OF FAMILY RESILIENCE ARE IN SYNERGY WITH ONE ANOTHER

In answer to the question whether the different domains of processes of family resilience have any impact on each other, social workers' responses provided explanations of synergy, illustrated by examples:

- I think it is all interlinked all these processes. Not one of these domains operates independently; they are intertwined. So the one cannot do without the other one. They are interdependent. If there is a problem with communication for example, you will find that the problem will be affecting all the other domains in a negative way.
- I think synergy is interconnection. Meaning that all the domains are relevant.

Social workers explain that the family processes that render families resilient impact on one another and that these processes work in synergy with one another.

Furthermore, there must be a balance between the different processes. When one family process is strengthened, it will have an impact on the other processes and vice versa as the following excerpts are stating:

- There must be a synergy. There must be balance between the domains.
- I think that there should be a balance between domains to ensure a normal well-functioning family. They are interactive to one another; it cannot stand alone.
- If you take the organizational patterns, this cannot be applied thoroughly without the communication processes, without the family be able to adapt to new circumstances. Then there will also be certain things that they will do that will put the protective processes in place and then also the belief systems of the family will play a role.

According to Walsh (2006:137) the family processes of family resilience do not function in isolation from each other but are interconnected and impact on one another (Moss 2010:58).

DISCUSSION ON THEME 2

Social workers understand that individual resilience and family resilience are defined as the ability of the individual or family to address challenges or adversities and rebound. Individual and family strengths provide the enabling factors to do so. Individual strengths are capacities within the individual family member and in the ability of the individual to establish positive relationships, whilst the strength of the family lies in its relationship qualities. It is clear that individual resilience and family resilience is reciprocal as they mutually impact on each other. Therefore, individual and family resilience could strengthen or weaken one another. However, family resilience is not equal to the sum total of the resilience of family members.

DeFrain (cited in Silberberg 2001a, 2001b) states that when you look only for family problems you will get them; likewise it will be with family strengths. The first reflects the deficit approach whereas the latter reflects strengths-based approach to dealing with families. When families themselves have the inclination and the hope and dreams that they would be a strong family that would be able to overcome and rebound from adversities, they will live up to it, despite difficulties and hurdles to overcome.

Social workers are aware of the importance of effective coping skills as a necessary concept for families to be resilient and it would be one of the elements to address to ensure that families would be able to rebound from adversities. Families need to have the skills to be able to identify and utilise family resources and family strengths in their endeavours to address family adversities and challenges. For families to know their strengths and resources, they need to be educated on what family strengths entail and what qualities they need to look for.

Social workers understand that family resilience is a change process. Families would be better equipped if they were able to learn from prior experiences brought about by a crisis situation. How the family interprets the meaning of a crisis also impacts on the ability of the family to rebound and be strengthened. Strong families need to be stable but flexible (Olson 2000:144–167). According to Olson (cited in Sanders & Bell 2011), a family is flexibility when the family can change its leadership, role relationships and relationship rules in order to be able to adjust and adapt from disruptive life challenges. Family resilience implies

effective functioning within the relational network of the family despite the challenges the family has to face.

Social workers understanding of family resilience are illustrated by their ability to demonstrate it, using metaphors such as the stretching of something like elastic that is able to return to its original shape, to explain how family resilience operates.

Social workers explain that family resilience is a process over time and that it could leave families either more or less resilient. Family resilience is thus not a trait but a process with a specific outcome depending on the chosen pathway of the family. Reference was made to the Family Resilience Process model developed to demonstrate how family resilience operates (Chapter 2, section 2.5). The positive outcome of family resilience is adaptation and the ability to rebound. However, depending on the diverse factors the family could be confronted with, this process could lead to negative outcomes and the family not being resilient. Family, as well as family resilience is not static but ever changing when taking the family life cycle and developmental stages of individual family members into consideration. Families are resilient when they are able to return to their level of family functioning after the crisis.

Social workers portrayed a clear understanding of the conceptual framework of family resilience developed by Moss (2010). The social workers could clearly describe the various identified family processes in family functioning that render families resilient. In addition to Walsh's framework of family resilience with three domains, i.e. organisational processes, communication processes and belief system processes, Moss conceptualised two additional family processes as domains of family resilience. These are the adaptability processes and the protective processes to form the conceptual framework of family resilience (Moss 2010:57). Social workers felt that these processes comprehensively describe family resilience.

Social workers were also of the opinion that these processes could not be viewed in isolation as the processes will impact on one another and would operate in synergy with one another to render families resilient.

4.4 CONCLUSION

In this chapter an overview was given of the biographic details of social workers as research participants. Two of the seven themes were discussed that were identified during the data analysis, i.e.:

- Social workers have an understanding of “family” and “crisis”

- Social workers have an understanding of family resilience

In the next chapter the rest of the themes identified during data analysis will be discussed.

The literature control in this chapter is *family resilience specific* (Amatea et al 2006; Arditti 2015; Black & Lebo 2008; Cowan, Cowan & Schulz 1996; DeFrain & Assay 2007; Garmezy 1991; Greene 2007; Kumpfer 1999; McCubbin & McCubbin 1982; Mackay 2003; Masten 2001; Patterson 2002a, 2002b; Rutter 1999; Moss 2010; Saleebey 2002; Unger 2005a; Walsh 2002; 2003; 2006; 2011), and *literature on family functioning* (Carter & McGoldrick 1998; Epstein, Bishop & Levin 1978; Enrique, Howk & Huitt 2007; Etemadi & Zadeh 2012; Functionalism and Parsons 2002; Koltko-Rivera 2006; Mahmoodabadi, Bahrami, Ahmadi, Wissing 2013).

Rothman and Thomas (1994:9) as referred to in Phase 2: Step 1, using existing information sources, stipulated that in accordance with the IDD Model data collection serves as a basis of developing an intervention after the data has been reworked. The data collected in theme 1 and 2 will be analysed and will serve together with the information in the following chapter as basis for “The Guidelines”.

CHAPTER 5

RESEARCH FINDINGS ON SOCIAL WORKERS' INPUTS ON SOCIAL WORK INTERVENTIONS TO FOSTER AND SUSTAIN FAMILY RESILIENCE

5.1 INTRODUCTION

Chapter 4 presented the findings on the understanding and experiences of social workers of family resilience.

This chapter includes, social workers' suggestions of interventions that foster and sustain family resilience in accordance with the DSD basket of services (theme 3), their experiences and anticipation of obstacles and enabling factors in interventions to foster and sustain family resilience (theme 4), their explicit and implied suggestions on the interventions to foster and sustain family resilience (theme 5) and their suggestions on how to implement a family resilience intervention according to the social work intervention process (theme 6).

The findings are first presented in a table, then presented in narrative form with storylines and finally, compared with literature.

In Chapter 5, on social workers' explicit and implied suggestions on social work interventions to foster and sustain family resilience, the chapter is planned according to phase 2 step 2 of the IDD design, namely, information gathering: studying natural examples of interventions.

TABLE 5.1 ON SOCIAL WORKERS' INPUTS ON SOCIAL WORK INTERVENTIONS TO FOSTER AND SUSTAIN FAMILY RESILIENCE

THEME 3: SOCIAL WORKERS' SUGGESTIONS OF INTERVENTIONS TO FOSTER AND SUSTAIN FAMILY RESILIENCE IN ACCORDANCE WITH THE DSD BASKET OF SERVICES			
SUB-THEME	CATEGORY	SUB-CATEGORY	
3.1 Social workers' suggestions of preventative and promotional services to foster and sustain family resilience	3.1.1 Campaigns to raise awareness of family resilience		
	3.1.2 Priority should be given to preventative services with programmes that promote effective family functioning to deal with the challenges of daily life and family well-being.		
	3.1.3 Programmes for the development of awareness of family and individual resilience.		
	3.1.4 Aspects that should be included as preventative and promotional services in "The Guidelines" for sustaining family resilience		3.1.4.1 : Development of parenting skills programmes
			3.1.4.2 Development of communication skills and relationship building programmes
			3.1.4.3 Development of conflict resolution skills programmes
			3.1.4.4 Development of family organisational skills programmes
3.1.4.5 Development of programmes for skills on financial self-sustainability of the family, as well as financial planning skills programmes			

3.2 Social workers' suggestions that social support services should follow an ecological approach to fostering and sustaining family resilience	3.2.1 Social workers suggest that social support services be rendered to individual family members to enhance family resilience	
	3.2.2 Social workers suggest that social support services be rendered to the family as a system and be planned with the family	
	3.2.3. Social workers suggest that social support services to families should include community level interventions	3.2.3.1 Facilitate community dialogues and mobilize communities to foster family resilience
		3.2.3.2 Families should be linked to community resources for social support
3.2.3.3 Link families to institutions that could offer recreational opportunities and social support		
3.3 Social workers suggest how early intervention therapeutic and mediation services be rendered to restore family resilience	3.3.1 Vulnerable families should be identified as soon as possible for early intervention to lessen the impact of challenges that confront families.	
	3.3.2 Therapeutic services to enhance family resilience should be rendered from a strengths perspective.	
	3.3.3 Therapeutic services to enhance family resilience should include relationship counselling services	
	3.3.4 Mediation services, especially family group conferencing, should have as one of its goals the enhancement of family resilience	
3.4 Social workers' suggestions on how protection and statutory services could be utilised to foster and sustain family resilience		

3.5 Social workers' suggestions on how reunification and after care services could be utilised to foster and sustain family resilience		
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THEME 4 SOCIAL WORKERS' EXPERIENCE AND ANTICIPATION OF ENABLING FACTORS AND OBSTACLES IN FAMILY PRESERVATION SERVICES THAT ALSO APPLY TO FOSTERING AND SUSTAINING FAMILY RESILIENCE

4.1 Enabling factors in services to foster and sustain family resilience	4.1.1 Enabling factors within the family	4.1.1.1 Families/clients are willing to be educated on coping mechanisms and give their cooperation during the social work intervention process.
		4.1.1.2 Clients/families are not dependent on the service provider, but believe that with the assistance of the social work interventions they will be able to be self-determined
		4.1.1.3 Flexibility and inclination of the family to succeed
	4.1.2 Enabling factors in the social workers	4.1.2.1 Flexibility of the social worker
		4.1.2.2 The social worker adheres to a multi-disciplinary service delivery approach
		4.1.2.3 The social worker either handles the cases or refers when appropriate

		4.1.2.4 The social worker builds and establishes a sound service-provider client relationship, honours the social work principles and allows the beneficiaries the scope to take control of their own situation
		4.1.2.5 Social workers realise the importance of being knowledgeable on families and family resilience
4.1.3 Enabling factors for sustaining and fostering family resilience within the social work intervention process		4.1.3.1 Social workers embrace the importance and value of families
		4.1.3.2 The social worker networks with supportive resources
		4.1.3.3 The social worker works according to a strengths-based approach and not a deficit approach
		4.1.3.4 The social worker ensures that the family participates actively in the whole service delivery process
		4.1.3.5 The social worker has a solid background in the legislative prescripts of family law
		4.1.3.6 The social worker honours the culture and beliefs of the client family

4.2 Obstacles to services to families to foster and sustain family resilience	4.2.1 Infrastructure and resource limitations in the social welfare fraternity that also apply to rendering family resilience services .	
	4.2.2 Limitations in community infrastructure and resources in fostering and sustaining family resilience	
	4.2.3 Cultural practices and beliefs of the family that are harmful, are not in the best interest of the family members and are contravening the legislative framework of the country	

THEME 5 SOCIAL WORKERS' EXPLICIT AND IMPLIED SUGGESTIONS ON THE ELEMENTS FOR A FAMILY RESILIENCE INTERVENTION TO BE INCLUDED IN "THE GUIDELINES"

SUB-THEME	CATEGORY	SUB-CATEGORY
5.1 Existing legislation that impacts on families must be included to form the foundation of fostering and sustaining family resilience		
5.2 Family resilience interventions should have a clear theoretical framework	5.2.1 The theoretical framework should be well integrated in "The Guidelines" to enable social workers to base their interventions on sound theory	
	5.2.2 Specific social work approaches to be included into "The Guidelines"	5.2.2.1 Developmental approach
		5.2.2.2 Integrated collaborative approach/multi-disciplinary team approach
		5.2.2.3 Client/person centred approach

		5.2.2.4 Maslow’s Hierarchy of needs
		5.2.2.5 Family systems approach
		5.2.2.6 Ecological approach
		5.2.2.7 Strength approach
	5.2.3 Specific intervention models in social work applicable to family resilience interventions to be included in “The Guidelines”	5.2.3.1 Crisis intervention
		5.2.3.2 Trauma support and trauma debriefing
	5.2.4. Specific views on families to be included in “The Guidelines”	5.2.4.1 Families should be viewed as diverse with regard to structure
		5.2.4.2 All families have basic family functions that they have to execute
		5.2.4.3 Every family functions in a unique way
		5.2.4.4 Families are the experts on their own family circumstances
		5.2.4.5 Families must be viewed in context of the community and broader society
5.3 Family preservation services that include family resilience interventions must, as first option, have a preventative focus and as last option statutory intervention		
5.4 Individual resilience should be utilised in fostering and sustaining family resilience		
5.5 Family resilience interventions should be	5.5.1 Social workers should utilise the framework on family resilience as frame of reference	

developed based on the domains of family resilience	for developing a family resilience intervention	
	5.5.2 The domains of family resilience should be unpacked to clearly explain what each domain entails	
	5.5.3 Within the family belief system domain, the motivation for the family to seek help and assistance is found	
5.6 Family resilience interventions in “The Guidelines” should be developed around the families’ strengths, protective factors and resources	5.6.1. Social workers should work with family strengths and family protective factors to empower families	
	5.6.2 Family strengths, protective factors and resources within the family (internal) should be fostered, sustained and developed	
	5.6.3 Protective factors and resources that address the basic needs of the family to foster, sustain and develop resilience should be considered as first priority	
	5.6.4 The extended family should be regarded as a possible strength/resource to the family to foster sustain and develop family resilience	
	5.6.5 External resources within the community and broader society contribute to fostering and sustaining family resilience	
5.7 A family resilience intervention should keep the risk factors the family		

are confronted with in consideration		
5.8 When appropriate, prior learning from crises overcome in the past should be drawn upon during the family resilience intervention		

THEME 6 SOCIAL WORKERS' SUGGESTIONS ON HOW TO IMPLEMENT A FAMILY RESILIENCE INTERVENTION		
SUB-THEME	CATEGORY	SUB-CATEGORY
6.1. Engagement		
6.2 Family developmental assessment	6.2.1. A family developmental assessment entails a risk, as well as a strengths assessment	
	6.2.2 A family developmental assessment should take place in terms of the 5 domains of family resilience (family processes in family functioning)	
	6.2.3 The level of resilience of the family and of each family member should be established during the assessment process	
	6.2.4 When assessing the family, the support systems and resources of the family should be identified, taking the systems theory into consideration	

	6.2.5 Assessment guides the family developmental plan and intervention process which should be developed with the participation of the family	
6.3 Family developmental plan	6.3.1 Planning should take the level of resilience of the individual family members and the family into consideration	
	6.3.2 It is necessary to meet the client on their level of resilience	
	6.3.3 Planning should focus on self-reliance and independence	
	6.3.4 The goals and objectives of the developmental plan will be the driving force of the intervention process	
	6.3.5 Task allocation to family members and those service providers involved in executing the plan is important	
6.4 Family resilience intervention	6.4.1 Education on all aspects of family life, including the domains of family resilience, will form an important element in fostering and sustaining family resilience	
	6.4.2 Establishment of the reasons for repeated failures of families due to using the same negative coping mechanisms and not learning from previous experience	

	6.4.3 When working with an individual family member, first work with the individual and later incorporate the family to holistically address the problem scenario	
	6.4.4 An intervention of family resilience should focus on providing a balance between the domains of family resilience	
	6.4.5 During an family resilience intervention the social worker should empower the family to actively utilise the available resources and support networks of the family	
6.5 Monitoring and Evaluation	6.5.1 The implementation process should be monitored on a continuous basis utilising a monitoring tool	
	6.5.2 Should the achievement of goals and objectives be established though the evaluation process, the social worker terminates the service	
	6.5.3 When the monitoring and evaluation shows that the goals and objectives have not be achieved, the implementation plan must be revised	
	6.5.4 After the evaluation process, the social worker refers the families to the most appropriate service should it be deemed necessary	

5.2 FINDINGS ON SOCIAL WORKERS' INPUT ON SOCIAL WORK INTERVENTIONS TO FOSTER AND SUSTAIN FAMILY RESILIENCE TO STRENGTHEN AND PRESERVE FAMILIES

In the following section the themes, as set out in the table above, are discussed.

5.3 DISCUSSION OF THEMES

Four themes will be discussed, namely:

- Social workers' suggestions of interventions to foster and sustain family resilience in accordance with the DSD basket of services
- Social workers' experience and anticipation of enabling factors and obstacles in family preservation services that also apply to fostering and sustaining family resilience
- Social Workers' explicit and implied suggestions on the elements for a family resilience intervention to be included in the guidelines
- Social Workers' suggestions on how to implement a family resilience intervention.

THEME 3 SOCIAL WORKERS' SUGGESTIONS OF INTERVENTIONS TO FOSTER AND SUSTAIN FAMILY RESILIENCE IN ACCORDANCE WITH THE DSD BASKET OF SERVICES

In accordance with the Framework for Social Welfare Services (2013:30-34) developed for the South African context and in the Norms and Standards for Services to families (2012), the basket of services was adapted to focus more specifically on family services, in order to be aligned with the White Paper on Families (2013) with its key priority areas namely: (1) the promotion of healthy family life, (2) family strengthening and (3) family preservation.

The basket of services with specific types of services or interventions linked to it are: (1) prevention and promotion services, (2) social support services, (3) therapeutic and mediation services, (4) protection and statutory services and (5) reunification and after care services. Services focussing specifically on the families as target group are incorporated into all these types of services within this specific framework (Framework on Social Welfare Services 2013).

The basket of services identified in South Africa seems to be unique as this method of categorising services was not found in other countries. The suggestions of social workers on interventions that foster and sustain family resilience in South Africa will, for clarity purposes be divided according to the basket of services.

The findings of theme 3 emerged from the discussion with social workers on their experiences and perceptions of interventions that directly or indirectly foster and sustain or could foster and sustain family resilience. Social workers were requested to identify interventions that could or did foster and sustain family resilience in each category of service, keeping in mind the domains of family resilience processes according to Moss's conceptual framework of family resilience.

The theme is divided into the following sub-themes:

- Social workers' suggestions of preventative and promotional services to foster and sustain family resilience
- Social workers' suggestions that social support services should follow an ecological approach in fostering and sustaining family resilience
- Social workers' suggestions on how early intervention therapeutic and mediation services be rendered to restore family resilience
- Social workers' suggestions on how protection and statutory services could be utilised to foster and sustain family resilience
- Social workers' suggestions how reunification and after care services can foster and sustain family resilience

From the research, it became clear that social workers have implemented interventions that could have contributed to the fostering and sustaining of family resilience, even though it was not the direct intention of the social worker.

SUB-THEME 3.1 SOCIAL WORKERS' SUGGESTIONS OF PREVENTATIVE AND PROMOTIONAL SERVICES TO FOSTER AND SUSTAIN FAMILY RESILIENCE

Prevention and promotion services are aimed at enhancing the capacity of family members to take control of factors that impact on their individual resilience and of their family's resilience and well-being. These services are anticipatory actions to reduce the likelihood of vulnerability. They also reduce risk factors and promote protective factors to ensure the well-being of individuals, families and communities (Framework for Social Welfare Services 2013:31). More specifically relating to families, the White Paper on Families (2013:39), states that empowerment and support programmes on a preventative level are broad, mainly without one to one contact and aimed at preventing the need for the families and their members to receive intensive services from professionals.

When asked about the connection between prevention and promotional services and family resilience enhancements, social workers said as follows:

- You will have to work on relationships to maintain the resilience and to do that, they will have to get together, [to] have contact and have communication with one another.
- To sustain family resilience [keep it] on the same level you have to [do something] make an effort.

This sub-theme is divided into the following categories

- Campaigns to raise awareness of family resilience
- Priority should be given to preventative services with programmes that promote effective family functioning to deal with the challenges of daily life and family well-being.
- Programmes for the development of awareness of family and individual resilience
- Aspects that should be included as prevention and promotional services in “The Guidelines” for sustaining family resilience

CATEGORY 3.1.1 Campaigns to raise awareness of family resilience

Awareness-raising is a process which opens opportunities for information exchange in order to improve mutual understanding and to develop competencies and skills necessary to enable changes in social attitudes and behaviour (Sayers 2006:vii).

Social workers highlighted the following on awareness raising campaigns:

- Also make use of the media to convey these messages and articles in magazines about family life are also a good way to advertise well-functioning families. Spend money on information days.
- To make use of the different structures that you find in the community. I believe that the churches are one of the structures that can convey the message to the parents and I believe that then they would be able to understand this in a practical way.
- Schools [they will try and] have programmes for children to educate them on all these dimensions [that we spoke about to emphasize] and the importance of family life.

Social workers’ suggestions included the educative role that media, different structures such as schools and churches and the printed media can play in raising awareness and influencing people. This is supported by D’Arcy et al (2015:39), who state that awareness raising on family resilience and the domains of family resilience would empower families to be aware of the family processes that most often do not play out visibility in the day to day functioning of the family.

In order to be effective, the process of awareness-raising must meet and maintain the mutual needs and interests of both the service provider and the service recipients involved.

CATEGORY 3.1.2. Priority should be given to preventative services with programmes that promote effective family functioning to deal with the challenges of daily life and family well-being

“Family well-being” can be used as an umbrella term to refer to the individual well-being of family members, effective family functioning and including the notion that the stability and quality of relationships between family members can be thought of as an aspect of family well-being (Fahey, Keilthy & Polek 2012:1).

The following excerpts describe the importance that social workers placed on services to well-functioning families:

- We should have programmes for families that are functioning fairly well to try and maintain that level of functioning and not only start making plans when there is a problem.
- We should get to the situation where we can assist the family to try to function optimally on a continual basis.

Social workers suggested that programmes that focus on effective coping mechanisms should be put in place as a support to families to sustain an optimal level of functioning on a continual basis. Coping strategies are described by Wissing and Temane (cited in Wissing 2013:229) as indicators of family functioning (if families are functioning well or not).

The following storylines highlight suggestions for services on a preventative level:

- Services on a preventative level are important. Get the message of the importance of ‘family’ across.
- In all strategies that have prevention as goal we talk to families as the core. So social workers need to know how they would be able to assist this family.

Social workers realised the importance of prevention, which is not common practice. When referring to the situation of services to families in South Africa, Amoateng, Richter, Makiwane and Rama (2004) state that the focus in South Africa is unfortunately on reactive service delivery with little focus on prevention and early intervention, despite the awareness amongst social workers of the importance of preventative work. Prevention and early intervention services are also underfunded which complicates the roll-out of programmes and services on these levels.

CATEGORY 3.1.3 Programmes for the development of awareness of family and individual resilience

Social workers suggested interventions that could educate and capacitate family members on individual and family strengths that positively impact on individual and family resilience.

- To bring awareness to the family members on (their) own strengths and weaknesses.
- ..an objective (to empower family members) could be [to me] self-awareness.
- Family members need to be made aware of how their family arrived at a certain [situation](level of resilience). From there they could learn how to tap into their strengths as family members and as family.
- I think the social worker has got the dual responsibility to make sure that the family has got the knowledge, the skills and they understand the aspects of family resilience (so) [And then on the other hand] that they will utilize it to deal with the challenges that the family will have to overcome.

Having clarity about yourself, your strengths and protective factors and what empowers you, give you the confidence to make changes (Klosowski 2014). Social workers also referred to different programmes that could sustain family resilience such as making use of positive role models. The following excerpts attested to it:

- Making use of role models could also be an option.... But it is important to identify good role models that people can identify with.
- In order to counteract dependency, it would [it not] be better for the family system to depend on each other before reaching for outside help. Maybe the family members could be assisted to be empowered so as to address their own family problems (first and if not successful, only then reaching out for assistance).

The idea of making use of role models and awareness of own strengths as a preventative action to sustain family resilience, are new ideas suggested by the social workers. These need to be explored as interventions on a preventative level.

CATEGORY 3.1.4 Aspects that should be included as prevention and promotional services in “The Guidelines” for sustaining family resilience

This category is divided into the following sub-categories:

- Development of parenting skills programmes
- Development of communication skills and relationship building programmes
- Development of conflict resolution skills programmes
- Development of family organisational skills programmes
- Development of programme for skills developmental on financial self-reliance and sustainability of the family as well as financial planning skills programmes

With reference to the family resilience construct as discussed in chapter 2 and the domains of family resilience as the family processes in family functioning, the suggestions of the social workers on preventative programmes that could enhance family resilience is comparable with the theoretical framework on family resilience.

Sub-category 3.1.4.1: Development of parenting skills programmes

The following suggestions were made:

- (To enhance family resilience) parents need to be capacitated in many ways. Parenting skills..
- We (should be starting) [started] with parental guidance.
- The parenting and nurturing skills of a family must be well developed. When necessary the social worker must ensure that parenting skills are developed and that the family receives sufficient support to keep the family together and to protect the family members.

Social workers suggested specific programmes on a preventative and promotional level that should form part of enhancing family resilience. An important programme suggested was parenting skills training so as to ensure that parents are capacitated to take on their roles of caring, nurturing and protecting children.

The Integrated Parenting Framework (2012:6) describes parenting as the process of promoting and supporting the physical, emotional, social and intellectual development of the child, described as the activity of raising a child rather than a biological relationship, was developed. The framework was developed to include a wide range of issues around parenting to assist service providers in their engagement with parents and families. This framework can be utilised for parenting programmes that aimed at enhancing family resilience.

Parents with effective parenting skills would be able to recognise and address the physical and psychological needs of their children throughout the developmental phases of the child. Furthermore, these parents would be able to establish, through appropriate attachment to the child, a sound parent-child relationship. Relationship building forms part of the conceptual framework of family resilience and is stipulated under communication processes as a domain of family resilience (see Chapter 4, section 2.4.4).

Sub-category 3.1.4.2: Development of communication skills and relationship building programmes

Working on a preventative level, communication skills development implies the strengthening of the communication processes in the family as a domain of family resilience. Three important components of effective communication can be identified namely clarity of expression, open emotional expression, and collaborative problem solving (Walsh 2002:130).

Social workers viewed the development of communication and listening skills in families as important:

- For me if you could address the communication patterns you would be able to make an impact on the family well-being.
- If you can be able to empower the family to have a mechanism to communicate on matters of importance to the family members. Starting from the parent to the children including other extended family members.
- In skills development; communication skills - we should look at communication skills and relationship building.

Social workers suggested that the building of sound family relationships would take place through effective communication between members. They viewed relationships (the interpersonal context in which people spend much of their lives) as one of the most important resources for individual and family well-being. These include intimate personal relations, intergenerational relations with facets such as secure attachments, mending relationships, relational appreciation and love as shared positive experiences (Wissing 2013:620).

Communication processes facilitate family functioning. Without communication, relationships cannot be built and maintained. Furthermore, human beings need meaningful relationships to give impetus to their existence (Moss 2010:158).

Sub-category 3.1.4.3: Development of conflict resolution skills programmes

Conflict is inevitable in any intimate relationship and resolving this conflict is vital to the on-going success of the relationship. Conflict resolution can be viewed as a process, moving along a path from decision making through to problem solving and finally to crisis resolution (Olsen & Defrain cited in Framework on Mediation 2012:15).

Social workers suggested the following:

- So the way we dealt with the conflict situation was to sit down with one another (and talk about the situation).
- I (deliver services to) [have] a family [there], (who) [they] all have bad tempers. Any provocation lets them explode. I started with this family. I tried to engage with each individual, then the husband and wife. I took a lot of time to sit with them and educate them on their reactions and [on] how they should be handling the situation.
- Conflict resolution training will be important.

Social workers considered that, as they often have to deal with family conflict and dispute, that conflict resolution training would be an important preventative intervention to foster and sustain family resilience.

According to Walsh (2002:13), in describing the domain communication processes, resilient families have the ability to manage conflict well and that the management of conflict depends importantly on communication and problem-resolving skills. As conflict resolution is an important element of effective communication and maintaining sound relationships, conflict resolution skills training would be important for fostering and sustaining family resilience, especially in critical times such as sudden crisis or prolonged stress.

Sub-category 3.1.4.4: Development of family organisational skills programmes

Social workers suggested the following:

- If you look at the day to day organization of the family then I will agree it encompasses the (provision of the) physical and emotional care the family [provides] requires.
- Family roles are very interchangeable and it is important to organize your family. Certain things must be done, care must be [done] (given), safety issues must be addressed and the caring of family members, so [the] family roles are very important. Families can (arrange their family situation) [And that can be adapted to come] to something that works - that is a workable (situation) for [your] the family.

Social workers confirmed that family organisation, as the physical and emotional day-to-day care for the family and its members, must be done in the family. Families work like organisations. Families vary structurally according to their composition, role definitions and ways they organise their activities (Family life: Work-family linkages [sa]). As an important family process, skills training on the organisational processes of a family, as a domain of family resilience, will assist and support families in their day to day living (Walsh 2012).

Sub-category 3.1.4.5: Development of programme for skills developmental on financial self-reliance and sustainability of the family as well as financial planning skills programmes

Social workers suggested that skills development of family members so they are able to enter the workforce and be financially sustainable to be important:

- Family members without skills training can limitedly support the family. Such a person will find it difficult to make progress in life.
- As part of the protective processes of the family, I would also want to know if the parent left any will. And the other thing is the assets. It would help and protect the children from other family members that would want to come and take over what the parents have left for the children.
- When the family has no will, it leaves the children vulnerable and the family at risk.

Social Workers emphasised the importance of family members to have the necessary skills to obtain employment, to be able to financially provide for the basic needs of the family and to do future financial planning for the family. Families without family members, who have skills and the opportunity to generate income, struggle to be resilient as they would not be able to support their family. Dependency on state grants is often the family's only option for survival. Prevention and promotion services should also focus on skills development such as promoting regular school attendance and entrepreneurial skills development which would foster and sustain family resilience.

Prevention and promotion services focus on services to be rendered to families that are not in crisis and in Zone A – families that is in their day to day functioning in a continuous process of adjustment (Chapter 2, section 2.5.3.1). Education on family, family functioning and family resilience will empower these families who can be considered as resilient.

SUB-THEME 3.2: SOCIAL WORKERS SUGGEST THAT SOCIAL SUPPORT SERVICES SHOULD FOLLOW AN ECOLOGICAL APPROACH IN FOSTERING AND SUSTAINING FAMILY RESILIENCE

Social support services are aimed at enhancing, strengthening and stabilising individual, family and community life and to assist individuals and families to identify and meet their own social needs. Social support services are targeted at families with diverse needs and serve as a protective or buffering factor against the negative impact of stress and risk on the family (Framework on Social Welfare Services 2013).

As has been discussed in Chapter 2, section 2.2.1.4(b) the ecological approach implies that the individual, family, community and broader society as systems, have an impact on one

another. The family is embedded in these various systems with their support networks and resources as protective factors. Social support services link families with these social support networks, resources and services within communities. In Chapter 4, sections 1.2.7.1 and 1.2.7.2, reference is made to the informal and formal support systems of the family to strengthen families to be able to address the challenges they are confronted with (risk factors) on a daily basis or during a crisis period. These risk factors are found at an individual, family, community and broader society level. On an informal basis families are supported by their immediate surroundings such as the extended family, whilst on a formal basis support is provided on a community and organisational level that includes the establishment of social cohesion mechanisms.

Luther (cited in Black and Lebo 2009:48) states that family isolation with a lack of social support can erode resilience, particularly under stressful conditions. Family preservation, as one of the strategic objectives of the White Paper on Families in South Africa (2013), describes family support services as family preservation services on an early intervention level (Manual on Family Preservation Services 2015).

McKeown (2000) states that social support services to families is a term covering a wide range of interventions which varies along a number of dimensions according to their target group (such as mothers, fathers, toddlers, teenagers), the professional background of the service provider (eg social worker, child and youth care worker, community development practitioner), orientation of the service provider (therapeutic, child development, community development), problem addressed (eg parenting problems, family conflict, child neglect) and service setting (eg home-based, centre based, community based). This diversity indicates that family support is not a homogenous activity but a diverse range of interventions.

This sub-theme is divided into the following categories:

- Social workers suggest that social support services be rendered to individual family members to enhance family resilience
- Social workers suggest that social support services be rendered to the family as a system and be planned with the family
- Social workers suggest that social support services to families should include community level interventions

CATEGORY 3.2.1: Social workers suggest that social support services be rendered to individual family members to enhance family resilience

This suggestion is illustrated with the following storylines:

- When looking at social support to the family, also consider social support to [look at] the individual family members. Assess each family member to establish their unique needs.
- So the buy-in into the plan is very important. In the plan you can come up with a plan that talks about the family as a unit and then the sub-plan that talks about the individual family members. In accordance the family life cycle approach, (appropriate social support) services need to be provided to both the individual family members and the family.
- .. the maternal grandmother (as informal support system to the family) also took her granddaughter to the clinic for contraceptives.

Social workers recognise that each individual family member has its own unique needs. Social workers suggest that the family development assessment should be followed by a family developmental plan that includes individual developmental plans.

The Children's Act 38 of 2005 (South Africa 2006) stipulates that all children in alternative care should have an Individual Development Plan (IDP) which is informed by an assessment (Assessment tool for children in alternative care 2012:8). This however, is not only applicable to children in alternative care, but to all family members when involved in social welfare service delivery.

Another related suggestion by social workers to enhance family resilience is to link individual family members, especially children, to the extended family. With regard to individual resilience, a close caring relationship between a child and at least one significant adult is a most important factor for the child to be resilient (Walsh 2006:12). Social workers state that it is necessary to make use of the extended family as an important support system to the individual family members and the family as a whole.

CATEGORY 3.2.2: Social workers suggest that social support services be rendered to the family as a system and be planned with the family

This is illustrated by the following examples:

- In my intervention, I tried to sustain the family, as the foster child brought changes in the family they found [it] difficult to deal with. The whole family had to adjust to the changed situation.
- This is the way how the families' functioning continued for a long time, until the father was able to maintain sobriety for an indefinite period of time. But there was the issue of trust. (Now the family required family support services) to learn to trust the father again.

You cannot only deal with one family member as the family members are interdependent and they should together try to keep a sort of balance to keep the family going.

One social worker indicated that social support services to the family unit or system should be provided in accordance with the family system approach (Chapter 2, section 2.2.1.4(a)). A family focused orientation to service delivery recognises that in accordance with the family systems approach, family members are nested within the family, therefore social support services to families must focus on the family as a system because the behaviour of every family member impacts on the family as a whole. Service providers should not enforce interventions on families but should ensure that the whole family participates in the planning and intervention process (Chapter 5, section 4.1.3.4).

- I think we must not always enforce our interventions onto the families but believe that we (should) sit together. The family must take the lead on what is suitable; what will be good for them, what will work for them. And we support them (the family) through the processes;
- We must not force social support services onto families.

Social support services to families are not easy to define and service providers from different perspectives define support services differently. The Department of Health and Human Services, Tasmania (2012:8) defines support services as an integrated network of community-based resources and services that strengthen families, parenting practices and the healthy development of children. Central factors to social support services to the family are the management of risk factors and the provision of opportunities to maximise the enhancement of individual and family resilience at individual, family and community level (Chapter 2, section 2.4.5.3).

CATEGORY 3.2.3: Social workers suggest that social support services to families should include community level interventions

Families, in accordance with the ecological and systems approach, are systems nested within communities as systems, who are responsible to provide the necessary infrastructure, resources and services for families to function effectively. A lack of infrastructure in communities as risk factors impacts on the family's access to basic services such as water and sanitation or more formal services such as health, education and social welfare services.

Communities have resources and services as protective factors that can be utilised to strengthen families and address their needs. The community as a collective of people can

be a resource to families as it is within the community that the family can feel that they belong and are supported (Chapter 2, Diagram 2.3).

The following sub-categories were identified:

- Facilitate community dialogues and mobilize communities to foster family resilience
- Families should be linked to community resources and services for social support
- Linking families to institutions that could offer recreational opportunities and social support

Sub-category 3.2.3.1 Facilitate community dialogues and mobilize communities to foster family resilience

A community dialogue is an interactive, participatory communication process of sharing information between people or groups of people aimed at reaching a common understanding and workable solution. Unlike debate, dialogue emphasizes listening to deepen understanding (National AIDS Commission 2007). Community mobilization can be defined as a strategy for creating a collaborative, community-based, comprehensive community response to address the needs of families and their members within communities (Manual on Family Preservation Services 2015:160).

Social workers suggest the following:

- When conducting community dialogues and community mobilisation we must formulate the information in a way that we come to the family and community level of understanding. And where possible we must also use their languages to let them clearly understand the messages conveyed. The community must clearly understand what we are trying to do.
- You need to make use of the different structures that you find in the community to support and involve families in dialogues that could assist in sustaining family resilience.
- SALGA is [doing] promoting a ward system to build social cohesion. People in the same street were made responsible for one another in the street area. So community members start to support one another and address issues and take them to a forum. Community members can easily assist families especially after hours. They can come and show the parents how to assist their children with their school work or take the mother to hospital if she is sick.

Social workers realise the importance of communities to care for its members and being able to provide accessible resources to families. Social cohesion within a community offers the family a feel of belonging and security that could offer a strong support system to the family. It also refers to the willingness of members of a society to cooperate with each other in order to survive and prosper. Social cohesion can be described as the interdependence between the members of the society, shared loyalties and solidarity. Aspects of social

cohesion are strengthened social relations, shared values, feelings of common identity and a sense of belonging to the same (Berger-Schmitt 2000:3; *What we know about Social Cohesion* [sa]). From the above, it can be seen that social cohesion impacts on all the domains of family resilience.

Successful community dialogue and mobilisation will bring a deeper understanding of community needs and collective opinions that could counteract a breakdown in communication between important role players, such as between government and communities. A breakdown in communication between government and community members in Vuwani and surrounding villages in Limpopo in South Africa led to a week-long violent protest action over area demarcation, during which time period community members burnt down 24 schools in the area (SABC 2016).

Sub-category 3.2.3.2 Families should be linked to community resources for social support

The following excerpts refer to suggestions of social workers regarding the importance of them knowing the community that they are working in and to identify all relevant service providers involved in the service delivery process:

- During the engagement with the family you should also identify if there are any significant others or support from the community that is available. You need to know the community you work in.
- It depends on the crisis of the family so if there is also lots of issues in the environment of the family, you involve the community.
- You have to involve role players in the community, including the family, from the beginning. This should be part and parcel of the intervention process. You should ensure that they play their role.

In order to be able to link a family with resources in the community, the social worker should know the community resources, services as well as the family's needs. The needs of families are diverse and no single service provider would be able to address all these needs. The White Paper on Families (2013:44) recognises this and states that effective services to families depends on a sound inter-sectoral and interdepartmental system and mechanism, an active political administration and technical expertise to facilitate the translation of the aims and objectives of the White Paper into actual programmes. Various stakeholders could be involved in interventions to address the needs of a family.

Sub-category 3.2.3.3 Link families to institutions that could offer recreational opportunities and social support

The following suggestions by social workers highlight the importance they place on families to also “have fun”:

- Look at the infrastructure that the people need in the communities. Look at the infrastructure in such a way that there will be opportunities for the families to live their lives outside their house in a meaningful way. Have fun days.
- What I have learned is that if there are two institutions that have strong building abilities, it would be the schools and the churches, which provide social activities such as school dances and coffee shops at churches for socialisation purposes.
- Maybe you can also involve other role players, for example the church as a (social) support for the foster parent.

Community resources also involve those institutions that can give the family pleasurable experiences (eg sports facilities), and recreational facilities (eg libraries, neighbourhood parks). Recreational activities that can strengthen families are often offered by institutions such as schools and churches.

Taking the ecological approach into consideration, support services offered on community level can assist in mitigating risk factors and strengthening the protective factors of the family to foster and sustain family resilience.

SUB-THEME 3.3 SOCIAL WORKERS SUGGESTIONS HOW EARLY INTERVENTION THERAPEUTIC AND MEDIATION SERVICES BE RENDERED TO RESTORE FAMILY RESILIENCE

Early intervention services make use of developmental and therapeutic programmes or counselling services programmes to ensure that vulnerable families are kept together as far as possible and are prevented from entering and receiving services at statutory level (White Paper on Families, 2013).

Mediation services are not therapeutic or counselling services or programmes, as the social worker’s role as family mediator is that of an impartial third party that needs to mediate or facilitate communication and agreements between parties. Both therapeutic and mediation services, however, are aimed at restoring the social functioning of vulnerable families whose social functioning has been impaired and family resilience has been compromised (Framework for Social Welfare Services 2013:34).

In accordance with the Family Resilience Process model (Chapter 2, Diagram 2.4) these families had been confronted with a pile-up of stresses and crisis and thus in urgent need

of intervention. Families in this situation usually experienced over a prolonged period of time stresses due to challenges such as possible separation or divorce.

This sub-theme is divided in the following categories namely:

- Vulnerable families should be identified as soon as possible for early intervention to lessen the impact of challenges that confront families
- Therapeutic services to enhance family resilience should be rendered from a strengths perspective
- Therapeutic services to enhance family resilience should include relationship counselling services
- Mediation services, especially family group conferencing, should have as one of its goals the enhancement of family resilience

CATEGORY 3.3.1 Vulnerable families should be identified as soon as possible for early intervention to lessen the impact of challenges that confront families

Vulnerability can be defined as “the propensity of social or ecological systems to suffer harm from external (or internal) stresses and perturbations” (Kasperson et al cited in deFur, Evans, Hubal, Kyle & Morello-Frosch 2006:817; Chapter 2, section 2.5.3.4(b)).

The following attest to this:

- But of course we also have to render services to families that are in crisis or at risk. But then we as service providers should try and identify these families as soon as possible. We should be able to identify these families sooner than is the case at present. I am concerned that by the time they get to the social worker the problems are at such an advanced stage that there is very little that can be done to assist the family to rebound
- We need to identify vulnerable families (in crisis or at risk) earlier and especially help the marriages.
- (Family resilience) refers to the capacity of the family or their defence mechanisms to keep their children safe. If not the family could be at risk and the family less resilience. Early identification are thus of utmost importance to build on strengths and mitigate the risks.

In cases of child protection, early intervention includes assessment of the family situation, the child, safety of the environment and therapeutic programmes to support to families. Early identification of at risk children and preventative intervention will lessen the later necessity of the removal of a child (South African Child Gauge 2014:64). Family support services to vulnerable families should be flexible and adaptive and must cultivate the

strengths and problem-solving abilities of all families to restore their confidence in their capabilities to overcome adversity (McKeown 2000). Various references are made to the services that at risk or vulnerable families are in need of. However, a discussion with a direct reference to family resilience could not be found. It could thus be considered as new information when stipulating that vulnerable families, after adversity, follow pathways of adjustment and adaptation that lead to levels of either dysfunctional or maladaptive resilience reintegration outcomes (Chapter 2, section 2.5.2).

CATEGORY 3.3.2 Therapeutic services to enhance family resilience should be rendered from a strengths perspective

The following storylines attest to this:

- A portion of families would be able to resolve their own issues but there will be those families that will need social work intervention. Therapeutic services with a strengths perspective in mind can, on an early intervention level, assist families to again believe in themselves.
- Social workers should be made aware of the necessity to focus on the positives in families when therapeutically supporting them. They should use the strengths of the family to assist families to deal with the everyday situation but also challenging ones.

Social workers suggest that they should explicitly believe that all families have strengths and a level of resilience. They then would be able to make families aware of their strengths and protective factors. Interventions should be rendered from a strengths-based approach and should focus on how families could utilise these strengths and protective factors to mitigate challenging situations. All families have within themselves resources and strengths that if being built upon could produce beneficial outcomes. When accepting that, social workers can affirm to families that “whatever change occurs, it is attributable to them rather than the intervention” (McKeown 2000; Saleebey 2002).

CATEGORY 3.3.3 Therapeutic services to enhance family resilience should include relationship counselling services

Relationship counselling is the process of counselling the parties of a human relationship in an effort to recognize and to better manage or reconcile troublesome differences and repeating patterns of stress upon the relationship (*Relationship counselling* [sa]).

- We especially need to assist marriages.
- The social worker should assist the family in marriage counselling to communicate (about) [these] issues such as religious beliefs. Such issues have the potential that they [this] might become bigger issues later.

- The social worker should assist the family to take care of other difficult relationships (through therapeutic counselling services) - for instance disabled family member that needs to be taken care of. These families [might] need the counselling services and support of social workers to be strong enough to bear the burden and to really be protective.

Social workers mentioned examples of how relationship counselling had enabled families to bounce back from crisis situations:

- The wife came to me and said that her husband told her that “I cannot believe how the counselling has changed both of us.”
- They were coming more and more to my office for relationship counselling. It seemed as if they could not cope with the foster care situation.
- The wife’s reason for getting help was the fact that she wanted her husband to stop abusing her. When they started with the therapy process, they felt that they now had someone who would listen to them. They felt that they received support and assistance.

The purpose of therapeutic counselling is to assist families to overcome challenges in relationships between family members and to bring about positive changes in the troubled relationship (McKeown 2000). A systemic or relational view on families (Chapter 2, section 2.4.5.1) highlights the importance of positive and sound interpersonal relationships in families. Relationship counselling could assist in facilitating both individual and family resilience (Blair 2003). Effective communication processes and sound relationships between the family members, through intervention in the form of relationship counselling, could assist the family to rebound.

CATEGORY 3.3.4 Mediation services, especially family group conferencing, should have as one of its goals the enhancement of family resilience

Mediation services can be defined as services that aim to assist two or more disputants in reaching an agreement (Framework on Mediation for Social Services Professionals mediating Family Matters 2012). Social workers stated the following on mediation as alternative dispute resolution option:

- One of the killing factors of families is divorces. We really need to try to find ways to strengthen the marriages prior to divorce. Mediation when there are family disputes can be a preventative action.
- Maybe the use of mediation services; someone from outside to come and address the financial issues that family is struggling with. Also for them to get a common goal.

Communication as a family process and one of the domains of family resilience can be regarded as the lubrication of family functioning and is thus a most important process in family functioning. Communication breakdown within relationships is a serious threat to family resilience and a risk factor that could lead to family disintegration (Moss 2010:158).

Mediation as an alternative dispute resolution method could assist in facilitating communication in cases of disagreement and family dispute. Mediators as impartial third parties, use appropriate techniques and skills to open and improve dialogue between disputants, aiming to assist the parties in reaching an agreement on the disputed matter (Framework on Mediation for Social Services Professionals mediating Family Matters 2012:17).

Various mediation options can be identified such as family group conferencing. Social workers value the family group conference as mediation option as indicated below:

- But if you include the whole family (during a family group conference) to understand what everything is about, they will know how to support each other to the benefit of all.
- And through the family conference you could address the different role players in the child's life and their responsibilities towards him.
- We (the social workers) agreed that a family group conference should be held by the social worker to iron out the relationship problems and misunderstanding and distrust between significant role players.

Family group conferencing as a mediation option can be effectively utilised by bringing together the child and significant others. The social worker would facilitate and resource an agreed upon development plan (such as parenting plans) and decisions that are consistent with securing and promoting the welfare of the child (Family Group Conference Forum 2011:34). Social workers suggest that family group conferencing assists in addressing crisis situations as it involves the protective processes of the family as a domain of family resilience.

SUB-THEME 3.4: SOCIAL WORKERS' SUGGESTIONS ON HOW PROTECTION AND STATUTORY SERVICES COULD BE UTILISED TO FOSTER AND SUSTAIN FAMILY RESILIENCE

Protection services through statutory intervention are aimed at legally safeguarding the well-being of individuals and families and protecting their rights. The legislative framework prescribes when and how to intervene through statutory services. This framework empowers designated people and/or institutions to take the required statutory action to protect the well-being of individuals in the social context of the family and community (Framework for Social Welfare Services 2013:35). Should early intervention services not be successful, statutory intervention maybe necessary.

Statutory interventions through court processes are not necessarily punitive measures but can be part of the intervention process to improve the conditions of the family. Conducting a family group conference as discussed in Category 3.3.4, could be made an order of the

Children's Court of the Child Justice Court as a protective process in keeping families together as far as possible (Children's Act 38 of 2005 (South Africa 2006); Child Justice Act 75 of 2008 (South Africa 2010)). Family mediation as intervention could assist family members to resolve conflict and misunderstanding and to cope for effective family functioning and the building of family resilience.

When however, the removal or restriction of a family member is deemed necessary, such a family is in serious crisis with the family not resilient and not able to rebound. This usually is due to the cumulative effect of risk factors or a pile-up of stressors. This effect then dominates the protective factors of the family leading to maladaptive outcomes (Rutter 1999:123). The statutory process usually involves the removal of a family member/s. The family of these family members has, after the removal process, their own physical and emotional experiences of the situation and crisis intervention is often necessary so as to enable the family to rebound from the challenging situation however, often at a lower level of reintegration than before.

Court intervention, when requested by family members, that will specifically impact on the organisational and belief system processes of the family and can be an act of taking control and the beginning of rebounding, depending on the challenges they are facing. In instances of domestic violence as described in the below situation, the wife approached the domestic violence court for intervention and a protection order was granted:

- I think part of their organisational processes was to get help. Getting the protection order that was the wife's way to protect her. The magistrate saw that they needed counselling and referred them for outside help.

Social workers realise that the safety of family members in families is paramount as the following excerpts indicate:

- The social worker must ensure that the family receives sufficient support to keep the family together and to protect the family members [and keep them safe].
- (Family resilience) refers to the capacity of the family or their defence mechanisms to keep their children safe. If the family cannot keep their children safe a statutory intervention would be necessary.

The early identification of families in need of protection services that could lead to statutory intervention is necessary. When the safety of a family member/s is jeopardised within the family setting (older persons, people with disabilities, especially children) a statutory process would be necessary.

Social workers realize that although the choices of families should be respected, some choices could lead to families going deeper into the social welfare system:

- Social workers need to respect the choices of families except when the child or vulnerable family member is in danger or if they (the family) are contravening the legislative framework.
- This is about a family that was referred to me by the domestic violence court. The wife asked for a protection order against her husband as she was very badly beaten by him.
- This was a high profile case about sexual abuse. The child was removed and put into foster care. In foster care the child reacted very positively.

When the removal of a family member is deemed necessary, action is taken by the formal welfare sector. In these cases the family fails to protect and act in the best interest of family members especially children. The family would then be subjected to court judgement that restricts their say in their own lives.

The removal of a family member/s through statutory intervention is usually very traumatic for the family especially as it could be viewed as a crisis to the family that would require adjustment and adaptation as part of the recovery process. That would lead to different levels of resilience reintegration. The resilience outcome that could be dysfunctional or maladaptive reintegration could be with appropriate interventions facilitate a new start to the family resilience process which will lead to higher levels of resilience reintegration outcomes (See chapter 2, section 2.5.2).

SUB-THEME 3.5: SOCIAL WORKERS' SUGGESTIONS ON HOW REUNIFICATION AND AFTER CARE SERVICES COULD BE UTILISED TO FOSTER AND SUSTAIN FAMILY RESILIENCE

A statutory process and the alternative placement of a family member/s bring a disruption and could even lead to the disintegration of the family. After such a placement, attention should be given to those aspects that necessitated the removal of the family members from the family environment and family support services on a preventative and early intervention level should be rendered to ensure that families can rebound and function effectively and that reunification can take place. During the time period that the family member/s is in alternative care the family needs to be assisted with interventions to stabilize and normalize the family situation.

After care services imply addressing the risk factors that led to the removal of the family members. This will require a change process of adjustment and adaptation for the family to restore equilibrium and balance. The change process will have to be repeated when the

reunification of the family member/s with the family takes place as this will again require that the family needs to adjust and adapt to the new circumstances.

Developmental social welfare services are family-focused and aim to strengthen the functioning of individuals within families and include services to reunify families. The reunification of a family member/s requires a process to ensure continuous contact between the family member/s and the family whilst services are also rendered to the family.

Aftercare services refer to family preservation services delivered to the family of origin to: (1) address the risk factors that necessitated the removal of the family member/s and (2) to assist the family in the transitional period after the removal, in order for the family to stabilize and enter into a reunification process after a period of separation. Services delivered at this level are aimed at integration and support to enhance self-reliance and promote well-functioning families i.e. to develop family resilience. The ultimate goal will be that families develop effective functioning and family resilience to be able to provide a safe environment for family members so to be reunified with the family. Services on this level are similar to services on the prevention and early intervention levels, so as to keep the family together (White Paper on Families 2013).

Reunification of family members includes adjustment and adaptation that the reintegration process requires. The family needs reunification and after care services as both the family member that is returning, and the family that the member returns to, could experience stress in readjusting and adapting to their new changed situation.

Reintegration services are similar to reunification. However, the processes differ. A person that was incarcerated is reintegrated in the family and community whilst reunification entails a process where the child or young person under supervision of a social worker is placed back in the care of the parents through a court order. Reintegration and reunification services are aimed at reintegrating and reunifying individuals and their families once interventions outside the home environment have been completed and terminated. These services are applicable to individuals who have been discharged from rehabilitation care facilities, alternative care and correctional facilities. The success of reintegration and aftercare services depends on the availability and willingness of families and communities to receive and support individuals who are being reintegrated (Framework for Social Welfare Services 2013:35).

The following story lines suggest that social workers realise that reunification with the family of origin and the reintegration of the family within the family and broader community can be

utilised in the process of fostering and sustaining family resilience for the well-being of families and their members:

- The child was removed and put in foster care. In foster care the child reacted very positively. But then there came a stage where she said “I want to go back to my mother”. But the mother’s situation was not very stable at that time, so we started with parental guidance and a process to [help] (put the mother on a pathway to a resilient reintegration outcome for) the mother to overcome the problems of the past and to cope with the situation with regard to her child and to prepare her to receive her daughter back. The child was then placed back into the mother’s care.
- I intervened by educating the mother and handling the placement. By also supporting the daughter and helping her to be safe during the subsequent reunification process.
- After the (statutory) intervention (process) (the father was committed to a rehabilitation centre and placed back with the family) the family was able to go on [to] (and) be self-reliant (indicating a level of family resilience).

Social workers suggest that the reunification and reintegration process is an opportunity to build family resilience. They indicated that social workers need to understand the difficulties and challenges the family is confronted with during and after the reintegration and reunification process.

Blair (2003:44) states that when a challenge exceeds family resources, the “pieces are broken apart like a dropped puzzle” and the family finds itself in a state of disintegration. Social work support services are necessary to ensure that the family can put the pieces together and rebound to an acceptable level of family functioning. Reintegration and reunification is about putting the pieces together again for a positive resilience reintegration outcome.

Walsh (2002:130) states that by “encouraging key processes for resilience, families can emerge stronger and more resourceful through their shared efforts”. The main focus of services at this level is that the family should be assisted to be able to bounce back to effective family functioning. In accordance with the Family Resilience Process model the families will be in Zone C in the crisis recovery process (Chapter 2, Diagram 2.4). Families should be assisted and strengthened to follow a pathway that could lead to a higher level of family reintegration.

DISCUSSION ON THEME 3

The DSD basket of services in the Framework for Social Welfare Services (2013) as adopted in the Norms and Standards for Services to Families (2012) and the White Paper on Families (2013), with specific types of services or interventions linked to it, was utilised

as framework for the discussion on suggestions of social workers on family resilience interventions in services to families. Social workers linked family resilience interventions that foster or sustain family resilience with the different various services offered in the DSD basket of services to families.

One of the key findings of this section is that services to families need to have a focus on relationships within the family and relationships with the extended family, community and broader society (See Chapter 4, section 1.1.1 and Chapter 2, section 2.4.5.3).

Social workers made suggestions on how family resilience can be enhanced within each level of the basket of services.

Services on a preventative level (3.1) have a dual purpose. On the one hand these services should broaden the knowledge base of family members on family resilience and the functioning of families and on the other hand the knowledge should empower families to make use of it when confronted with adversities, challenges or risk factors. This goes hand in hand with self-awareness or self-knowledge, as well as skills development, so as to be able to contribute as individual family member to the resilience of the family.

In rendering support services to families (3.2), social workers stress the importance of support on all levels (individual support, family support and community support) to strengthen protective factors that would assist in the optimal functioning of families. Networking with support systems and family resources is an important function of social workers in the rendering of family preservation services for enhancing family resilience.

Early identification of those families in need of therapeutic and mediation services (3.3) are important. Families at risk, families in crisis and families in transition require additional support to restore their family functioning and balance and normalise their family situation.

Statutory and protection services (3.4) should be rendered when the protection processes of families are compromised (risk factors overpower the protective factors). When the safety of family members is at imminent risk, statutory intervention should follow which could be the first step in the crisis recovery process.

Reunification and after care services (3.5) offer opportunities for interventions to foster family resilience. After the statutory intervention, it would be necessary to start with the family reunification if possible. Prevention, support and therapeutic services could address the risk factors that necessitated the removal of family members to ensure the reunification of the family member and for family to bounce back and be resilient. Reintegration services (after incarceration or the rehabilitation of a family member) follow a similar process of

intervention but special emphasis must be placed also on the reintegration of the family member into the community. This was indicated by literature and not by the social workers (Framework for Social Welfare Services 2013:35; White Paper on Families 2013).

Knowledge about the family resilience construct and on how family resilience operates (Chapter 2) is applicable on all levels of the service delivery processes and plays a role in each service rendered, taking the basket of services into consideration. All of the suggestions in theme 3 are supported by family resilience literature given the suggestions a sound research base. In addition, the suggestions are practical and can be easily being incorporated into “The Guidelines”.

THEME 4 SOCIAL WORKERS’ EXPERIENCE AND ANTICIPATION OF ENABLING FACTORS AND OBSTACLES IN FAMILY PRESERVATION SERVICES THAT ALSO APPLY TO FOSTERING AND SUSTAINING FAMILY RESILIENCE

There are common factors that influence the effectiveness of all social work interventions. Four common factors are client characteristics, therapist-client relationship, client hopefulness and therapeutic techniques (McKeown 2000).

Social workers were requested to share their experience of, as well as their anticipation of enabling factors and obstacles in family preservation services that also apply to interventions fostering and sustaining family resilience.

This theme consists of two sub-themes namely:

- Enabling factors in services to foster and sustain family resilience
- Obstacles to services to foster and sustain family resilience

SUB-THEME 4.1 ENABLING FACTORS IN SERVICES TO FOSTER AND SUSTAIN FAMILY RESILIENCE

The sub-theme is divided into the following categories:

- Enabling factors within the family
- Enabling factors in the social workers
- Enabling factors for sustaining and fostering family resilience within the social work intervention process

CATEGORY 4.1.1 Enabling factors within the family

The category is divided into the following sub-categories namely:

- Families/clients are willing to be educated on coping mechanisms and give their cooperation during the social work intervention process
- Clients/families are not dependent on the service provider, but believe that with the assistance of the social work interventions they will be able to be self-determined
- Flexibility and inclination of the family

Sub-category 4.1.1.1 Families/clients are willing to be educated on coping mechanisms and give their cooperation during the social work intervention process

Social workers' experiences were the following:

- The willingness of families to be capacitated on various things (such as) parenting skills, conflict resolution, how to handle a difficult child whose behaviour you cannot understand and a disabled child, is important in many ways. There are crises in those families and if they could be taught how to effectively handle these situations you would be able to empower (the family) and [this] build family resilience.
- An enabling factor will be the willingness of the clients to participate in the intervention. You will not always immediately get their buy-in.
- To foster the development of family resilience is not enough. You need to be sure that resilience in families is sustained. Interventions should ensure that the family will have the (coping) skills and the knowledge to deal with family challenges in order to overcome the challenges and be resilient.

Social workers realise that to capacitate families on family resilience, they need the willingness of families to be capacitated; also that the buy-in of families into the process is not always immediate.

Fostering social change is a sequential education process. To educate families on coping mechanisms that foster resilience requires programmes which both alter perceptions of risk and foster protective behaviour (*Education for Resilience 2003*).

As it is in the case of a new model for emergency risk management that requires that the community is seen as active participants in its own safety, rather than passive recipients of services, education on coping skills should be a two-way education process focussing on prevention, as well as intervention (*Education for Resilience 2003*). Improving family skills to cope with adverse situations through capacity building is thus a process and cannot be a once-off event. To foster family resilience is not enough. Families need to sustain their level of resilience.

Sub-category 4.1.1.2 Clients/families are not dependent on the service provider, but believe that with the assistance of the social work interventions they will be able to be self-determined

When the social worker honours the right of the clients/families to self-determination, the social worker makes the clients/families aware of different alternatives to allow them making own decisions that would prevent dependency on the social worker and effect personal and family growth of the clients/families (Nicholas, Rautenbach & Maistry 2010:237).

The following storylines confirm this:

- If we are thinking of the family and the social worker, it is necessary to urge the family to take on their own responsibility and not to be dependent on the social welfare system.
- We need to ensure that our clients are self-determined and do not get dependent on us. They must be empowered to believe that they would be able to go on (without us).

The mission statement of the White Paper on Families (2013:9) states that “activities, programmes, projects and plans need to be undertaken to promote, support and nourish well-functioning families that are loving, peaceful, safe, stable and economically self-sustaining and that these activities, programmes, projects and plans also should assist families to provide care and physical, emotional, psychological, financial, spiritual and intellectual support to their members”.

For social workers to achieve the above-mentioned, families should be assisted to become less reliant on service providers but to take own (or shared) responsibility for their lives and develop problem-solving (coping) skills to achieve increasing self-reliance. Social workers recognise that a tendency in clients not to be dependent is an enabling factor in fostering and sustaining family resilience. Self-reliance is a characteristic of resilience. Temporary dependence to deal with a crisis may occur but social workers should keep the end-outcome of families to be self-reliant and resilience in mind (Generic Norms and Standards for Social Welfare Services [sa]).

Sub-category 4.1.1.3 Flexibility and inclination of the family to succeed

Social workers stated that their experiences are that:

- People are inclined towards succeeding; making the best of their lives, hence every time a person experiences a problem [sometime] they either cry or talk to someone to get a solution to the problem. I think it is the nature of a human being to always want to be at a level that you function normally.



- But if we are able to make our families more resilient and be more flexible, then hopefully we will have happier families. We will have families that would be better equipped to play the role that they are required to play.
- Sometimes we as a family will have to be flexible and compromise. Maybe my idea which is important to me is not as important to the other family members.

The social workers were of the opinion that it is the inclination of the family to make the best of their lives but that the family needs to be flexible to change as they strive to “normalise” the situation.

There is a demand on families to adapt to change on a daily basis but also when there is a serious crisis or challenge that the family has to face. Flexibility will assist the families that need to buffer and counterbalance disruptive changes, to restore stability (Chapter 2, section 2.5.3).

Flexibility in terms of resilience can be defined as the individual’s or family’s ability to adapt or change its roles, rules and power structure in the face of situational or developmental stress and has a “curvilinear relationship” with family functioning and involves adaptive change (Olson & Gorall cited by Openshaw 2011:29). Adaptability as core process of family resilience and domain of family resilience is the ability of the family to be flexible enough to rebound or bounce forward as families would need to find “another normal” after the adaptation process in meeting new challenges (Walsh 2012:410). Without flexibility, the adaptability process would nearly be impossible and would it give way to maladaptation and families to be less resilient.

CATEGORY 4.1.2 Enabling factors in the social workers

The category is divided into the following sub-categories namely:

- Flexibility of the social worker
- The social worker adheres to a multi-disciplinary service delivery approach
- The social worker either handles the cases or refers when appropriate
- The social worker builds and establishes a sound service-provider client relationship, honours the social work principles and allows the beneficiaries the scope to take control of their own situation
- Social workers realise the importance of being knowledgeable on families and family resilience

Sub-category 4.1.2.1 Flexibility of the social worker

The following storylines attest to this:

- An enabling factor in rolling out a programme that will foster and sustain family resilience will be that not only the family but also the service provider should be flexible to be able to listen carefully to the needs of the family.
- It is not what the social worker wants it is what the family wants and how best things can work out for the family.
- I think it is one of the biggest responsibilities of social workers to be flexible in assisting families to cope.

Social workers emphasised the importance of the social worker to be flexible in her approach to the family who requires family resilience intervention. This process will provide the social worker with the opportunity to listen and plan with the family and be flexible enough not to impose preconceived ideas on the family (Bromfield, Sutherland & Parker 2012).

Sub-category 4.1.2.2 The social worker adheres to a multi-disciplinary service delivery approach

The following storylines affirm this:

- When working in a team, each one is bringing his/her expertise to the table.
- When working in a team there must also be the coordinator, which most often is the social worker. In rendering a family resilience intervention, the role players could be the family, the caregiver, a volunteer, the social worker and/or a psychologist.
- The social worker needs to understand the impact and influence that she has on the family and needs to identify the other role players such as the teacher, the police or health officers that could assist in addressing the needs of the family. So she needs to know her resources.

Working in a multi-disciplinary team embracing a collaborative approach to social services, would contribute to holistic service rendering that develops family resilience (Chapter 2, section 2.2.2.3). Due to the diversity of the family and the diverse needs of families, social workers that do not adhere to the collaborative approach would not be able to address all the needs of the family. For effective services to families the Manual on Family Preservation Services (2015:51) promotes a collaborative approach to service delivery where services are rendered in a holistic and integrated manner. An indigenous model is advocated as that also refers to the family as surrounded by its close support networks, embedded in the safety net of the community and broader society (the ecological approach) within which additional role players could be identified. The support systems to be found on the different

levels namely micro, mezzo and macro level will act as the protective factors of the family that will come to play to mitigate the risk factors that the family would be confronted.

Sub-Category 4.1.2.3. The social worker either handles the cases or refers when appropriate

The following story lines attest to this:

- If you as social worker are not capable to assist a family in certain aspects, you need to refer the family to someone who would be able to assist such a family.
- When the social worker would be able to get the people to admit that, for example this problem of my father drinking had an influence on my school work. She would then be able to bring in different experts or refer to specialised agencies.

The importance of an effective referral system should be emphasised. Referral should take place when there is a need for other role players to be brought on board the multi-disciplinary team or should the family need to be referred to the most appropriate service provider. Referral is important to ensure the continuity of the service delivery process (Framework for Social Welfare Services 2013:38).

When referral of families does not take place when necessary, such a social worker would be directly responsible for the family “to fall through the cracks”. Considering the family resilience process, when the family cannot rebound despite services rendered to them, it should indicate to the social worker that a referral of the family may be necessary to change focus and include other domains of family resilience, so as to set the family on a different pathway to a resilience reintegration outcome (Chapter 2, section 2.5.2).

Sub-category 4.1.2.4 The social worker builds and establishes a sound service-provider/client relationship, honours the social work principles and allows the beneficiaries the scope to take control of their own situation

The following storyline support this:

- You have to establish a working relationship with your client family, and it must be a trusting relationship. If they do not trust you it will be very difficult for you to really assist that family.
- I think I was just a soundboard for them. Both of them were very honest with me and it was easier for them to open up to me. What changed was for them to consider other alternatives than the way they always operated and their willingness to explore (other options).

Social workers stated that according to their experience, the establishment of an honest exchange of information is dependent on establishing as much trust and rapport as possible

with the family. In order to establish this relationship of trust, social service professionals need to honour the social work principles, respect the dignity and worth of individuals, families, groups and communities and strive towards providing quality services (SACSSP [sa]:5; Manual on Family Preservation Services 2015:81).

Sub-category 4.1.2.5 Social workers realise the importance of being knowledgeable on families and family resilience

The following storylines demonstrate this:

- I think that the first need will be that in social work training [some] time should be allocated to enhance the understanding of social workers on family resilience; that they would have a good understanding of how it could be fostered and how it could be sustained in families, being a family member themselves.
- I think that even social workers need to adapt to the changes in families – those new family forms (thinking of their own family structure as well). I think that social workers, despite also being family members, need to be objective and focus and support families to grow and really be resilient.

Social workers therefore, realise the importance of good knowledge of families and family resilience, supporting the statement resilience is based on an understanding of “family” as a key concept (Chapter2, section 2.4.5).

In the storylines, social workers see the need for objectivity when rendering services to families. Unger et al (cited in Lebow 2012:160) alerts, however, social workers to the fact that they are family members themselves, and should they be aware that their objectivity could be compromised. Thus special attention must be paid by social workers to keep their objectivity when rendering services to foster and sustain family resilience.

CATEGORY 4.1.3 Enabling factors for sustaining and fostering family resilience within the social work intervention process

The category is divided into the following sub-categories namely:

- Social workers embrace the importance and value of families
- The social worker networks with supportive resources
- The social worker work according to a strengths-based approach and not a deficit approach
- The social worker ensures that the family participates actively in the whole service delivery process
- The social worker has a solid background in the legislative prescripts of family law
- The social worker honours the culture and beliefs of the client family

Sub-category 4.1.3.1 Social workers embrace the importance and value of families

As explained in Chapter 2, family resilience is based on a specific view on families and family resilience. The following storylines attest to this:

- Social workers must recognise the importance of the family. Also the realization of the potential of the family.
- I think that if social workers understand what is going on in normal family life, they will also better understand the necessity of good coping mechanisms in families for the protection of children and for family resilience.

From the social workers' experiences, they appreciate the need to understand the importance and value of the family to its family members, the community and broader society and the impact of the challenges that the family have to face have on family functioning. From the social worker's experiences they also appreciate the need to understand the process of family resilience in order to assist the family to foster and sustain family resilience.

McCubbin et al (cited in Openshaw 2011:18) states that families have patterns and ways of functioning to protect the family during transition and change and to foster growth and development in all family members throughout the family life cycle. Through understanding the importance and value of families social workers would be able to identify the coping mechanisms of the family, when these are ineffective and when other coping mechanisms should be put into play (Chapter 2, section 2.3).

Sub-category 4.1.3.2 The social worker networks with supportive resources

The following storylines emphasis the important role that social workers play in strengthening the family through linking them with supportive resources:

- The social worker gives recognition to the importance of a support network for the family.
- Social workers need to clearly establish how families with support systems function and how it impacts on the family. Also what type of services families need within specific communities and how to involve community members as volunteers.

There is evidence for family support as a protective factor when the distribution of outcomes in the general population of adolescents was investigated (Hetherington & Blechman 1996:127). The social worker that links families with supportive resources contributes to building of the protective factors of families and family resilience.

Sub-category 4.1.3.3 The social worker works according to a strengths-based approach and not a deficit approach

The following storylines refer to social workers' experiences in portraying a strengths-based approach in rendering services to families.

- You need to consider the potential of the family. Their strengths and their ability to overcome challenges and adversities.
- If you consider the potential of the family, you must also in the back of your mind consider that you might find the capacity there, even though at that moment it lies on their unconscious level. Through your intervention, you would assist them to become aware that they have that capacity.
- The social worker to draw on the strengths of the family to address the risk factors.

Rendering family preservation services as well as family resilience interventions requires a paradigm shift from a deficit approach to a strengths-based approach which implies, without ignoring the risk factors the family is confronted with, a focus on the strengths and protective factors within the individual family members, the family and community (Manual on Family Preservation 2015:31). This approach embraces the family resilience construct as described in Chapter 2, section 2.4.

Sub-category 4.1.3.4 The social worker ensures that the family participates actively in the whole service delivery process

The following excerpts show the importance of family participation (participation by all family members) throughout the social service delivery process as has been explained in the Framework for Social Welfare Services (2013:39) to ensure the whole family's buy-in:

- Social workers should ensure that they involve the whole family and that they not just talk to the mother or the father and then assume that they know how the family functions.
- Social workers are not there to resolve problems for families but need to allow them to participate and explain how they see the problem, and how they see the solution to the problem and to explain what they would want as a solution which forms part of the family developmental assessment. This naturally could vastly differ from what the social worker sees as a solution to the family problem.
- So after the assessment you will then develop a plan. I believe in the development of a plan you need to go back to the family so that at all times the family must be part of the implementation process.

Family participation in the social service delivery process is important. The family needs to be participating in the family development assessment, the family developmental plan and the implementation thereof.

Sub-category 4.1.3.5 The social worker has a solid background in the legislative prescripts of family law

The social workers experiences are that the legislative prescripts need to be used instead of imposing value judgements on the client families:

- We need to respect the choices families make except when the child is in danger or if they are contravening the legislative framework.
- You (as social worker) need to move in there with a lot of humility. You cannot just come in with a statutory mandate without acknowledging the culture (of the family) and your (own) understanding of such culture. You must be humble. When you are moving in you should be appreciative of the things that they are doing so they will see that you [are] acknowledge them and what they are doing, even if there are challenges there.
- Social workers need to be trained on the legislative framework of the country. Just because you are a social worker does not mean you have all the knowledge.

Social workers realise that they need to know when families are contravening the law and therefore that they need to have a sound knowledge base on the legislative framework that guides day to day living in South Africa. The Manual on Family Preservation Services (2015:23) states that it is important to contextualise family preservation as an approach within the legislative framework that exists in South Africa as well as the international instruments to which South Africa has been a signatory. Family law is collectively, those “laws dealing with matters that significantly impact on family relationships particularly adoption, divorce, care and contact and abuse” (Webster’s New World Law Dictionary 2010, vs “family law”).

Sub-category 4.1.3.6 The social worker honours the culture and beliefs of the client family

Social workers realise that it is good practice to honour the culture and beliefs of client families as the following excerpts indicate:

- The best way to overcome obstacles will be your attitude and the way you will approach families from other cultures. You should know the culture. In my culture I know that if I need to go to the chief I need to approach him in a certain way. It will show that I do understand the culture.
- You need to move in there with a lot of humility. You cannot just come in with a statutory mandate without acknowledging the culture and your understanding of the culture. You must be humble.
- Addressing language barriers, especially in rural areas, will be seen as a sign of respect. Language is not only what you say, it is how you dress as well.

Social workers should have cultural knowledge and understanding. Showing respect for different cultures would enhance the service delivery process. Furthermore, social workers should, as far as possible, try to address language barriers that could exist between service provider and service recipient when rendering services. The relationship between language

and culture is deeply rooted. Language is used to maintain and convey culture and cultural ties (Webb 2010). Language and dress-code are aspects of culture that should be consciously addressed by the social worker. Although it is not always possible to speak the language of the family, respecting their cultural belief and rituals will assist in building a trusting therapeutic relationship. Respect for cultural differences as one of the principles for social service rendering will assist in effectively implementing a family resilience intervention.

SUB-THEME 4.2 OBSTACLES TO RENDERING SERVICES THAT ALSO APPLY TO FOSTERING AND SUSTAINING FAMILY RESILIENCE

According to Nhedz and Makofane (2015), seven barriers impact on the ability of social workers to render effective family preservation services namely: a lack of specialised services, lack of clear guidelines and training for social workers, insufficient funding and organisational resources, high caseloads and low salaries, lack of supportive services for social workers, political agendas and lack of inter-organisational cooperation. An intervention to foster and sustain family resilience will thus be subjected to the same barriers as have been mentioned.

The sub-theme is divided into the following categories:

- Infrastructure and resource limitations in the social welfare fraternity that also apply to rendering family resilience services
- Limitations in community infrastructure and resources in fostering and sustaining family resilience
- Cultural practices and beliefs of the family that are harmful, are not in the best interest of the family members and are contravening the legislative framework of the country

CATEGORY 4.2.1 Infrastructure and resource limitations in the social welfare fraternity that also apply to rendering family resilience services

Social workers illustrated this point as follows:

- We (as social workers) have to deal with so many clients, we do not have the resources and the time to roll-out such programmes.
- I just want to add on about our practical problems. As she was saying we will have 150 clients and then we have only one car.
- You cannot visit your clients on time if you do not have resources available.

Two main issues with regard to social workers' working conditions that would impact on their ability to render services to foster and sustain family resilience would be the high caseload of social workers' and the lack of departmental and organisational infrastructure and resources, like transport.

CATEGORY 4.2.2 Limitations in community infrastructure and resources in fostering and sustaining family resilience

The following storylines highlight the importance of community infrastructure and accessible resources within the community for social workers to deliver social welfare services that also applies to fostering and sustaining family resilience.

- So if you want to make a difference to families you must make sure that people have access to resources within the community.
- I have a problem with resources. If you teach the family to sustain its resilience it will take resources that we do not always have.
- The safety issues within communities must be addressed so that family members feel safe when utilising the community resources available.

For social workers to render effective services to families, families need to be able to be referred to accessible services and resources within the community (eg clinic, hospital, home affairs, educational and recreational institutions). There need to be various service providers as the needs of families are diverse and no single service provider could address the needs of all families (Manual on Family Preservation 2015). Referring to the South African situation, Bak, Sewpaul and Holscher (cited in Nhedz & Makofane 2015) state that there are insufficient resources in communities which are a major challenge to social workers who are working in these under-served, poverty-stricken communities. (Nhed & Makofane 2015). A compounding challenge was identified by one of the social workers when she indicated that resources could well be available in communities for families to utilise, but that unsafe communities pose a challenge to families to access available resources and therefore impact on their level of resilience.

CATEGORY 4.2.3 Cultural practices and beliefs of the family that are harmful, are not in the best interest of the family members and are contravening the legislative framework of the country

Culture, by definition, is the sum total of knowledge passed on from generation to generation within a given society and provides meaningful systems as it structures cognitive reality to a group or society (D'Andrade cited in McCubbin & McCubbin 2005:40). Beliefs and

practices related to culture and value systems may offer challenges for social workers when rendering services to families as indicated in the storylines below:

- You can have close family structures where they do not easily let people from outside come into the family setting – this could also be a cultural thing because for example Indian people are very close. We also see that in Indian families, the moment when the boy becomes of high school age, he becomes more important than the mother. And this could create lots of problems.
- I was saying ethnic groups. There are differences more than just culture. It is about rituals, etc that differ, that you should understand as a service provider. Culture is so strong.
- Ethnicity is not easy to deal with. The one (partner) has more powers than the other which creates power imbalances. Normally if you are Tswana speaking and married to a Pedi or a Zulu husband, eventually you have to submit to that culture.

Culture and ethnic identity influence the response of families to trauma and adversity and thus impact on the family resilience processes. What social workers could perceive as resistance to service delivery could be cultural issues that require the understanding of the social worker in dealing with the family in an effort to bring about change. However, the social worker should never contravene the legislative framework of the country due to cultural preferences and practices. A social worker from the same culture could experience difficulty in being objective and applying legislation that is opposed to her own cultural practices. Social workers not from the same culture could be judgemental in dealing with cultural situations that are opposed to the legislation of the country (Chapter 1, section 1.3; Chapter 5, section 4.1.3.5 and 4.1.3.6).

DISCUSSION ON THEME 4

Social workers, from their experience in rendering services to families, anticipate enabling factors and obstacles in fostering and sustaining families through family resilience interventions. Suggestions of enabling factors and the most important obstacles that would have a direct impact on a family resilience intervention were mentioned.

Families lacking certain coping skills need to be taught these skills in order to address critical issues. Educating families coping skills is a process as it requires that families need to make changes to how they think and react which differs from their past responses. This is a two way process as it should be offered on a preventative and on an intervention level in order to foster and sustain family resilience.

The educational process will have the purpose of empowering families to take on their responsibilities without being dependent on the social worker. Dependency of the family on the service provider rendering services to them is disempowering and therefore an obstacle

to successful social work intervention as one of the goals of family resilience interventions is to lead the family to independence and self-reliance.

Flexibility and the inclination of families to better their lives should be used as an enabling factor in a family resilience intervention. Should the family not be able to embark upon the change process of family resilience, social workers should assist the family to adjust and adapt for them to be able to rebound from adversities.

Family resilience demands that families adapt to change not only on a daily basis but also when there are serious crises or challenges families have to face. Social workers need to understand the family and the impact of these challenges on the family and how important it would be for both the family and the social worker during the intervention process to be flexible. It is necessary for the family to adjust to the changes that are necessary to regain balance, and for the social worker not to impose her ideas on the family.

The needs of families are diverse and not only one service provider can address these needs. To ensure that services are rendered in a collaborative, holistic, integrated manner, services are rendered through a multi-disciplinary approach. This implies a team approach and most often the social worker is the coordinator and has a monitoring function to ensure that service providers involved are clear on their roles and responsibilities. If a service provider is unable to render the necessary service, referral to the most appropriate services is of utmost importance.

Building a sound client-social worker relationship entails focussing on all the enablers and obstacles which could directly impact on the success of the family resilience intervention. The social worker has to listen and assist the family through the adaptation process that family resilience requires. In order to rebound from adversity families need coping skills to do so. The social worker should thus recognise the importance of family life but also the prescripts in family law that guide the day to day living of families.

Social workers should have a strengths-based approach to families, recognising not only the risks but also the strengths and protective factors of the family, as well as their culture and beliefs and language preferences.

Enabling factors in social service delivery are that families be willing to participate in the social work delivery process and willingness to trust the social worker and their active participation in the intervention process. Social work interventions including family resilience interventions should be rendered from a strengths perspective.

The social worker should utilise the family-service provider relationship to establish trust and rapport between her as service provider and client family. This relationship becomes the tool to be used to bring about change. Social workers need to be knowledgeable on the legislative framework that guides the day to day living of families. Skilled social workers are able to use the information to the benefit of their clients without imposing their views on the family. Through ensuring that the family is linked with family resources families are empowered and motivated to participate in the service delivery process as they would believe that the intervention process will better their lives.

Obstacles in rendering family resilience interventions could be a lack of, or a lack of access to community resources and infrastructure, in part due to unsafe communities, which also negatively impact on the community protective factors of the families. To render effective services in accordance with the needs of the family, community resources need to be available to address these needs.

Cultural and ethnic orientations of families and social workers can be obstacles in family resilience interventions as family resilience requires a change process of adjustment and adaptation which could be hampered by cultural beliefs and value systems. Social workers should at all times take the cultural and ethnic identity of the family into consideration when rendering services to foster and sustain family resilience. Social workers should be aware of and deal with possible cultural oriented prejudices when implementing family resilience interventions.

Including all the above mentioned enabling factors and obstacles in the guidelines would assist social workers in rendering an appropriate family resilience intervention taking these factors into consideration.

THEME 5 SOCIAL WORKERS' EXPLICIT AND IMPLIED SUGGESTIONS ON THE ELEMENTS FOR A FAMILY RESILIENCE INTERVENTION TO BE INCLUDED IN "THE GUIDELINES"

Social workers were asked to make suggestions on the elements that should be included in a family resilience intervention and should be included in "The Guidelines". Some suggestions were only implied in the storylines and other discussions during the interviews.

The theme is divided into the following sub-themes namely:

- Existing legislation that impacts on families must be included to form the foundation of fostering and sustaining family resilience
- Family resilience interventions should have a clear theoretical framework

- Family preservation services that include family resilience interventions must, as first option, have a preventative focus and as last option statutory intervention
- Individual resilience should be utilised in fostering and sustaining family resilience
- Family resilience interventions should be developed, based on the domains of family resilience
- Family resilience interventions should be developed, around the families' strengths protective factors and resources
- A family resilience intervention should keep the risk factors of the family in consideration
- When appropriate, prior learning from crises overcome in the past should be drawn upon during the family resilience intervention

SUB-THEME 5.1 EXISTING LEGISLATION THAT IMPACTS ON FAMILIES MUST BE INCLUDED TO FORM THE FOUNDATION OF FOSTERING AND SUSTAINING FAMILY RESILIENCE

Social workers, informed by their social work background, confirmed and suggested that the following be included in "The Guidelines":

- What guides the service delivery process is legislation such as the Children's Act and all the other Acts and policies as well.
- Even in the Children's Act the purpose is clearly put as preserving the families to make them resilient.

These storylines are supported by the fact that the overarching legislative framework that guides the implementation of South Africa's policies and legislation is the Constitution of the Republic of South Africa (1996). The legislative framework has to guide all services to families that include family resilience interventions.

In addition to the Constitution, the White Paper on Families (2013) provides policy directives to services to families and its members.

SUB-THEME 5.2 FAMILY RESILIENCE INTERVENTIONS SHOULD HAVE A CLEAR THEORETICAL FRAMEWORK

As indicated in chapter 1, section 1.3, a theoretical framework serves as a frame of reference that includes theories, legislation, policies, approaches and principles as well as intervention models that are a basis for observations, definitions of concepts, research designs, interpretations and generalisations (Lobiondo-Wood & Haber cited in *Theoretical Framework* [sa]).

The sub–theme is divided into the following categories:

- The theoretical framework should be well integrated into “The Guidelines” to enable social workers to base their intervention on sound theory
- Specific social work approaches to be included into “The Guidelines”
- Specific intervention models in social work applicable to family resilience interventions to be included in “The Guidelines”
- Specific views on families to be included into “The Guidelines”

CATEGORY 5.2.1 The theoretical framework should be well integrated into “The Guidelines” to enable social workers to base their intervention on sound theory

Social workers clearly stipulated the following:

- “The guidelines” will have to cover the theoretical framework because it is one of the things that I discovered in my work – that social workers are detached from the theory of social work.
- There are a number of issues that impact on social workers and social work service delivery. To cover the theoretical framework in the guidelines will assist social workers. Another aspect could be that social workers struggle to translate theory into practice.
- The document could assist in translating theory into practice especially for newly graduated social workers. It would be very helpful.

Social workers suggest and agree that a family resilience intervention should be guided by a theoretical framework and that it should be included into “The Guidelines”. All Guidelines developed by the Department of Social Development include a theoretical framework as example such as the “Guidelines for the Prevention of and Response to Child Exploitation (2015).

CATEGORY 5.2.2 Specific social work approaches to be included into “The Guidelines”

In answer to the question “what kind of theoretical framework will you need to consider in rendering family resilience interventions?” social workers suggested various approaches for inclusion in the theoretical framework.

In chapter 2 the category is divided into two sections. The first is approaches to enhance the understanding of “family”, “family members” and “family resilience” and the second, is approaches to social work service delivery (Chapter 2, section 2.2).

Social workers considered the following approaches to be taken into consideration:

Sub-category 5.2.2.1 Developmental approach

The developmental approach has been discussed in chapter 2. Social workers suggest the following:

- Services to address family resilience should have a developmental approach. Take into consideration that the family and every family member are in a different life stage.
- The development approach shows how humans transit through the different developmental stages, how you deal with the challenges that each stage poses and also certain expectations that individuals have in certain stages. That approach will assist you as social worker to make a thorough assessment.
- The developmental approach will ensure your services are appropriate. You want them to develop and be empowered with the new skills and abilities and coping mechanisms and communication skills for improved individual and family resilience.

Social workers highlight in the storylines two meanings or interpretations to the developmental approach namely that the services they render should be developmental in nature and secondly that the life stages and the developmental phases of individual family members should be taken into consideration so to render appropriate services to families.

The approach recognises that families require a range of supportive services in order to promote family life and development (White Paper on Families 2013:37). Walsh (2003:3) states that a developmental perspective (referring to life stages) is essential in understanding and fostering family resilience. The impact of a crisis event may vary in relation to its timing in individual and family life-cycle passage. How families would react on services will depend on their willingness to do what they need to do.

Sub-category 5.2.2.2 Integrated collaborative approach/ multi-disciplinary team approach

This approach has been discussed in Chapter 2. The following storylines attest to it:

- I believe in a multi-disciplinary team approach when rendering family preservation services. We must realise it is not only about social work issues but that there are also other issues in the family that need to be dealt with.
- During the development of the plan you should share with relevant service providers what the assessment of the family revealed. I believe that you need to have a multi-disciplinary approach to address the needs of the family and strengthen family resilience.
- So I would say that the linkages for the social worker in these guidelines will be to have a collaborative approach to clearly establish how everything impacts on one another and what type of services are needed within specific communities and how to involve your volunteers in strengthening the support systems of the family during a family resilience intervention.

The implementation of the White Paper on Families (2013:44) depends on a sound intersectoral and interdepartmental system and mechanism which would facilitate the translation of the aims and objectives of the White Paper into actual programmes, delivered to different families by different stakeholders.

The Collaborative Model used in family preservation reflects the integrated approach whereby service providers should provide a comprehensive and holistic service to families. It also refers to the family as surrounded by its close support networks, embedded in the safety net of the community and broader society. The provision of effective family preservation services that includes family resilience interventions calls for professional collective behaviour (Manual on Family Preservation 2015:52).

Sub-category 5.2.2.3 Client- or person-centred approach

The client-centred or person-centred approach was not discussed in chapter 2 as the approach targets individual family members.

Social workers suggest the following:

- Person-centred approach. Every family member is different from the other so the focus should also be different. You cannot treat one case exactly as the other.
- Also the person-centred (approach), because it is also about the individual resilience of family members that must be strengthened and developed. You need to take into account what the impact of the family resilience processes are on the individual family members within the family.
- The client-centred (person-centred) approach, to discover how individual family members identify themselves.

Social workers suggest that a client or person-centred approach should be used in rendering a family resilience intervention addressing the specific needs and resilience of an individual family member as a strong link between individual resilience and family resilience has been established (Chapter 2, sections 2.4.3.1; 2.4.5.3).

The person-centred/client-centred approach is based on the theory and philosophy of Carl Rogers. It is a non-directive counselling approach that requires the client to take an active role in his or her treatment. The client determines the course and direction of the treatment, while the therapist clarifies the client's responses to promote self-understanding. Self-actualisation and self-determination are important concepts for the client- persons-centred approach which advocates for the belief in the potential of others and their ability to make the own right choices (*Client-centred therapy by Rogers: Techniques and definition* 2003).

It is the suggestion of the social workers to include the approach in “The Guidelines” as individual resilience of family members, or the lack thereof, could either be a risk factor or protective factor of the family and should thus be fostered and sustained.

Sub-category 5.2.2.4 Maslow’s Hierarchy of Needs

A theory or approach that was also not included in Chapter 2, was Maslow’s Hierarchy of Needs. The following storylines refers indirectly to Maslow’s Hierarchy of Needs:

- It is important to always go where the client is, so if the biggest need of the family is food, do not try to work on the communication.
- Start where the family is and address the basic needs first. I do not think the family can be resilient if the basic needs are not been addressed.
- So if you want to strengthen the family, start with the basics (needs). So keep Maslow’s Hierarchy of needs in mind. People will not even talk to you about (the) [more] higher levels [issues] of needs if the basics are not in place.

Maslow’s Hierarchy of Needs is a motivational theory in psychology that argues that while people aim to meet basic needs, they seek to meet higher needs (*Maslow’s Hierarchy of Needs* [sa]).

The social workers suggest that addressing the basic needs of the family will assist in later being able to address other challenges as well such as a lack of communication skills and conflict resolution skills. Family resilience literature does not include referencing to Maslow’s Hierarchy of Needs and are these storylines thus a new idea for inclusion in “the Guidelines”. The storylines of research participants clearly suggest that should you as service provider wants to strengthen families and improve family resilience you first have to start addressing the basic needs of the family.

Sub-category 5.2.2.5 Family systems approach

Social workers suggest that the family systems approach should be included:

- The family systems approach as the family is a system containing sub-systems.
- In a family system there are subsystems so if one of the sub-systems is not functioning accordingly the whole system would not function optimally. We have open and close systems.
- The family systems approach – you are not only going to consider the individuals but the whole family unit.

Social workers are aware of the interconnectedness of the family as system and its family members as sub-systems.

The importance of the family systems approach for family resilience is discussed in Chapter 2, section 2.2.1.4. Baker (cited in the White Paper on Families 2013:34,36) states that the family is viewed as a social system because its members are interdependent and any change in the behaviour of one member will affect the behaviour of others and lays the foundation for an integrated approach to service delivery.

Sub-category 5.2.2.6 Ecological approach

The following story lines attest to the inclusion of the ecological approach:

- ecological systems theory should be use in a family resilience intervention The ecological approach, where you also include (consider) the environment
- If we do an evaluation on how the family functions we need to follow the ecological approach which will put [those] things into perspective because it is the individual within the family within the community. (All these systems) [So those] have an impact on one another.

An ecological approach as described by Pardeck (2015:133), confirms what was discussed in Chapter 2, section 2.2.1.4(b), namely that the individual is in continuous interaction with their environment and the adaptive balance with a “goodness-of-fit” between the two. The individual functions in more than one ecosystem - the self, family neighbourhood and the community.

Sub-category 5.2.2.7 Strengths-based approach

The following storylines link the strengths-based approach to the social work service delivery process:

- Strengths-based approach provides us as service providers something to work with and to hold onto.
- When talking about resilience, so we talk about the strengths-perspective
- The whole purpose of resilience is to work with the strengths of the family. So you need to work from a strengths perspective.

The importance of the strengths-based approach has been discussed in Chapter 2, section 2.2.1.3. The strengths-based approach is closely related to empowerment. It seeks to identify, use, build and reinforce the strengths and abilities people already have. It is useful across the life cycle and throughout all stages of the helping process – assessment, intervention and evaluation. It emphasizes people’s abilities, values, interests, beliefs, resources, accomplishments and aspirations (Zastrow cited in the White Paper on Families 2013:36). Strengths-based social work intervention implies moving away from the deficit approach to a strengths-based approach that recognises the resourcefulness of families and their members when utilised in rendering services to families. The family resilience

framework focuses on strengths under stress, in the midst of crisis and in overcoming adversity (Walsh 2003:5).

CATEGORY 5.2.3 Specific intervention models in social work applicable to family resilience interventions to be included in “The Guidelines”

These intervention models were not discussed in Chapter 2 and should thus be considered as new information derived from the social workers to be included in “The Guidelines”.

The category is divided into the following sub-categories namely:

- Crisis intervention
- Trauma support and trauma debriefing

Sub-category 5.2.3.1 Crisis intervention

Crisis intervention is a short term intervention that focusses on a person that experienced a crisis. Crisis intervention aims at restoring a person’s level of functioning to a level of functioning before the crisis happened. A crisis is defined as a disruption in a person’s or family’s normal pattern of functioning which is usually acute and differs from a problem or an emergency (*Crisis Trauma Counseling* [sa]).

The following story lines attest to the important role crisis intervention plays in dealing with families that are confronted by crisis and trauma:

- Crisis intervention, you use it especially if there is death in the family.
- Through crisis intervention social workers can assist with options, possibilities, support, to ease the process of adaptation. This is something that I believe that social workers can really assist families with.
- One should remember that when you are experiencing a crisis, you experience it on different levels and all these levels should be addressed through crisis intervention.

Social workers suggest that crisis intervention is an important element of a family resilience intervention when the family experiences a crisis due to an expected or unexpected event that disrupts the equilibrium of the family (Chapter 6, section 6.2.2). The stress theory described by Boss (cited in Burham 2008:11) is about family coping which refers to the “management of a stressful event by the family as a group and by each individual in the family” by adjustment and adaptation, as the nature of family resilience. The crisis intervention model has much in common with the family resilience perspective that builds on developments to strengthen the family’s and family members’ capacity to master adversity by coping and effective family functioning.

The social workers' suggestion that crisis intervention should be an element of family resilience interventions is a new idea which should be incorporated into "The Guidelines".

Sub-category 5.2.3.2 Trauma support and Trauma debriefing

The following storylines suggest the inclusion of Trauma support and Trauma debriefing in "The Guidelines":

- Families that will be addressed are specifically those families that have trauma, or the family in crisis.
- One of the elements for the guidelines is trauma debriefing especially for those families that have trauma, or are in crisis.
- One of the elements for the guidelines is trauma debriefing.
- We said that the family after the crisis should get trauma support. We decided that the child could stay there. The child, the mother and the father all went to psychologists to assist them to rebound after the crisis.

An event becomes traumatic when its adverse effects produce feelings of helplessness and lack of control and thoughts that one's survival may possibly be in danger. Stress becomes trauma when the intensity of frightening events becomes unmanageable to the point of threatening physical and psychological integrity (Leverman & Van Horn cited in *Advanced Social Work Practice in Trauma* 2012). Trauma/stress debriefing is a specific technique designed to assist people in dealing with the physical or psychological symptoms that are generally associated with trauma exposure. Debriefing allows those involved with the incident to process the event and reflect on its impact (Davis 2013).

Literature to support the suggestion by social workers to include trauma counselling in a family resilience intervention could not be found. This can thus be regarded as a new idea that needs to be included into "The Guidelines".

CATEGORY 5.2.4 Specific views on families to be included in "The Guidelines"

Social Workers suggest specific views on families as important elements to incorporate when rendering a family resilience intervention that would foster and sustain family resilience.

The category is divided into the following sub-categories namely:

- Families should be viewed as diverse with regard to structure
- All families have basic family functions that they have to execute
- Every family functions in a unique way
- Families are the experts on their own family circumstances
- The family must be viewed in context of the community and broader society

Sub-category 5.2.4.1 Families should be viewed as diverse with regard to structure

Social workers suggest that families have different structures that should be recognised:

- Social workers need to adapt to the changes in families – those diverse family forms or structures. Family resilience should be fostered and sustained in all types of families with their different structures.
- The family is made up of a number of individuals and they all come from different backgrounds. Families are more complex and diverse these days. You get the international families where parents come from different countries, speak different languages, they may be of different religions.
- It is quite challenging because families are so diverse. What works for one family will not work for the other family when enhancing family resilience.

The structure of the family can both be a protective factor or risk factor that impacts on family resilience, and should thus be given recognition in “The Guidelines”. As one social worker stated that due to the diversity of family structures “what works for one family will not work for the other”. A single parent family with limited support systems could pose a risk to the effective functioning of the family whilst an extended family that offers nurturing relationships with substitute caregivers could be regarded as a protective factor (Pecora cited in Jensen & Fraser 2006:33; Chapter 2, section 2.4.5.1; Chapter 4, section 4.3).

Sub-category 5.2.4.2 All families have basic family functions that they have to execute

Social workers agree with this view as follows:

- It is the responsibility of the family to allow family members to be an individual in your own right. To live your life as you feel comfortable with however, within some parameters that would not negatively impact on the family.
- Looking from my level as social worker she has a lower level of functioning. Unfortunately the mother cannot work but she does get a disability grant. She does not have the mental abilities to work. The mother is capable to provide the basic needs of the child and take care of him. The mother established her own level of functioning.
- The functions of the family are to fulfil the needs of family members. Prioritise interventions according to the needs of the family - start from where the client family is.

As was found in Chapter 4, category 1.1.3 social workers understand that families have functions that need to be executed through family functioning (Chapter 2, section 2.4.5.1(c)). Although they have the understanding they could not clearly list in practical terms, the exact nature of these functions. The implication of this is that “The Guidelines” should contain detailed information on these functions, the “what” families are doing on a

daily basis. Social workers could however contextualise that the “how” of family functions are being executed through family functioning.

When families with multiple and complex needs experience a crisis the family could experience a pile-up of stresses and should the social worker in addressing the needs of families, start from where the client is, that emphasises one of the principles applicable to interventions namely, that social welfare services should be appropriate and be based on the specific needs of the particular family (Chapter 2, section 2.3.6).

Sub-category 5.2.4.3 Every family functions in a unique way

The following storylines suggest that social workers see families as unique and diverse and that they function in unique ways:

- Every situation of the family is unique and not the same as those of others and thus families function differently in unique ways. Family members do not always have to have the same interests and it is fine. To be different within the family is fine and we should tell it to each other.
- The (unique) value systems of the family should be taken into consideration and be respected.
- (The unique) belief systems, cultural values and spiritual values of the family should be recognised.

According to Harris (2008:1407), to recognise the difference between objective and interpretive approaches to family diversity, illuminates family diversity or the uniqueness of the family by not only giving attention to the factors that produce family life and concrete relationship building but also to making meaning of the term “family”.

Sub-category 5.2.4.4 Families are the experts on their own family circumstances

Social workers affirm this view as follows:

- Happy families with the resources of being a happy family themselves, and what they have learned from the families of origin and they just continue what they have been taught from the families they have been brought up with.
- I want to say that we as social workers must realize that we cannot save everyone. We must respect our client family’s choices. We cannot tell them what to do they must take responsibility for their own lives. We must respect their choices.
- One should remember that when you are experiencing a crisis, you experience it on different levels and all these levels should be addressed. It is necessary that the family needs to take responsibility to go on with their lives.
- Social Workers need to respect the choices of families except when the child (or family member) is in danger or if they are contravening the legislative framework.

From the above, social workers viewed families as the experts in their own lives and that family choices must be respected. Families however, must take responsibility for the choices they make.

Family preservation services imply a paradigm shift in how social service professionals should render services to families. Family preservation services entail a shift from a deficit approach to a strengths approach where service providers recognise the strengths and potential of their service recipients and therefore that family members are the experts in their own life circumstances (Family Preservation Services 2015:25; Chapter 2, section 2.3.2; Chapter 5, Sub-category 4.1.1.2; 4.1.3.5).

Sub-category 5.2.4.5 The family must be viewed in context of the community and broader society

Social workers suggest that the family should be viewed in context as the following storylines attest:

- “The Guidelines” will be playing a critical role in looking at families as part of the bigger picture and developing family as part of the bigger structure.
- I think it is important to know that the family is not functioning in isolation, that the family is placed in a broader family setup and even in a community setup and in a country setup.
- This influences the family and it is very important that we see the family also in context to its broader place in society.

Social workers are aware of the influence that both the community and broader society has on the family. Both risk and protective factors that either contributes to family resilience or poses risks to the family, is founded in this context. During a family resilience intervention, risk factors within this context should be mitigated if possible and protective factors be utilised to strengthen families and build resilience. The systems and ecological approaches come into play when contextualising family members as components of the family system and the family as situated within the community and broader society as was discussed in Chapter 2, section 2.2.1.4(a), 2.2.1.4(b).

SUB-THEME 5.3 FAMILY PRESERVATION SERVICES THAT INCLUDE FAMILY RESILIENCE INTERVENTIONS MUST, AS FIRST OPTION, HAVE A PREVENTATIVE FOCUS AND AS LAST OPTION STATUTORY INTERVENTION

The following comments of social workers attest to this:

- Families need to get a better understanding of what is keeping them going. We need to put more emphasis on well-functioning families to keep them functioning well and sustain family resilience; statutory intervention should be our last option.
- I think social workers must promote family preservation services on preventative level as first option and statutory intervention as last option.
- I think that social workers need to focus and support the families to grow and really be resilient. We always talk about prevention in social work and I believe that we should be doing prevention work in families. If we could strengthen the family to support family members better and to really inculcate good values whilst children are still be formed it will lessen the number of family members to be put in alternative care.
- Social work interventions in families would prevent families from getting into trouble so a portion of “The Guidelines” must focus on preventative measures.

Social workers suggest that for them to foster and sustain family resilience, the focus should be on services on a preventative and early intervention level as advocated for by current policy directives. The South African Welfare Services believe that greater emphasis on prevention and early intervention services would prevent families and children going deeper into the social welfare system. One of the outcome norms and standards for social welfare services is for social welfare services to decrease the vulnerability and increase the resilience of beneficiaries (Norms and Standards for Social Welfare Services [sa]:82).

SUB-THEME 5.4 INDIVIDUAL RESILIENCE SHOULD BE UTILISED IN FOSTERING AND SUSTAINING FAMILY RESILIENCE

The following story lines confirm this view:

- Individual family members will be part of family resources. The social worker needs to establish the level of (individual) resilience of those family members. You could work with individual family members and then with the family.
- When working with the family you would find that some of the family members would be weaker (have a lower level of individual resilience). That would mean that you need to strengthen those that have lower levels of resilience (so as to be able to contribute to the resilience of the family).

Individual resilience is best understood and fostered in the context of the family as a mutual interaction of individuals, family socio-cultural and institutional influences (Walsh 2006:67). Social workers suggest that resilient family members can be a protective factor to the family

and could enhance family resilience. However, the sum of the resilience of family members is not equal to family resilience (Capra 1997:29).

SUB-THEME 5.5 FAMILY RESILIENCE INTERVENTIONS SHOULD BE DEVELOPED BASED ON THE DOMAINS OF FAMILY RESILIENCE

Social workers had to make suggestions on how practical they found the conceptual framework on family resilience (Annexure I) and how useable the framework is in developing family resilience interventions to foster and sustain family resilience. Social workers made the following suggestions on how to translate the 5 categories of family processes in family functioning as the domains of family resilience, into elements of an intervention to foster and sustain family resilience.

The sub-theme is divided into the following categories namely:

- Social workers should utilise the framework on family resilience as frame of reference for developing a family resilience intervention
- The domains of family resilience should be unpacked to clearly explain what each domain entails
- Within the family belief system domain, the motivation for the family to seek help and assistance is found

CATEGORY 5.5.1 Social workers should utilise the framework on family resilience as frame of reference for developing a family resilience intervention

The storylines below speak to the suggestions of social workers:

- The domains of family resilience will provide a frame of reference on which the interventions could be based.
- You should assess the domains or family processes in family functioning. The domains that require the most urgent change process after assessment should be firstly addressed.
- The 5 domains of family resilience should be put into “The Guidelines” as frame of reference.
- About the elements (of a family resilience intervention) we were a little bit confused, but we went back to the domains of family resilience. We ask ourselves what are important to us - we look at the day to day needs of the people that (refer to) the organizational processes. The second element, adaptability – acceptance and behaviour (change). Then security and safety which is the protective processes. We said positive communication that refers to the communication processes and lastly, we said we used the spirituality and the culture that slots in with the domain on belief systems.
- If I utilized the family resilience framework, it would have assisted us as social workers to focus on other aspects that the situation had an impact on.

Social workers agree that a family resilience intervention should be based on the framework on family resilience which gives a holistic view on how family resilience operates (Chapter 2, section 2.2.4.5). This framework on family resilience refers to family processes in family functioning (domains in family resilience) that could render families resilient (Moss 2010:49). As confirmed by the storylines social workers see these processes as working synergistically to render families resilient (Chapter 2, diagram 2.2). This implies that each domain impacts on all the others and this should be taken into consideration during a family resilience intervention.

One social worker suggested that when these domains are assessed they should be prioritised according to the needs of the family and the particular crisis or stressor they are confronted with, as well as to where the family finds it along the continuum of family functioning as described in the Family Resilience Process Model (Chapter 2, section 2.5). All this assists the social worker to develop an appropriate family resilience intervention.

CATEGORY 5.5.2 The domains of family resilience should be unpacked to clearly explain what each domain entails

Social workers suggested the following:

- The domains are just a guideline. The family resilience framework tries to structure our thinking and the way we decide upon intervention, but I think it would be wrong to limit ourselves. I think that we need to unpack the domains because it will be important that the families need to know what each of these domains are.
- It is necessary that the domains should be unpacked in a sort of a framework whereupon the family resilience interventions can be built upon. Without communication, you would not have any adaptability within the family because if people do not talk about issues at hand, how would they adapt. They would not be aware of the issues that they have to deal with. Protective processes - if parents do not talk to their children and if children do not share their experiences, it will really be impossible to sustain such a family in an organized fashion. They are all very important, not one of the 5 domains can be omitted.

Social workers suggest that the framework of family resilience should give structure to how we think about family resilience and to conceptualise how the family resilience processes operate. However, social workers had consensus that all the domains have a role to play and that not one domain could be omitted. However, during a family resilience intervention the different domains should be prioritised in accordance to the needs of and the challenges the family is facing (Moss 2010:59). Walsh (2003:1-14) states that the advantages of a family resilience framework is that it indicates key family processes that, in synergy with one another over time, foster the ability of the family to “struggle well”, surmount obstacles

and go on with life. What matters most in dealing with adversity is effective family functioning, involving the quality of caring, committed relationships.

CATEGORY 5.5.3 Within the family belief system domain, the motivation for the family to seek help and assistance is found

The following utterances attest to this:

- The wife's reason for getting help was born from the fact that she wanted her husband to stop abusing her as she believed that she deserved better. That was the start of the intervention.
- And the belief systems, they need to have that hope and inner belief that through the intervention things are going to change. If the hope is not there it becomes a challenge.
- ...it is also what you believe in. If you believe that you can get out of this by doing X Y and Z then you can. It is not in you but in your power that let things change.

Bandura, Caprara, Barbaranelli, Regalia and Scabini (2011:426) notes that the studies proved that belief in one's parenting efficacy serves as an enabling and protective factor that reduces parental vulnerability to stress and depression, which can weaken maternal attachment and impede the quality of child care. This indicates the importance of the family belief system. One research participant stated that "what we believe we can achieve, that we will achieve."

A family belief system contributes to the quality of family functioning and family satisfaction (Bandura et al 2011:441). Walsh (2002:130) states that the family's belief systems could be considered as the driving force to determine if a family will rebound from crisis or not and refers to how families make meaning of adversity, have a positive outlook on life and the meaning of transcendence and spirituality in the lives of family members.

SUB-THEME 5.6 FAMILY RESILIENCE INTERVENTIONS IN "THE GUIDELINES" SHOULD BE DEVELOPED AROUND THE FAMILIES' STRENGTHS, PROTECTIVE FACTORS AND RESOURCES

The sub-theme is divided into the following categories namely:

- Social workers should work with family strengths and family protective factors to **empower** families
- Protective factors and resources that address the basic needs of the family to foster, sustain and develop resilience should be considered as first priority
- Family strengths, protective factors and resources within the family (internal) should be fostered, sustained and developed

- The extended family should be regarded as a possible strength/resource to the family to foster, sustain and develop family resilience
- External resources within the community and broader society contribute to fostering and sustaining family resilience

For clear understanding where these family strengths, protective factors and resources can be found, reference need to be made to Chapter 2, section 2.4.4; 2.4.4.5 in Diagram 2.2 where it is illustrated that the family strengths and protective factors can be found in each family process in family functioning as domains of family resilience. Furthermore following an ecological approach as explained in chapter 2, section 2.4.5.3 in Diagram 2.3, it is illustrated that protective factors and resources will also be found in all the systems the family is imbedded namely, the community and broader society, but also including the family members as components of the family system.

CATEGORY 5.6.1 Social workers should work with family strengths and family protective factors to empower families

Social workers suggest the following:

- Working with the strengths of the family implies that we empower family members to know that whatever situation they are going through, they have the inner strength to deal with it.
- Social workers should use the strengths in a family. They should listen to them and give them the opportunity to go through the processes of empowerment to build their resiliency.
- The whole purpose of family resilience is to work with the strengths and protective factors of the family in order to empower the family.
- We need to focus on the strengths because we want the family to be empowered to return back to normal and overcome the crisis. So, you need to use a strengths-based approach.

Social workers suggest that there is a direct link between empowering families and family resilience. Empowerment has no agreed-upon definition. Empowerment emphasises mastery and control as outcome, processes and experiences that create or produce empowerment, intra-personal and inter-personal behaviours that moderate and mediate mastery and control, an interactional relationship between the processes and the outcomes of empowering experienced and that empowerment efforts are guided by a certain set of ideological beliefs (National Technical Assistance Consortium for Children and Young Adults who are Deaf-Blind (NTAC) 2004).

From the above input, it can also be seen that social workers suggest that it is necessary to focus on family strengths and protective factors to empower families to rebound and

normalise their situation. This strengths-based practice includes an ecological perspective that recognises the importance of people's environments and the multiple contexts that influence their lives. A strengths-based approach recognises the resilience of individual family members and the family and focuses on their potentials, strengths, interests, abilities, knowledge and capacities as protective factors (Scerra 2011).

CATEGORY: 5.6.2 Protective factors and resources that address the basic needs of the family to foster, sustain and develop resilience should be considered as first priority

Social workers' suggestions were that the basic needs of the family should be given priority in fostering family resilience as indicated below:

- Accommodation is one of those kinds of necessary factors. It sounds simple but the accommodation of the family has an influence on the total functioning of the family. We need to be mindful of it.
- Other kinds of resources such as access to water, access to electricity, those kinds of things will influence the functioning of the family. So, we should be mindful of the infrastructure that the family will require to operate fairly comfortably and the whole thing of transport.
- For people that can afford a car, to share one car going on holiday means a lot to our family members. But without transport and the money to pay for it, you are stuck. So the ability to build family cohesion is lost.

From the above, social workers realise the importance of assisting families to address their most basic needs. Maslow's Hierarchy of Needs is a theory that describes human behaviour and motivation and why it is difficult for those who don't get their basic needs met, to reach their dreams - or even dream at all. When one is struggling to fight off the distraction of getting the basic needs of the family met, it's hard to be motivated to do anything else, even if it's the solution to the problem (Carter 2013). In rendering a family resilience intervention, social workers should take cognition of the fact that higher needs of families cannot be met prior to meeting the basic needs of the family.

CATEGORY 5.6.3 Family strengths, protective factors and resources within the family (internal) should be fostered, sustained and developed

The following storylines suggest the following:

- Family members would be part of those family resources that assist families to cope.
- As you would go through these processes with her, you would definitely identify her family members as surrounding resources she would be able to draw strength from to cope with her situation.

Social workers suggest that family members should be viewed as a resource to families, assisting the family to cope. As stated in Chapter 2, section 2.4.5.3 resilient family members can serve as a strength and protective factor to the family (Capra 1997:29). A distinction is made by Burr and Klein (1994:129) between family coping strategies and family resources. They define family coping strategies as the active processes and behaviours families actually try to do to help them manage, adapt or deal with the stressful situation, whilst family resources are the characteristics, strengths or protective factors a family has at its disposal. Referring to family members as a resource, reference is made to individual family resilience and the characteristics of such a family member. As was defined above, coping mechanisms refer to family functioning. These coping mechanisms you would find in the different domains of family resilience.

CATEGORY 5.6.4 The extended family should be regarded as a possible strength/resource to the family to foster, sustain and develop family resilience

Social workers attest to the follow:

- If there is a member in the extended family that the family can trust, he can support the family.
- She has a lot of contact with her family. It is a complicated family situation but they do assist her and help her out.
- I would call it a strength of the family if there are other support systems such as an extended family. I think it is where families do not have support systems, it is where most families would have a good chance of collapsing.
- As you would go through these processes with the family, you would definitely identify the surrounding resources of the family (such as the extended family) so that she would be able to draw strength from there.

Social workers suggest that the extended family could be a strong support to the family in fulfilling its functions. An extended family unit can be viewed as an internal or external support system to the family depending on whether the extended family lives with the family or not. Living with the family is an internal support system where each family member will have its roles and responsibilities to the benefit of the family unit. Armstrong (2012:1322) defines such an extended family as a family consisting of multiple generations. Dependent on the culture of the family, the extended family can include grandparents, aunts and uncles amongst others (Armstrong 2012:1322-1326).

The extended family structure can be highly beneficial because it could lessen the economic troubles of the family and could provide an environment for a more effective way of raising children due to the presence of caring adults (Armstrong, 2012:1322). Garmazy (cited in

Shulman 2006:38) states that the presence of caring adults (such as grandparents) serves as a protective or buffering factor to child vulnerability.

CATEGORY 5.6.5 External resources within the community and broader society contribute to fostering and sustaining family resilience

This is demonstrated by the following excerpts:

- When working with the family it is always important to work with the institutions that the families are attached to. I think that there is a gap in working in the community. Other institutions such as the school do not necessarily know the role that they could or should play. These institutions need to know that they are also involved in assisting the family to be more resilient. We need to identify the institutions around the family that need to play a role in the intervention process.
- We should then also look at the support systems the family have. Do they go to church, the environment, the community they are living in.
- In the community there must be enough sports and recreational facilities to allow you as a family to move out of your house to participate as a family or as an individual. There should be something like libraries that people can go to.
- What is a problem within that community, just to share with you on the negative side, is the problem of substance abuse and crime in the area. So the people do not feel safe. Safety is very important. If people do not feel safe, they tend not even to use these facilities optimally because they are afraid to get raped when they would go to the facilities to practice on the soccer field or whatever because your life might be at risk.

Social workers realise that working with the family necessitates the identification of institutions that the family can make use of such as schools, their church, the neighbourhood or community. The institutions referred to can be identified as external support systems providing social support. Social support develops from the relationships and interactions between the individual, family, peer group and larger social systems. This focus on the transactional nature of the relationships between the family and outside systems indicates an ecological perspective of social support as a protective factor to the family and a lack of access to social support as a risk factor (Plumb 2011:2).

If the social worker does not follow an ecological approach when rendering services, valuable resources within the community could be overlooked during the intervention process. However, should the family feel unsafe within the community, chances are that they would then not make use of community resources. In this case interventions on a community level are deemed necessary.

SUB-THEME 5.7 A FAMILY RESILIENCE INTERVENTION SHOULD KEEP THE RISK FACTORS THE FAMILY ARE CONFRONTED WITH IN CONSIDERATION

The following storylines attest to it:

- When the parents of children have passed away and did not leave a will, it will be a risk and I think you need to work towards protecting the children. You have to sit down with the children and come up with a mechanism to protect them from any other family members that would want to come and grab, which could be to the detriment of the children.
- Risk factors need to be identified and you should build family strengths. What are the positives or negatives that impact on the family. The interactive process between the positives and negatives could leave the family either more or less resilience. Taking these factors into consideration it is then you could decide what type of programme you need to render.
- Families would be able change their level of functioning, especially if they have set themselves a standard of living. They will live up to their challenges, they will fight back to optimally function and draw on their own resources to overcome the challenge.

Social workers confirm that in a family resilience intervention when conducting a family development assessment, it is important to assess not only strengths and protective factors but also the risk factors that the family is confronted with, as these factors interact with one another. A pile-up of stresses could lead to weakening strengths and protective factors that could put the family into misbalance. Families need to be assisted to identify the risk factors they have to face but also the strengths and resources. These factors interact within the protective processes in family functioning (Chapter 2, section 2.4,5.3).

SUB-THEME 5.8 WHEN APPROPRIATE, PRIOR LEARNING FROM CRISES OVERCOME IN THE PAST SHOULD BE DRAWN UPON DURING THE IMPLEMENTATION OF THE FAMILY RESILIENCE INTERVENTION

Social workers suggested the following:

- If you go through certain things, you grow as well and in a next situation that growth will be part of your resilience. Hopefully you have learnt something.
- That will enable the family to draw on the strengths and protective factors that the social worker assisted the family to identify so to establish new ways of dealing with crises in future. The family then would be able to tap into family resources without the need to be told not to embark upon the same negative routes as in the past. This will enable them to make independently positive choices for future family resilience.
- It will depend on the nature of the client because they could crumble even more if you would remind them of previous experiences.

Social workers confirm that when implementing a family resilience intervention, the old patterns of family functioning should be taken into consideration as it could influence current family functioning. Spina, Ziviani and Nixon (2005:33) state that old established patterns of functioning can be a source of stability, balance and harmony, but can also create tensions.

Walsh (2003:5) states that to assess symptoms of distress within the family and its social contexts, a family time line and a genogram are valuable tools for clinicians and researchers to schematize relationship information, track systems patterns and guide intervention planning. This will assist the social worker to establish when the family experienced prior crisis periods that could be used as learning experiences.

Roberts and Ottens (2005) state that by its nature, crisis intervention involves identifying failed coping skills and then helping the client to replace them with adaptive coping skills. Social workers make the following suggestions on how to address this:

- I will use those previous experiences of her choosing a destructive route. After she would be able to identify the signs that she is getting to a low point, she could be reminded of how she was able to overcome those challenges and the low points in the past. One could assist her to identify what strengths she drew upon in order to overcome those challenges.
- It will also depend on how the social worker will bring up these previous experiences. So if it is brought up in a way that it highlights the strengths that the client/client family have used to overcome the crisis, it will not have a negative impact.

The main cause of a crisis is an intensely stressful, traumatic or hazardous event. According to Roberts (cited in Roberts and Ottens 2005:778), two other conditions are also necessary namely, the individual's perception of the event as the cause of considerable upset and/or disruption, and the individual's inability to resolve the disruption by previous used coping mechanisms. Social workers suggested that in order to assist the family in identifying alternative coping skills, it would be necessary that social workers assist individuals/families to identify their strengths to work with, so as not to fall back on previous coping mechanisms that led to failure to cope with crisis. An inability of the social worker to do so would jeopardize the intervention process.

DISCUSSION ON THEME 5

Social workers made explicit and implied suggestions on the elements for family resilience interventions to be included in "The Guidelines".

As point of departure social workers suggested that existing legislation that impacts on families should guide family resilience interventions and be outlined in "The Guidelines".

A theoretical framework for a family resilience intervention, including approaches and intervention models such as crisis intervention and trauma support and trauma debriefing, should be utilised in the implementation process. Social workers suggest various approaches to be taken into consideration. Due to the important impact that understanding of the family, family members and family resilience has, approaches that explain the composition of the family and the functions they have to execute through family functioning should be described, as well as approaches that impact on social work service delivery with specific reference to the multi-disciplinary approach as one service provider would not be able to address the diverse needs of families. Social workers need to internalise these approaches in order to be able to translate theory into practice.

Crisis intervention and trauma support and debriefing as part of a family resilience intervention should be explained. Crisis intensely impacts on the resilience and equilibrium of families and their family members. Most families would require social work support to be able to start the recovery process of adjustment and adaptation to regain balance and individual and family resilience.

Social workers indicate the importance of incorporating specific views on families in rendering a family resilience intervention to be included in "The Guidelines". In accordance to Walsh (2003:1) social workers will better understand family functioning when families are facing adversities, crisis or a pile-up of stresses, when families are viewed from a family resilience perspective. Family preservation services on all levels, with the aim to keep families together as far as possible, if possible, should be explained in "The Guidelines". A family resilience intervention has the aim of either sustaining family resilience to ensure the well-functioning of families, or the fostering of family resilience to assist families to regain their previous level of resilience and bounce back from adversity. These interventions will strengthen and preserve families and would assist the family not to go deeper into the social welfare system.

Individual resilience as an important element should be taken into consideration as a protective factor of the family and should be described in "The Guidelines". When intervening through a family resilience intervention, the individual resilience of family members should be assessed to ensure that individual resilience of family members is fostered and sustained to serve as a protective factor of the family.

Social workers suggest that the conceptual framework of family resilience with its five domains should be utilised as baseline information for family resilience interventions. The synergistic impact of the different domains is important. The domains of family resilience should be unpacked in "The Guidelines" to clearly explain what each domain entails.

Risk factors that dominate the protective factors in one domain will impact on all the other domains. The social worker should be aware of this during the intervention process. “The Guidelines” should explain the domains of family resilience as important elements of a family resilience intervention. These domains should be assessed so to identify within each domain the risk factors to be mitigated and the protective factors and strengths to be built upon (Chapter 2, section 2.4.4.5).

A social work family resilience intervention would require the understanding of The Family Resilience Process Model as described in Chapter 2, section 2.5 which explains how family resilience operates. It is during this process that the adaptability and protective processes as domains of family resilience becomes visible. Social workers suggest that the family resilience framework as well as the Family Resilience Process Model be explained in “The Guidelines”.

A family strengths approach in working with families should be implemented and it would be important to move away from the deficit approach to focus on identifying family strengths and resources available to the family. Effective coping strategies of family members are regarded as strengths that could assist the family to rebound from adversity.

Focussing however, only on the strengths and protective factors of the family would provide a skew picture of the reality of families. Families not being able to identify failed coping strategies of the past, and who have an inability to learn from previous experiences, should be regarded as risk factors. Social workers have the responsibility to highlight these negative patterns which can then be addressed through the family resilience intervention.

THEME 6 SOCIAL WORKERS’ SUGGESTIONS ON HOW TO IMPLEMENT A FAMILY RESILIENCE INTERVENTION

In the Framework for Social Welfare Services (2013) the following phases distinguished in the generic social welfare intervention process are described: (1) point of entry/engagement, (2) screening, (3) intake, (4) comprehensive assessment, (5) planning and implementation of the intervention, (6) evaluation of intervention and (7) exit strategies (referral and termination).

Social workers made suggestions on inclusion of the following phases that should be applied in family resilience interventions.

The theme is therefore divided into the following sub-themes:

- Engagement
- Family developmental assessment

- Family developmental plan
- Family resilience intervention
- Monitoring and evaluation

SUB-THEME 6.1 ENGAGEMENT

Social workers suggest the following:

- In terms of engagement, one will have to sit down with the family in order to try to establish a relationship with them and understand what it is that they need in terms of support. What support do they need? Just to hear from them. One should not only assume that they need food parcels etc. When looking at support, look also at the individual family members. Look at each of them to establish their unique needs.
- You need to explain to people what is actually happening as they are often so enmeshed with their own feelings that they get lost in translation. One should be very clear on what the services is all about and establish a social worker/client relationship.
- The social worker need to enter the family in order to know the family. It is important that you get to know the family dynamics and the strengths of the individual family members and then also the beliefs and the risks and the weaknesses.
- When engaging with a client family, social workers have to build a trusting social worker/client family relationship with the family and be empowered to implement a family resilience intervention in accordance to the needs of the family.

Social workers stated that the social work intervention implies the building of trusting relationships between the service provider and the client family, as part of the engagement process and this should last throughout the intervention process.

Social workers need to develop relationships with the client family where mutual trust and respect is paramount. Client families should see themselves as partners in this relationship which will ensure family participation (Manual on Family Preservation Services 2015). These are all part of the engagement process.

SUB-THEME 6.2: FAMILY DEVELOPMENTAL ASSESSMENT

A holistic family developmental assessment is crucial before the intervention. Assessment can be defined as “a process occurring between a practitioner and a client, in which information is gathered, analysed and synthesized to provide a concise picture of the client and his or her needs and strengths (Compton, Galaway & Curnoyer cited in Khoza 2011:3).

Families are diverse and unique therefore assessment is an important first step. Guidelines exist to structure the family developmental assessment process, however each assessment will be unique as there is no formula to use that will fit all. Khoza (2011:3) states that a

developmental assessment can be seen as an assessment focussing on strengths and using a developmental approach. The goal of a family developmental assessment is to determine the least restrictive, most empowering environment and programmes and resources suitable to the family at a given moment, by identifying family risk factors, as well as family strengths and protective factors so as to develop an appropriate intervention plan for the family (Framework on Social Welfare Services 2013:37).

The sub-theme is divided into the following categories namely:

- A family developmental assessment entails a risk, as well as a strengths assessment
- Assessment should take place in terms of the 5 family processes in family functioning (domains of family resilience) of family resilience
- The level of resilience of the family and of each family member should be established during the assessment process
- When assessing the family, the support systems and the resources of the family should be identified, taking the systems theory into consideration
- Assessment guides the family developmental plan and intervention process which should be developed with the participation of the family

CATEGORY 6.2.1: A family developmental assessment entails a risk, as well as a strengths assessment

The following storylines attest to this:

- You cannot fix the problem if you do not know what is wrong. You need to know exactly which risk factors there are and which strengths the family have where you need to work on. Then you can take it from there.
- The social worker needs to conduct a family developmental assessment in order to get to know the family. It is important that she gets to know the family dynamics and the strengths of the individual family members and then also the beliefs and the risks and weaknesses to ensure that the family members are safe. Unless you understand the weaknesses and risk factors of the family you are going to be challenged by it all the time.

The Manual on Family Preservation Services (2015:105) states that it is important that a risk assessment of the family and family members be conducted as soon as possible. This will ensure that the safety of each family member is considered as first priority when engaging in a family preservation programme, irrespective of the level of the programme (prevention, early intervention, statutory and protection or reunification and after care). Assessing family strengths is about considering the family and its family members and

identifying particular strengths. It is about reframing a “deficit” approach to a strengths approach as discussed in Chapter 5, section 5.2.2.7 (Manual on Family Preservation Services 2015:109).

Families often are overwhelmed by the challenges and adversities they are facing. One participant indicated how difficult it sometimes is for families to not only focus on the difficulties and their weaknesses but also on their strengths:

- Families do not know their strengths. But when you ask them about their weaknesses they can mention them one by one!

In order for families to draw on their strengths, they need to be able to identify the strengths of their family and its members. Social workers should assist families to recognise the strengths and protective factors in their situation. This should be done through the family developmental assessment.

CATEGORY 6.2.2 A Family Developmental Assessment should take place in terms of the 5 domains of family resilience (family processes in family functioning)

Social workers suggest as follows:

- You need to assess how the father’s drinking is having an influence on each and every dimension of the different domains. From the assessment of each of the different domains you could develop a tool to identify the problematic areas that would need improvement and the protective factors that could assist.
- Through the assessment, I think you should try to cover all the dimensions in the domains of family resilience. It is a must. If you do not cover all the domains you will start having a sort of lopsided kind of an assessment.

Considering the family resilience construct, social workers suggest that during the developmental assessment the protective factors and risk factors within each of the 5 domains of family resilience should be identified and assessed.

A holistic family developmental assessment includes the context of the family and utilising the family resilience framework to assist in “identifying common elements in an adverse situation and effective family responses, while also considering each family’s unique perspectives, challenges and resources” (Walsh 2012:403).

CATEGORY 6.2.3 The level of resilience of the family and of each family member should be established during the assessment process

Social workers demonstrate this by the following excerpts:

- I think that you have to understand as was already being said that you need to know the background of the family by involving the individuals but also to make the service provider understand who the family is and where they are in the process of addressing their problems (referring to the level of resilience at a specific time after being confronted with the crisis).
- Again when you assess the family you will also look at individual needs. It is important to assess the maturity of the older children to establish their level of resilience.
- To assess the family's level of resilience you should establish at what stage of (adjustment and) adaptation after the crisis they are even if the implementation process has not as yet started.

Social workers confirm that it is important to know the level of individual resilience of family members and family resilience at a specific time when assessing the family.

When a family developmental assessment is conducted the family should be used as the unit of analysis. The social worker should however also assess the levels individual resilience of each family member (DeHaan et al 2013:275-291). When assessing the individual family members to establish their level of resilience, their needs in accordance with their developmental stages should be taken into consideration. A holistic assessment of the family requires that the social worker should have a relational view on the family and its members. As "process that is visible over time" the level of individual and family resilience could be measured at various stages in this process (DeHaan et al 2013).

CATEGORY 6.2.4 When assessing the family, the support systems and resources of the family should be identified, taking the systems theory into consideration

Social workers attest to this as follows:

- I would call that a strength of the family if there were any other support systems. I think it is where families do not have a support system, I think that is where most families would have a good chance of collapsing.
- When assessing the family, social workers should identify risk and protective factors within family members, the family and community.
- The social worker could assist her to identify what strengths she can draw upon in order to overcome those challenges.

Social workers suggest that during the assessment process family support systems and resources should be identified in order to assist in the process of strengthening families. In accordance with the ecological approach three levels of support systems and resources for families can be identified namely, informal (family and friends), semi-formal (the community) and formal support networks (professional networks such as health and social services)

(Gardner 2003:7). Should families have a lack of support systems and resources they could be in danger of not being able to rebound from crisis and adversity.

CATEGORY 6.2.5: Assessment guides the family developmental plan and intervention process which should be developed with the participation of the family

Social workers submit the following:

- The first important step is assessment to guide the development of the family developmental plan and intervention process.
- You can use a tool; we try to use a standardised tool at the treatment centres to do the assessment. The assessment will inform you about the plan that you will be putting in place to assist the family.
- You need to know about the strengths of the family but also about the risks that you would want to mitigate so to come up with a developmental plan and strategy to address these risk factors.
- What is really important is that you must do a thorough assessment with the cooperation of everybody involved. Because if you do not do a proper job on the assessment you are going to fail on the interventions.

Social workers submit that the family developmental assessment, as guide for further intervention, should be done with the participation of families.

In accordance with Corcoran and Nichols-Casebolt (2004:211-235) the risk and resilience ecological framework can provide social workers with an assessment and goal setting tool. This implies that social workers across the micro, mezzo and macro level system identify risk and protective factors that impact on the family and that could assist the social worker to develop interventions accordingly. Corcoran and Nichols-Casebolt (2004) state that such a framework will provide a theoretical basis for social workers to conceptualize at multi-levels. This will assist them in not only identifying but also strengthening protective factors and reducing risk factors at these levels.

SUB-THEME 6.3 FAMILY DEVELOPMENTAL PLAN

This sub-theme is divided into the following categories namely:

- Planning should take the level of resilience of the individual family members and family into consideration
- It is necessary to meet the client family on their level of resilience
- Planning should focus on self-reliance and independence
- The goals and objectives of the developmental plan will be the driving force of the intervention process

- Task allocation to family members and those service providers involved in executing the plan is important

CATEGORY 6.3.1 Planning should take the level of resilience of the individual family members and the family into consideration

Social workers support this as follows:

- The pace of the family is reflected in the adaptation process that the family goes through to adjust and adapt to their changed situation when confronted by risk factors. Where the family is in this process, must be considered when developing the plan.
- In the plan you can come up with a plan that talks about the family as a unit and then the sub-plan that talks about the individual family members.
- The plan needs to be able to meet not only the needs of the family but also the needs of each individual family member so to start the process to render families and its members resilient (when they are) confronted by challenges or a pile-up of risk factors. The family developmental plan needs to be informed by the family developmental assessment.

Social workers agree that the level of both individual and family resilience needs to be taken into consideration when developing a family developmental plan. These levels would have been established during the family developmental assessment. Social workers emphasise that their understanding is that individual and family resilience is a process over time to assist the family and family members to rebound from crisis. The overall level of risk is crucial in establishing at what level of resilience the family or individual family members was when the family developmental assessment was done. Planning of interventions that could foster and sustain family resilience need to focus on the reduction of individual and family risk factors as an element of the intervention (Rutter 1999:119-144).

CATEGORY 6.3.2 It is necessary to meet the client family on their level of resilience

The following storylines from social workers attest to this:

- It is necessary that the social worker meet the family on the level that the family are functioning on after crisis.
- It is necessary to meet the family on their level of resilience because this could be impacting on their readiness for implementing the plan. Because if they are still in the process of mourning they are not yet ready. But they also must be able to indicate to you when they would be ready so that they could sit down and discuss all these things that impact on them.
- Usually the family will need a space to mourn. That also needs to be taken into consideration and be respected during the planning process.

The above-mentioned storylines imply that social workers need to be sensitive to where the family is in the adjustment and adaptation process when planning a family resilience intervention. The intervention needs to be appropriate in order to address family needs at that time in the adjustment and adaptation process.

CATEGORY 6.3.3 Planning should focus on self-reliance and independence

Social workers provided the following storylines to support this:

- It will be very important to keep focussing on the goal that is aligned to the definition of family resilience, namely to assist the family to rebound from crisis and adversity (to a level where they could be again self-reliant and independent) [and also to be able to monitor the implementation process].
- The family must understand that at the end it would be them that makes their family situation work or not. Planning should thus be with the families. Our responsibility is to make sure that the family copes within the new circumstances even though this particular family (Child-headed family) will always be considered as a family at risk due to their unique circumstances.
- They must be empowered to be able to handle the next crisis on their own. To become self-reliant and to develop their own coping mechanisms.

Social workers suggested that the family should be kept focussed on working towards self-reliance and independence. In the planning it is important that the social worker plan with the family. Parents should be informed when they have been successful so as to build their confidence. Concerns should be sensitively discussed with the family. The goals formulated to empower families to be self-reliant, independent and resilient should be aligned to the definition of family resilience and should be concrete, behavioural and measurable (Bronfield, Sutherland & Parker 2012).

CATEGORY 6.3.4 The goals and objectives of the developmental plan will be the driving force of the intervention process

The following storylines attest to this:

- You then need to work out the goals that need to be achieved together with the family members. And then have a plan on how these goals are going to be achieved (as well as) objectives and the possible activities that will flow from the planning process.
- The (objectives to be achieved) that would indicate the activities to be executed need to be based on the goals (formulated for the family developmental plan) so to render the family and its members resilient and to establish the impact of the intervention.
- Goals and objectives could be to empower the family in such a way that the family will be able to handle the next crisis. Maybe the goal should talk to the resilience of the family, empowering families to be resilient.

Formulating a family developmental plan implies formulating goals and objectives for the plan stipulating activities how to achieve the objectives and overarching goals for the plan. These goals and objective would serve as a benchmark against which to measure the impact of the intervention (Dolan 2008:83-91). The developmental plan needs to be develop with the family.

CATEGORY 6.3.5 Task allocation to family members and those service providers involved in executing the plan is important

Social workers proposed the following:

- It will be very important to also allocate some of the tasks (defined in the plan) to the clients themselves so that they own the process and develop their resilience skills.
- The plan must have a beginning and an end and in the plan there must be certain roles and responsibilities for each of the family members, even for the social worker (and/or other role players). Each one needs to do something in a specific way within a specific time.
- You have to involve the (the family and) other role players or stakeholders that need to play a role from the beginning. This should be part and parcel of the process. You should also ensure that they play their role and give their buy-in into the plan.

Social workers suggest that task allocation to all those that will be involved in executing the family developmental plan, will give momentum to the intervention process. The goals formulated for the intervention must be tied to identified concerns, achievable and specific and need to be prioritised. Task allocation to those involved is important. Clear timelines and consequences must be associated with each goal and be allocated to the person responsible (Bromfield et al 2012:44).

SUB-THEME 6.4 FAMILY RESILIENCE INTERVENTION

Services rendered should move away from viewing the service rendering process and engagement as an indicator of success – outcomes should be oriented towards evidence of the impact of the intervention (Dolan 2008:83-91).

The sub-theme is divided into the following categories namely:

- During a family resilience intervention, the social worker should empower the family to actively utilise the available resources and support networks of the family
- Education on all aspects of family life, including the domains of family resilience, will form an important element in fostering and sustaining family resilience
- Establishment of the reasons for repeated failures of families due to using the same negative coping mechanisms and not learning from previous experience

- When working with an individual family member, first work with the individual and later incorporate the family to holistically address the problem scenario
- An intervention of family resilience should focus on providing a balance between the domains of family resilience

CATEGORY 6.4.1 During a family resilience intervention the social worker should empower the family to actively utilise the available resources and support networks of the family

Social workers suggest that empowering client families to utilise their available resources is important as the following storylines attest:

- If you look at families in informal settlements, social workers are often dependent on a neighbour to identify if there is a problem in the family and families should see them as support systems. A crisis situation where we want our neighbours or volunteers to intervene is very intensive.
- Say for example the intervention is for the child to go for counselling or extra classes, you need to link the family with the necessary resources and let the family see that they should accept their assistance, maybe financial or physical support by taking the child to these activities. Assistance with these practical things will empower the family. It is the organizational day to day living that requires often the most intensive support, but this kind of support can also pull families through the [bad] difficult times of crisis and recovery.
- Starting from the parent to the children including other extended family members. I think together the family would be able to execute the plan. That is part of coping. They would be able to put resources in place. This would not happen overnight but if you motivated it, they will make sure that everything that they plan will work.

What a family has available to them and what family members actually think, feel and do with these resources are two very different ideas (Burr & Klein 1994:128). McCubbin and Dahl (cited in Burr and Klein 1994:129) make a distinction between family coping strategies and family resources, by defining family coping strategies as the active processes and behaviours family actually try to do to help them manage, adapt or deal with the stressful situation. Family resources are the characteristics or strengths a family has at its disposal. Coping strategies are found within the different domains of family resilience, whilst family resources will be found within the family, the extended family and the community and broader society.

CATEGORY 6.4.2 Education on all aspects of family life, including the domains of family resilience, will form an important element in fostering and sustaining family resilience

Social workers suggested the following:

- The families' exposure to knowledge on family resilience could be limited and they would maybe not be able to relate it to resilience or draw on previous experiences to rise above the circumstances that they found themselves in. So the involvement of social workers in educating families with regard to family resilience will add on to the information that the families are exposed to.
- The more you as social worker know about family resilience, the more you will be able to deal with the family by consciously considering the resilience processes as being discussed.
- You have to educate the client on the framework on family resilience to be sure that they and you are on the same level of understanding.
- Social workers need to educate the client/s on the elements (domains of resilience) and assist them to be consciously aware of aspects that put them at a low. This will assist the family to come up with possible ways of resolving issues through solutions linked to family strengths.

Social workers believe that it should be their role to educate themselves and their client families on issues of resilience as stipulated in the above storylines. Being educated on the nature and the process of family resilience will empower social workers to design interventions that will assist client families to build their coping mechanisms and thrive under stressful situations. Educating families on the different trajectories that they commonly use when in crisis will bring insight and the ability of families to learn from previous experiences of coping under stress or confronted by challenges (DeHaan et al 2013:28).

CATEGORY 6.4.3 Establishment of the reasons for repeated failures of families due to using the same negative coping mechanisms and not learning from previous experience

The following storylines attest to the importance of this matter:

- One would like to pinpoint the trends that could be identified in the client's functioning with a view of engaging her at a level where she can identify what causes her to view crises as disabling periods in her life. I think this is similar to someone who has alcoholism.
- It would be important to get the client to realise the issues that led her to react in that manner. So those previous experiences I will firstly use to let her establish what the issues are. Once she is able to identify those issues that would trigger the inappropriate reactions in subsequent situations, one could use the experiences to enable her to get to the point that she realises that she should be cautious not to get to that point where she would again choose those destructive ways she dealt with her issues in the past. That will enable her to gain more control over her actions.

According to Rutter (cited in Walsh 2012), "most major stressors are not simply a short-term single event, but rather a complex set of changing conditions with a past history and a future course". Due to this complexity "no single coping response" would be able to address the various challenges that families are confronted with (Walsh 2012). Social workers, as part

of the intervention process, should identify set or inappropriate coping mechanisms that prevent change.

CATEGORY 6.4.4 When working with an individual family member, first work with the individual and later incorporate the family to holistically address the problem scenario

Social workers confirmed this by the following storylines:

- It would be necessary that you establish and determine at what level of resilience the other family members are. So firstly you would work with her as an individual and then later incorporate the family as well, so to also strengthen the family unit
- The crisis that one family member experiences would impact on the other family members. Therefore it will be necessary to engage with all the family members.
- If it is a crisis that is experienced by one family member, it would be necessary that she would draw strength from the family.

Social workers suggested that there is a close link between the reciprocal impact of family members on the family and the family's influence on the family members. Should the presenting problem at intake level be presented by an individual family member, an individual developmental assessment of the family member should be first priority. However, from a family resilience perspective, thereafter this assessment should have a family systems and ecological approach as the family member is embedded in the family, community and broader society and all these systems be taken into consideration.

CATEGORY 6.4.5 An intervention of family resilience should focus on providing a balance between the domains of family resilience

The following storylines attest to it:

- There must be balance between the domains as the domains are in synergy with one another. If you overemphasise one domain, you probably will have a negative impact on the overall functioning of the family.
- If you look at the belief domains you will find that some families are hyperactive in this domain. It could sound very good but if there is overemphasis on it, it might also contribute to a dysfunctional family. That is why I think that there should be a balance between the domains to ensure a normal, well-functioning and resilient family.

The domains of family resilience, as family processes in family functioning, operate in synergy with one another as one alone does not provide a positive influence on family functioning (Amatea et al 2006:177-189). Balance between the domains is necessary so as to accommodate the continuous shifts in stability and flexibility brought about by change due to disruptive challenges (Walsh 2006:137).

SUB-THEME 6.5 MONITORING AND EVALUATION SHOULD BE CONDUCTED DURING THE INTERVENTION PROCESS

Monitoring is the regular observation and recording of activities taking place in a project or programme. It is a process of routinely gathering information on all aspects of the project. To monitor is to check on how project activities are progressing (*What Monitoring Is: Definition and Purpose* 2011). Evaluation focusses on the people themselves and how well they have benefitted from interventions, risk management and resources (National Occupational Standards 2011).

The sub-theme is divided into the following categories namely:

- The implementation process should be monitored on a continuous basis utilising a monitoring tool
- Should the achievement of goals and objectives be established through the evaluation process, the social worker terminates the service
- Should the goals and objectives not be achieved, the family development plan must be revised
- After the evaluation process, the social worker refers the families to the most appropriate service should it be deemed necessary

CATEGORY 6.5.1 The implementation process should be monitored on a continuous basis utilising a monitoring tool

The following attest to it:

- It would be expected that the peak level of the crisis would have dropped depending on the effectiveness of the intervention. You need to do an evaluation, utilising a monitoring tool, of where you are in the intervention process so to reach the goals that was stipulated.
- The social worker must know the roles and responsibilities of the multi-disciplinary team in addressing the needs of the family so as to be able to take them to task if they did not honour what they have agreed to do. All this information needs to be put into the plan so that monitoring will take place by the social worker as coordinator of this plan. The family must also know that their progress is monitored.

Although monitoring and evaluation should take place throughout the intervention process, a final evaluation by the social worker, together with the multi-disciplinary team, must determine if the goals and objectives of the intervention were achieved (Framework for Social Welfare Services 2013).

CATEGORY 6.5.2 Should the achievement of goals and objectives be established through the evaluation process, the social worker terminates the service

Social workers suggest that social welfare services should be terminated if the goals and objectives have been achieved:

- Prior to terminating the service we should be getting feedback from the family. We could hold a family group conference to evaluate the improvement that happened ... and how the intervention has assisted them to rebound from the crisis.
- Depending on the outcome of the evaluation, if the goals were achieved the intervention will then be terminated.
- Monitoring and evaluation must be ongoing until such time that the family reached their acceptable level of functioning and the social worker can think about terminating the services. The thinking is not to make the family too dependent on external intervention. The family must try to operate independently as soon as possible.

The outcomes of the family resilience intervention should be for the family to be self-reliant, resilient and independent. After achieving the goals and objectives of the intervention, termination of services is necessary.

CATEGORY 6.5.3 When the monitoring and evaluation process shows that the goals and objectives have not been achieved, the family development plan must be revised

The following storylines attest to it:

- Thereafter you need to do an evaluation of where you are in the intervention process so to reach the goals that was stipulated. If the goals have not as yet been achieved you should revise the plan.
- You need to have a monitoring tool and you need to know what it is that you are going to monitor. Through the monitoring process you are going to establish if, through the interventions, this family has achieved their goals and objectives and had been moving on and is going to be able to rebound, or maybe not. Then you will have to relook at the plan.
- You need to evaluate progress from time to time. When you put the plan on the table you must actually agree on a time frame when to evaluate progress and if we were not able to succeed, what might be the reasons for that and change the plan and adapt the plan according to circumstances.

Family developmental plans should be realistic and should adhere to the following criteria based on the SMART principles namely, it should be clear, written to be binding, agreed upon, challenging to allow families to grow in realistic ways, time limited (there should be a cut-off time) and worthwhile (add value to the well-being to the family) (Family Preservation Services 2015). The plans should be monitored and evaluated against these

criteria. If monitoring and evaluation shows that the goals and objectives have not been reached it would be necessary to alter the family developmental plan.

CATEGORY 6.5.4 After the evaluation process, the social worker refers the families to the most appropriate service should it be deemed necessary

Social workers suggest the following:

- The social worker perhaps needs to refer the family to specialized agencies. (This child-headed family will have to be referred after the family resilience intervention as they are still an at risk family).
- The multi-disciplinary approach would be of such importance. Referral (of the family) for further support services will be very important.
- Sometimes it would be necessary for a social worker to refer (the family) to other professions to build on the strengths and resilience of family members.

Social workers recognise the importance of referring the family to appropriate service providers if it is deemed necessary. Apart from a family resilience intervention, there are often other aspects that need intervention and need to be addressed. The needs of families are diverse and not only one service provider can address the needs of families. It is the responsibility of the social worker to identify these needs and to refer the family to them most appropriate service provider, if it is deemed necessary.

DISCUSSION ON THEME 6

Social workers suggest that the family resilience intervention should be implemented according to the social work intervention process of the Department of Social Development namely, point of entry/engagement, screening, intake, comprehensive assessment, planning and the implementation of the intervention process, evaluation of the intervention and exit strategies (Framework for Social Welfare Services 2013). The discussions in theme 6 will concentrate on engagement, family developmental assessment, family developmental planning, family resilience intervention and monitoring and evaluation. Social workers felt that it is crucial that the social work process be specified in "The Guidelines".

The social worker is using their social work/ client family relationship to render services. Important principles not being mentioned in the story lines are that the social worker should be respectful, non-judgemental and be able to establish mutual trust in the relationship. The social worker will then be in a better position to establish not only risk factors but also the strengths and protective factors of the family as she get to know the family better.

A family developmental assessment forms the basis on which the social worker must build. One of the differences in a developmental assessment that should lead to a family resilience

intervention is that the risk and protective factors within the 5 domains of family resilience be established (Chapter 2, section 2.4).

The family developmental plan developed with the family will guide the family resilience intervention and should take the level of the resilience and those of the family members into consideration. The goals and objectives of the family developmental plan will establish the focus of the family resilience intervention namely the family to be self-reliant and independent.

The family resilience intervention should include educational aspects on family and on family resilience. It is necessary that the reasons for repeated failures due to using negative coping mechanisms and not learning from previous experience be established and shared with the family. A systems approach needs to be followed when working with individual family members. A family resilient intervention need to work towards balancing the domains. The social worker has the responsibility to empower the social worker to assist the family to identify their resources and make use of them.

Monitoring and evaluation is one area often neglected by social workers. To ensure that families achieve the goals and objectives stipulated for the intervention, regular monitoring and evaluation should be conducted not only to establish if the goals and objectives have been achieved but also to revise the plan should it deems necessary. Terminate the family resilience intervention or refer the family to the most appropriate service provider when necessary for further intervention.

5.4 CONCLUSION

In the IDD model of Rothman and Thomas (1994), phase 2 step 2, studying natural examples of interventions, it is stated that a useful source of information is to observe how research participants faced with a similar problem have tried to address it (Chapter 2, section 1.6.2.2). These findings are presented in Chapter 4 and 5, and utilised to determine the content of different aspects of the “The Guidelines”.

The findings of this research study (Chapters 4 and 5), together with the exploration of existing literature formed the foundation of the practice guidelines for social workers to foster and sustain family resilience to strengthen and preserve families described in Chapter 7. Functional elements inherent into models and guidelines and suggestions in literature relating to family resilience interventions will be discussed in the next chapter (Chapter 6).

CHAPTER 6

FUNCTIONAL ELEMENTS INHERENT INTO MODELS AND GUIDELINES AND SUGGESTIONS IN LITERATURE RELATING TO FAMILY RESILIENCE INTERVENTIONS

6.1 INTRODUCTION

The purpose of this chapter is to describe the functional elements found in models and guidelines that could be included in the Practice Guidelines for Social Workers to foster and sustain family resilience. Functional elements are the “critical features of programmes and practices that have previously addressed the problem in question” and involve practice knowledge (De Vos & Strydom 2011:481; Fraser & Galinsky 2010:465). In Chapter 6, phase 2 of the IDD-model of Rothman and Thomas (1994:33), the “identification of functional elements” will be utilised with specific reference to Phase 2, Step 3 “Information gathering and synthesis”. This concerns itself with different, already available service models, practice guidelines and suggestions from literature and social technology relating to family resilience interventions. Fawcett et al (1994:33) states that the identification of functional elements inherent to already existing models, guidelines and suggestions for practice in use enable a researcher to design relevant interventions during the fourth phase, step 1 of the IDD-model, i.e. to develop a “prototype” intervention or practice guidelines to guide the development of an intervention.

The results of the literature search on models and practice guidelines and suggestions from literature will be presented in terms of the “what” and “how” of interventions described. They will be evaluated in terms of their strengths and weakness relating to their functionality, in order to identify the functional element to be incorporated into “The Guidelines”.

The following critical questions listed by Fawcett et al (1994:33) will be used as guide to assess the functional elements of successful interventions:

- Is there any evidence of success?
- What are the strengths of a specific element?
- What are the weaknesses of a specific element?
- How can this element be used in “The Guidelines”.

Through the answers to these questions the researcher will get an indication of whether a specific element was successful or less successful in a programme or model to directly or indirectly foster and sustain family resilience. The elements identified with only the potential

of being used will briefly be described whilst the elements actually used in the programme will be examined in more depth.

Apart from the questions above and in the light of the fact that this research has the intention to develop practice guidelines for social workers to foster and sustain family resilience, the following will also be considered as criteria to identify possible functional elements for “The Guidelines”.

- A way of looking at a situation based on scientific empirical research and the outline of ideas to enable a practitioner to understand situations as a foundation for service (i.e. the fostering and sustaining of family resilience).
- Ways of dealing with the situation by considering:
 - the target audience;
 - goals and objectives of intervention or outcome targets and interventions for each target;
 - actions or ways to deliver or render services; and
 - roles and responsibilities of social service practitioners and the client family and its members.
- Methods of making the guidelines:
 - manageable;
 - user-friendly; and
 - addressing possible obstacles the social service practitioners could encounter in implementing the guidelines.

Various conceptual frameworks and models on family resilience were utilised by implementers in the different interventions and programmes that could be described as functioning elements to be included into the “The Guidelines”. In order to be clear about what is implied by practice models and social service programmes, these concepts will be defined as follows:

- **Practice models:** Linking the term “model” to guidelines, Toseland and Rivas (2005:120) describe a model as a concept that includes indicators and behaviours relevant to a particular situation that provides guidance to others. Another description is provided by Weyers (2001:8; 14) who describes a practice model as a unique way of looking at the nature of a situation and the different ways to deal with the situation. Van der Westhuizen (2010:231) refers to a “practice model” as a “framework” that provides an outline of ideas to enable the practitioner to understand situations in order to form a foundation for services directed to create social change.

- **Social service programmes:** According to the Encyclopaedia of Chicago ([sa], vs “social service or welfare programme”) social service or welfare programmes refer to a variety of programmes made available by the public and the private sector to individuals, families and communities who need special assistance and that promote amongst others, social change, development, cohesion and empowerment. Family resilience programmes are services to families based on the family resilience construct, to assist them to foster and sustain family well-being and to strengthen their ability to meet life’s challenges and to thrive (Corstone 2012; *Family Living Programmes* 2012; Family Resilience Center 2012).

6.2 FUNCTIONAL ELEMENTS IN SERVICES AND PROGRAMMES THAT HAVE SPECIFIC BEARING ON FAMILIES WITHIN THE SOCIAL WELFARE SECTOR IN SOUTH AFRICA

In this section, the functional elements from services and programmes to families will be discussed. These include family preservation services and crisis intervention programmes. A crisis intervention programme specifically targets families in crisis. Manuals on family preservation services, as well as on families in crisis, have been developed by the Department of Social Development to assist social service professionals in rendering these services (Manual on Family Preservation Services 2015; Manual on Families in Crisis 2007).

6.2.1 Family preservation services

Family preservation services are outlined in the White Paper on Families (2013) where family preservation is highlighted as one of the strategic priorities for services to families. Family preservation services have as goal the rendering of services so as to keep families together as far as possible.

The White Paper (2013:60) states that family preservation is generally understood to mean “the keeping of families together and the specific services and programmes which are intended to strengthen families and reduce the removal of family members from troubled families”. Family preservation services are rendered on four levels, i.e. (a) prevention, (b) early intervention, (c) protection and statutory intervention and (d) reunification and after care. These services address the needs of families in crisis, families in transition, families at risk and resilient families (Norms and Standards for Services to Families 2012).

The Manual on Family Preservation Services (2015:10) provides the definition of ‘family’, i.e. as “a societal group that is related by blood (kinship), adoption, foster care or the ties of

marriage (civil, customary or religious), civil union or cohabitation, and goes beyond a particular physical residence". It stipulates that to understand 'family' it is necessary not only to look at family structure, but also at family functions. Well-functioning families are defined as "families who are psycho-socially, emotionally and financially stable, are associated with the creation of a conducive external environment and good child rearing practices, which can rebound from crises and adversities". Family resilience, as the ability of families to rebound after being confronted by adversities or crises to, eventually, be stronger than before, are briefly discussed.

The following approaches are used in rendering family preservation services, i.e.: (a) a rights-based approach, (b) the strengths-based approach, (c) the life-cycle approach, (d) the systems approach and e) the social developmental approach. Family preservation services also advocate for an integrated approach, where different service providers collaboratively render services so as to address the diverse needs of the family, as an essential element of family preservation services (The Manual on Family Preservation Services 2015).

Rendering family preservation services requires that the phases in the social welfare intervention process as described in the Framework for Social Welfare Services (2013) are followed. These phases are (a) engagement, (b) screening, (c) intake, d) comprehensive assessment, (e) planning and implementation of the intervention, (f) evaluation of the intervention and (g) exit strategies comprising referrals and termination (Framework for Social Welfare Services 2013:36).

An important aspect of the process that is highlighted is the importance of a sound service provider/service recipient relationship and the building of trust and rapport. The assessment of families and the family developmental assessment, play an important role in rendering family preservation services. The assessment entails two elements, firstly a risk assessment, including individual and family risk factors and, secondly, a strengths assessment, including individual and family strengths, as well as the protective factors of the family. A family developmental plan based on the assessment, guides the intervention process (The Manual on Family Preservation Services 2015:111–126). Advocating for a strengths perspective in rendering family preservation services, interventions should be built on these strengths and protective factors whilst mitigating the risk factors. In doing so, the principle of considering families as experts in their own lives and partners in the service delivery process, should be honoured.

Interventions that are specifically emphasised in the manual are (a) the teaching of new skills to families or the enhancement of existing skills, (b) family group conferencing, (c) community mobilisation and (d) youth mentorship.

6.2.2 Crisis intervention programmes

Families in crisis are one of the target groups of services to families. The Directorate Families within the Department of Social Development developed a training manual on Families in Crisis (2007) with a focus on crisis intervention.

Crisis is defined as a subjective reaction to a stressful life experience, affecting the stability and seriously compromising the ability of the individual to cope and function (Roberts cited in Manual on Families in Crisis 2007:7). A state of crisis is commonly described as a severe emotional upset, frequently accompanied by feelings of confusion, anxiety, depression, anger and disorganisations in relationships and social functioning (Edwards cited in Manual on Families in Crisis 2007:7).

The goal of crisis intervention is stipulated as an intervention to restore the person as quickly as possible to at least a pre-crisis level of functioning, whether or not the level was ideal for solving the family's problems, restructuring personalities, bringing about major changes or resolving deep seated longstanding conflicts (Benner & Hill cited in Manual on Families in Crisis 2007).

In the Manual on Families in Crisis (2007:32–34) the developmental approach to service delivery, in which the core values and principles of social work are embedded, is mentioned, as well as the people-centred approach with self-actualisation and self-determination as important concepts. The use of a strengths perspective when intervening is emphasised, as well as the empowering of clients (Manual on Families in Crisis, 2007:127; 130). Reference is made to the family system, but the family systems approach was not mentioned. The legal issues in crisis intervention were discussed without direct reference to the legislative framework (Manual on Families in Crisis 2007:76).

Social workers, in dealing with crisis, need to be culturally sensitive as the understanding of the dynamics that race, ethnicity and culture bring about is essential for effective crisis intervention (Manual on Families in Crisis 2007:131).

The following objectives for the crisis intervention process are stipulated, i.e. (a) to relieve the immediate emotional distress of the family members, (b) to provide the needed structure in order to address the chaos that exists in the immediate life situation of the family, (c) to complete an assessment focusing on the present family crisis, (d) to plan the strategy of intervention, focusing on relevant tasks the family members need to perform, (e) to refer the

family as needed and (f) to follow-up with family members to ensure that they make contact with the service provider referred to.

During the crisis intervention process the component of taking control of the family situation by the service provider is emphasised. The reason, therefore, is to provide structure during the crisis period until the family members can regain personal control (Manual on Families in Crisis 2007:181).

Although the manual has been developed for families in crisis, the focus is on the individual that experiences a crisis, not a family. Elements of restoring individual resilience have been referred to without being specifically mentioned. Furthermore, the family resilience construct and the definition of family resilience has also been omitted.

Within the South African context linking the concept family resilience within Departmental guidelines strategies and manuals with sector specific interventions, has not taken place as yet. In the manual on Family Preservation Services (2015) no reference is made to crisis intervention as important intervention, despite referring to families facing serious crisis and adversity. In the manual on Family in Crisis (2007) no reference was made to family resilience despite addressing the serious impact an immediate crisis has on the family and the recovery process thereafter.

TABLE 6.1 STRENGTHS AND WEAKNESSES OF FAMILY PRESERVATION SERVICES AND CRISIS INTERVENTION FOR FAMILIES

Strengths	Weaknesses
<p>Crisis intervention is an important programme to support and strengthen families after having to deal with crisis or adversity.</p> <p>Family preservation services are offered to all families on four levels, namely on prevention, early intervention, protection and statutory and aftercare and reunification.</p> <p>Family preservation services describe family resilience as an important aspect of family life and briefly discuss the various domains of family resilience.</p> <p>Family diversity in different family structures, but with similar functions is stated as important.</p>	<p>No evaluation is available.</p> <p>In the manual on Family Preservation Services, the rendering of services to families in crisis is mentioned but crisis intervention is not specifically indicated.</p> <p>In describing the crisis intervention programme, no reference is made to the family resilience construct and process.</p> <p>The focus of the manual on families in crisis is on individual intervention and not on the family.</p>

<p>Rendering family preservation services that would include a family resilience intervention should be rendered in accordance with the generic social welfare intervention process.</p> <p>The importance of the assessment process in family preservation services, as well as crisis intervention, is highlighted.</p> <p>The rendering of family preservation services requires a collaborative approach involving the family as active partners in the service rendering process.</p>	
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The functional elements that could be identified from family preservation services and the crisis intervention programme are that where family preservation services concentrate on providing general support to all families, crisis intervention programmes are intensive programmes for families that have been through trauma or are confronted with a crisis situation. Crisis intervention programmes address the very specific needs of the family during the time period immediately after being confronted with crisis or the pile-up of stresses. These elements, the general support to all families through family preservation services and crisis intervention, would be important to include in "The Guidelines".

Both manuals discussed above refer to the theoretical approaches to be taken into consideration in rendering services and should be included into "The Guidelines".

The establishment of rapport between the service provider and the family as service recipient is important. Furthermore, the assessment of the family situation includes focussing not only on the risk factors that the family is confronted with but also on identifying family strengths and protective factors. Services should focus on supporting the interactive processes between the risks and protective factors for families to rebound from crisis so as to mitigate the risk factors and strengthen the protective factors of the family. The crisis intervention programme has specifically these goals as mentioned above.

The specific discussion on the definition of families, the functions that families have to fulfil and the family preservation perspective of strengthening and preserving the family in order to keep the family together as far as possible, as well as crisis intervention, should it be appropriate, should be included in family resilience programmes.

6.3 FUNCTIONAL ELEMENTS IN PROGRAMMES AND MODELS TO FOSTER AND SUSTAIN FAMILY RESILIENCE

By studying successful and unsuccessful models of programmes that have attempted to address families to be resilient, potentially useful functional elements of such an intervention were identified. In addition, studying less successful programmes and practices may be particularly valuable since non-examples assist to understand methods and contextual features that may be critical to success (Rothman & Thomas 1994:36).

The researcher did a literature review of global, as well as South African context to identify programmes that directly or indirectly foster and sustain family resilience so as to identify those variables that could be identified as functional elements to be incorporated in the practice guidelines for social workers to foster and sustain family resilience to strengthen and preserve families. With the assistance of a subject librarian at UNISA and through subject-specific literature on-line, Google searches, literature in the field on psychology, sociology, the nursing profession and social work was found on family resilience. Various dissertations are also available on the subject matter, as well as articles in journals, such as “The American School Counselling Association”, “Journal of Family Nursing”, “Journal of Family Strengths”, “Journal of Family Issues”, “Family Matters”, “Nursing Forum”, “Journal of Marriage and Family Functioning”, “Traumatology”, “Review of General Psychology”, “American Journal for Family Therapy”, “Journal of Family Social Work” and “Social Work/Maatskaplike Werk”.

6.3.1 The Ambiguous Loss Model: loss, trauma and resilience

The Ambiguous Loss Model was developed by Boss (2006:11) published in New York. This model identifies ambiguous loss as a stress factor. Ambiguous loss refers to loss that occurs without closure or understanding that leaves a person searching for answers and explanations for its causes. This causes extraordinary stress that blocks coping and understanding. This implies that if family members are physically absent, but psychologically present or physically present but psychologically absent, the situation is labelled by Boss as one of ambiguous loss. For example, soldiers missing in war, missing persons (crime or natural disasters), incarceration, Alzheimer’s disease, chronic mental illness, addictions, depression, traumatic head injury and more common situations such as immigration, adoption, young adults leaving home, obsession with computer games, divorce or remarriage. These examples of ambiguous losses have the potential to traumatise and disturb relational boundaries, family structure and the functioning of the family.

This model has a relational family focus. Who the individual perceives as family is accentuated, therefore, bringing the psychological impact of family on the individual to the fore.

The goals identified by Boss (2006:60) for therapeutic treatment and preventative intervention for ambiguous loss, is to increase the comfort and resiliency of the individual, couples and families by using the family resilience framework of Walsh (1998, 2003) discussed in Chapter 2, section 2.4.4.3. The framework is used by Boss to guide assessment and intervention. The framework is targeting key processes that promote resilience in three domains of family functioning, i.e. belief systems, communication processes and organisational processes in order to decrease risk factors and strengthen protective factors of family members and the family as a whole.

The model of Boss includes 'care for the carer', by stipulating techniques and strategies that could ease the pressure on the professionals in order to deal with their own ambiguous loss. Boss (2006:208) states that for professionals to discover hope in their own lives and in the despair of the people they work with professionally, "peace needs to be made with ambiguity". She states that "through dialectical processes (the logical discussion of ideas and opinions) and the acceptance of paradox, resilience will be found by redefining mastery, normalizing ambivalence, reconstructing identity, revising attachment and discovering a new 'how'".

TABLE 6.2 STRENGTHS AND WEAKNESSES OF THE AMBIGUOUS LOSS MODEL OF BOSS (2006)

Strengths	Weaknesses
<p>Acknowledgement of ambiguous loss as stress or risk factors in the lives of the individual and the family.</p> <p>The building of individual and family strengths of both the service recipient as well as the service provider rendering the service, defined as "care of the carer".</p> <p>Resilience as processes that the family needs to go through such as dialectical processes, acceptance of paradox and then redefining and normalisation of ambivalence is embraced in the model.</p> <p>Recognition is given to the three key processes of family resilience as identified by Walsh (1998) namely organisational processes, communication processes and belief systems.</p>	<p>No evaluation available.</p>

Functional elements from this model for inclusion in the guidelines include the following:

- Recognition of ambiguous loss as a stress or risk factor can be considered as a functional element to be included as one of the risk factors the family, if applicable, needs to deal with.
- Boss (2006) also gives attention to the service provider that often also has to deal with their own ambiguous loss. Insight is given into the fact that the professionals that could be experiencing ambiguous loss could need assistance to deal with their own losses.
- Building family strengths includes accepting circumstances without sometimes having the choice or the possibility of being able to change these circumstances.

6.3.2 Building resilience and supporting relationships in families under stress project

Sawyer and Burton (2012) wrote a handbook based on research on the National Children's Bureau (NCB) project in London, Building Resilience and Supporting Relationships in Families under Stress. This project ran from 2004 to 2006. The project's aim was to explore how service providers could support more effective parenting in families affected by parental substance abuse or mental health problems or both, with an emphasis on the best interest of the child.

Findings indicated that parental problems are usually of great significance to children. The recommendation was that the possible adverse impact should be assessed in terms of the three domains of the Framework for the Assessment of Children in need and their Families, i.e. (a) family and environmental factors, (b) parenting capacity and (c) children's developmental needs. The assessment should focus on exploring the everyday experiences of family members with a child-focused ecological approach, rather than placing an overemphasis on crisis or 'unusual' incidents.

Interventions should include:

- The provision of education on the family resilience and the family processes in family functioning.
- Service providers should be informed on how family resilience operates (Sawyer & Burton 2012:13).
- Factors that increase resilience.
- Children should be helped to sustain and develop a sense of self-efficacy and autonomy (Sawyer & Burton 2012:27).

- Resiliency should be considered as operating at the level of the child, family and external environment.
- Resilience is not static, but a process that changes over time.
- The purpose of service rendering and interventions should be to elicit the internal strengths, resilience, motivations and goals that already exist within individuals and families.
- Family resilience interventions could, when their purpose is to protect, either help or harm. Resilience factors should be assessed alongside risks to increase the opportunity for establishing a way forward that is comprehensive, evidence-informed and promotes 'best possible' outcomes.

In this intervention resilience, resilience factors and protective factors are used interchangeably (Sawyer & Burton 2012:29).

One of the limitations of the project was that those organisations involved in service rendering with the aim of supporting children and families affected by substance abuse or mental health problems or both, struggled to work together in a coordinated way.

Another challenge that was identified was that tension could occur between 'protection' and 'resilience' as resilience can be seen as a result of exposure to stress. In relation to child protection issues, if children were left to cope with some situations in order to "build resistance to adversity in order to be resilient", it could be extremely contentious, potentially very dangerous and unethical to the children involved.

TABLE 6.3 STRENGTHS AND WEAKNESSES OF THE BUILDING RESILIENCE IN FAMILIES UNDER STRESS

Strengths	Weaknesses
<p>The principle of the best interest of the child underpins the project.</p> <p>The assessment of the families affected by parental substance abuse or mental health problems should also include everyday life experiences.</p> <p>Various levels of resilience enhancing factors (parental, familial, and community) were identified.</p> <p>The purpose of the intervention was stipulated as the strengthening of</p>	<p>No evaluation available</p> <p>There was a lack of coordinated services as the different service providers could not establish proper collaboration in rendering services.</p> <p>The project had the potential to overly expose children to situations that they, due to their parents' behaviour, would not be safe and they would not be able to deal with, which would not be in the best interest of the child.</p>

<p>“protective factors” to promote positive change.</p> <p>Education on resilience factors as part of the intervention plan as to motivate families to actively participate in appropriate interventions to foster and sustain family resilience.</p> <p>The purpose of the Building Resilience Project focused on resilience that is synonymous with a focus on ‘what is good for families’ and especially ‘what is good for the children in the family’.</p>	
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A functional element derived from this project is that both service provider and service recipient should be educated on the family resilience construct and processes of family resilience. Practitioners should be clear in their thinking on what they communicate when talking about resilience. The family construct, as well as the operationalising thereof, should be clearly understood by practitioners so as to educate service recipients firstly, about family resilience and how it operates and secondly, to be a part of developing appropriate family resilience interventions. These interventions should ensure appropriate resilience outcomes for families in crisis, for families in need, or for families that require support to be able to address daily hassles and challenges for sustained resilience.

Another functional element is that an ecological approach should be implemented, viewing family members within the family, community and broader society. Both risk and protective factors that impact on the family will be found on these levels.

6.4 FUNCTIONAL ELEMENTS IN FAMILY RESILIENCE INTERVENTIONS WITH SPECIFIC TARGET GROUPS AND OUTCOMES

Through an internet search on family resilience programmes to foster and enhance family resilience, the researcher identified a number of programmes. Programmes that will be discussed are parenting skills programmes, children and youth resilience programmes, building family strengths and resiliency programmes, education family resilience programmes, Family Living community programmes, Penn resilience programmes for school-age children and adolescents, resilience programmes for families with a parent living with a major depressive disorder, Celebrating Families programmes, FOCUS family resilience training programmes and family resilience programmes in New Zealand.

However, the information on some of the programmes is scanty and an evaluation of the programmes was not always possible. These programmes are developed for a specific target audience with very specific goals and objectives for the interventions. No programmes could be identified that holistically addressed the family resilience construct. It was found that most of the programmes focus on isolated elements of family resilience, such as effective communication with a focus on parenting, without taking the other family processes consciously into consideration.

6.4.1 Programmes of CorStone

CorStone in California was founded in 1975 and aims to foster emotional resilience to be able to overcome and address challenges, conflict or crisis. Two programmes offered by CorStone will be discussed, i.e. Building Family Resilience programme: Parenting Skills and Children and Youth Resilience programmes.

6.4.1.1 Building Family Resilience programme: Parenting skills

The Building Family Resilience programme aims to build resilience and parenting skills in at-risk parents, particularly young mothers of young children. The programme seeks to reduce the likelihood of child abuse, domestic violence, parental depression, anxiety and isolation. The programme addresses the barriers to effective parenting and healthy communication in families by increasing parental coping skills and decreasing stress (CorStone 2012).

TABLE 6.4 STRENGTHS AND WEAKNESSES OF CORSTONE PROGRAMMES

CorStone; Parenting skills programmes	
STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> • Programme specific: building parental skills in at-risk parents. • Broader goal: to reduce the likelihood of child abuse, domestic violence, parental depression, anxiety and isolation. • Programme outcome: addressing the barriers to effective parenting and healthy communication by increasing family coping and decreasing stress. 	<ul style="list-style-type: none"> • Programme evaluation not available. • Programmes focus on an isolated element of family resilience, i.e. effective communication with a focus on parenting, without taking the other family processes consciously into consideration.

6.4.1.2 Children and Youth Resilience programmes

Another programme of CorStone aims to strengthen children and youth resilience. The programme content of these programmes is to provide middle and high-school students with knowledge, skills and support with the purpose to enhance their resilience to deal with trauma, to build their self-esteem and improve their social functioning and life skills so as to be able to ‘bounce back’ from adversity and conflict. These programmes use four strengths-based interventions that specifically target levels of protective factors, i.e. (a) character building, (b) social orientation, (c) communication skills and (d) self-concept. These are with reference to children and youth’s internal locus of control and desire to improve the self to be better equipped against outside stressors and anxiety (CorStone 2012).

TABLE 6.4 STRENGTHS AND WEAKNESSES OF CORSTONE PROGRAMMES

CorStone: Children and Youth Resilience programmes	
STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> • This is a very specific programme with the goal of building individual resilience with the target audience of children and youth. • Programme specific goals: educational programme to provide knowledge, skills and support on resilience to children and youth so as to be able to bounce back from adversity and conflict. • Building individual resilience of family members as a protective factor for the family. • Strengths-based interventions. 	<ul style="list-style-type: none"> • Programme evaluation not available. • Addresses individual resilience without a family system approach.

Functional elements that could be identified from these two programmes from CorStone (2012) are that individual strengths and resilience should be built that could also act as a protective factor for families. Although the building of individual resilience is important, it should be done from a family-focussed perspective with a relational view in mind.

The strengths-based approach, specifically focussing on the strengthening and building of protective factors and the mitigating of risk factors, should be included in “The Guidelines”.

6.4.2 Building Family Strengths: Resiliency programmes: Clemson University

Clemson University developed a programme called Building Family Strengths: Resiliency. The activities within these programmes are designed to recognize the uniqueness and diversity of families to make families stronger. The family strengths focus provides a framework for a comprehensive approach to strengthen families through a focus on the

developmental stages throughout the life cycle. The service provider should take the needs of the family, within a specific phase in the life cycle, into consideration as the risk factors within a specific phase would require the strengthening of specific protective factors to mitigate the risk factors (*Building Family Strengths: Resiliency* 2009).

TABLE 6.5 STRENGTHS AND WEAKNESSES OF CLEMSON’S PROGRAMMES

CLEMSON: Building Family Strengths: Resiliency	
STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> • Programme recognises the uniqueness and diversity of families. • Programme takes the developmental stages of the life cycle into consideration. • Family strengths-based approach provides for a framework for strengthening families. 	<ul style="list-style-type: none"> • Programme evaluation not available.

As functional element, the strengths-based approach as well as the family life cycle approach can be incorporated in “The Guidelines” to guide the identification of specific strengths and protective factors that, in accordance with the life cycle of the family, need to be strengthened in order to overcome the challenges the family is confronted with.

6.4.3 Education family resilience programmes: Illinois Family Resilience Centre

The Family Resilience Centre in Illinois is dedicated to advance knowledge and practice that strengthens families’ abilities to meet life’s challenges and thrive. The Centre’s research, education and public engagement activities centre around four themes, i.e.:

- (a) Health and well-being: The Centre provides knowledge to families to expand their understanding of the ecological, economic, cultural and family level factors that promote health and well-being in children and families.
- (b) Child care as a resource: The Centre aims to expand opportunities for family and child care workers to work in partnership to promote the healthy development of young children and the provision of stable, high-quality child care. By supporting families during times of transition or crisis and protecting them against the vulnerabilities of low-income households, these workers, in partnership, could foster the resilience of both child and family.
- (c) Immigrant families: The Centre does research for a better understanding of those factors that contribute to the successful adaptation of youth in immigrant families, specifically when migration occurs in small communities and rural areas, so as to

develop effective programmes to assist immigrant families to make a successful transition and build family resilience.

- (d) Positive child and youth development: The Centre aims to help families to foster positive development in children and youth which will help them meet current challenges and future demands of adulthood (*The Family Resilience Centre in Illinois* 2012).

TABLE 6.6 STRENGTHS AND WEAKNESSES OF ILLINOIS: EDUCATION FAMILY RESILIENCE PROGRAMME

ILLINOIS: Education family resilience programme	
STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> • Family resilience Centre focuses on educating families to strengthen them to be able to meet life's challenges. • Collaborative approach amongst service providers to address diverse needs of families. • Identify immigration as a stress factor that needs to be appropriately addressed to assist with the adaptation process. • Fostering positive development in children. 	<ul style="list-style-type: none"> • Programme evaluation not available.

The functional elements for consideration in "The Guidelines" are:

- For interventions to holistically build family resilience, collaboration between stakeholders is necessary in order to address the specific needs of the family.
- Immigration as stress factor should be considered and the specific protective factors of immigrant family members should be built on, to assist with the adaptation process the family has to go through.

6.4.4 Family Living programme: University of Wisconsin

The University of Wisconsin has a Family Living programme that was rolled out in 2009. The Family Living programme responds to community needs with research-based education and partnerships that support Wisconsin families and communities to be resilient. The focus is on creating strong families that serve as foundation for community life by enhancing family relationships, parenting, child development and the community institutions that promote family well-being. The Family Living programme embraces the theories of Walsh and utilises Walsh's family resilience framework with three key family processes, i.e. organisational processes, communication patterns and belief systems, to address the needs of families and individuals who are dealing with adversities. The programme focuses on the above-mentioned family processes as identified by Walsh, which contribute to

families being able to rebound from adversity, stronger and more resourceful than before. These programmes are educational as well as therapeutic (Family Living Programme 2012).

TABLE 6.7 STRENGTHS AND WEAKNESSES OF WISCONSIN FAMILY LIVING COMMUNITY PROGRAMMES

WISCONSIN Family Living community programme	
STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> • Supports the systems and ecological approaches by promoting partnerships between families and communities. • Embraces the theories of Walsh and Walsh's family resilience framework. 	<ul style="list-style-type: none"> • Programme evaluation not available. • Does not mention the Resilience Theory of family adjustment and family adaptation in rolling out family resilience programmes

The functional element identified in this programme is the embracing of the community as a strong support system for the families to rebound after adversities. The family resilience framework of Walsh was used to guide the development of interventions that could assist in fostering family resilience.

6.4.5 Resiliency programmes in Toronto

Hall and Pearson (2003) described the Penn Resilience Programme (PRP) for school-age children and adolescents and the Reaching IN ... Reaching OUT project for parents and children in Toronto.

6.4.5.1 Penn Resilience Programmes (PRP) for school-age children and adolescents

Penn resilience programmes, although not solely focussing on families, do touch on individual resilience and parental skills as components of family resilience. The programmes were developed from the assumption that families are exposed to high levels of daily stress and that introducing children to resiliency skills would promote accurate and flexible thinking so as to assist children to deal with inevitable adversity. The above-mentioned programmes focussed on resiliency-building strategies to change thinking processes when dealing with stress and adversity. The PRP comprised of cognitive, behavioural and social problem-solving components to optimize their ability to maintain a positive outlook without denying reality (Hall & Pearson 2003).

6.4.5.2 Reaching IN ... Reaching OUT project for parents and children

The Reaching IN ... Reaching OUT Project (RIRO) is helping children to learn to 'reach in' to think more flexibly and accurately and to 'reach out' to take on new opportunities. RIRO also offers parent information sessions to increase parents' awareness of the importance of promoting resilience and the impact of adult thinking styles on children in the process of developing resilience (Hall & Pearson 2003).

TABLE 6.8 STRENGTHS AND WEAKNESSES OF TORONTO PENN RESILIENCE PROGRAMME AND REACHING IN ... REACHING OUT PROGRAMMES

TORONTO Penn Resilience Programme and reaching IN ... Reaching OUT	
STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> • Focus on individual resilience and parental skills as components of family resilience. • The role that stress plays in the family resilience process is emphasised. • Resilience building strategies for dealing with stress and adversity. • Education on individual and family resilience. 	<ul style="list-style-type: none"> • No programme evaluation available.

A functional element of these programmes is a focus on building individual resilience and parental skills training as components of family resilience interventions.

6.4.6 Resilience programme for families with a parent living with a major depressive disorder

Bester (2009) conducted research to identify resilience in families, and develop a corresponding intervention programme for families with a parent living with major depressive disorder. The research results showed a significant correlation between family problem solving and communication and family adaptation. This finding informed Bester's development of a family resilience intervention programme, focussing on education on problem solving and communication skills training as family resilient qualities.

An evaluation of the impact of this intervention programme revealed that negative communication decreased over a period of three months. The programme, therefore, had a positive impact on the communication patterns of these families.

TABLE 6.9 STRENGTHS AND WEAKNESSES OF RESILIENCE INTERVENTION PROGRAMMES FOR FAMILIES WITH A PARENT LIVING WITH A MAJOR DEPRESSIVE DISORDER

Resilience intervention programmes for families with a parent living with a major depressive disorder	
STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> • Research results: correlation between family problem solving, communication and family adaptation. • From the findings, a family resilience intervention programme was developed focussing on enhancing family problem solving and communication. • Evaluation on the impact of the intervention programme was done. Over a period of three months, negative communication within the family decreased and it did have positive impact on the communication patterns of the families and impact on the resilience of the family. 	

The functional elements of this programme are that for the development of a family resilience programme, it is necessary to:

- Identify a specific target group for the programme and identify which family processes of family functioning need to be focussed on so as to inform the development of the intervention.
- Conduct an impact study after the implementation of the programme which would indicate if the intervention was successful or not.

6.4.7 Celebrating Families! (CF!) family resilience programme for families with one or both parents with a chemical dependency problem

A mixed methods research project to explore the development of family resilience among families with one or both parents with a chemical dependency problem and who have completed the Celebrating Families! (CF!) programme hosted by the Santa Clara County Social Service Agencies in San Jose was conducted by Lum (2008) in the USA. The programme consisted of sixteen-hour sessions with families with one or both parents with a chemical dependency problem, using cognitive behaviour techniques to model healthy functioning to increase family resilience processes to help families overcome future adversities. Each CF! session began with a family dinner to promote family cohesion and bonds. The programme used family resilience theory to explain the processes of different

subsystems of a family and other interrelated systems that assist the family in overcoming a family problem or a stressor. Evaluation reports on CF! showed increased family knowledge and understanding of chemical dependency, increased levels of family communications and interactions and a positive outlook towards improving family relationships between parents and children (Lum 2008:7).

The programme used the family resilience framework of Walsh to conceptualise the family resilience processes that consist of three main family functioning domains and their sub-domains, i.e. (a) family belief systems (making meaning of adversity, positive outlook, transcendence and spirituality), (b) organisational patterns (flexibility, connectedness and social and economic resources) and (c) communication processes (clarity, open emotional sharing and collaborative problem solving) (Lum 2008:9).

The main findings of the study were:

- that families become stronger and more resilient after they have completed the family resilience programme; and
- addressing parental chemical dependency by using a family resilience perspective allowed social workers to simultaneously address interventions of strengthening parenting skills, family bonds and preventative measures to prevent future child abuse and neglect or children developing a chemical dependency (Lum 2008:35).

TABLE 6.10 STRENGTHS AND WEAKNESSES OF THE CELEBRATING FAMILIES! (CF!) PROGRAMME

Celebrating Families!: A family resilience programme for families with one or both parents being chemically dependent	
STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> • Utilised cognitive behaviour techniques to model healthy family functioning. • Utilised a family systems approach. • An evaluation was done on the programme. • Increased family knowledge and understanding of chemical dependency, increased levels of family communication and interactions and a positive outlook towards improving family relationships. • Utilised the family resilience framework of Walsh. • A family resilience perspective allowed social workers to address interventions of strengthening parenting skills, family bonds, preventative measures to prevent future child 	<ul style="list-style-type: none"> • Programme did not address the risk factors of the impact of a parent who has a chemically dependency problem on the family. • The individual resilience of the family member with the chemically dependency is not addressed.

abuse and neglect or children developing chemical dependency.	
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A functional element of the programme was that a family resilience framework was used to structure the intervention.

6.4.8 FOCUS family resilience training programmes to improve the psychological health and developmental outcome for highly stressed children and families

The Nathanson Family Resilience Centre at the University of California, Los Angeles, developed a FOCUS family resilience training programme based on interventions previously found to improve the psychological health and developmental outcomes for highly stressed children and families (*Nathanson Family Resilience Centre [sa]*). FOCUS is a short intervention programme delivered in six to eight training sessions to either the parents, the children, or with the entire family. These training sessions allowed families to build their own story about their life experiences. The programme helped families to identify, manage and discuss emotions, clarify misunderstandings, show respect for individual points of view, build family strengths, to feel closer and more supportive to one another and to use family-level problem solving and goal setting to empower the entire family.

The FOCUS programme focussed on developing a shared family narrative that supports family communication. It focussed on understanding and forming the basis for learning and practicing skills such as emotional regulation, management of trauma and loss, communication, goal setting and problem solving that support family resiliency, enhance social cohesion and increase family support. Three specific well-established interventions which demonstrated a positive impact on the psychological adjustment and functioning in families and children facing challenging circumstances were developed. These interventions were: (a) a family-centred preventative intervention designed to strengthen children and families where one parent is depressed, (b) a family-centred intervention for medically ill parents and their children to assist with the psychological adjustment which these circumstances require and (c) a trauma-focussed intervention for children and parents exposed to trauma and loss. The programme was implemented across post-war Bosnia Herzegovina and later adapted for use throughout New York City after the attack on the World Trade Centre.

Theory utilised to develop these interventions showed that crisis brings about the interplay between the family resilience processes and the opportunity for the service provider to evaluate the strengths and weakness within each family process, in order to guide the

rendering of services that could assist the family to overcome the adversity (*Nathanson Family Resilience Centre, [sa]*).

TABLE 6.11 STRENGTHS AND WEAKNESSES OF FOCUS CALIFORNIA FAMILY RESILIENCE TRAINING PROGRAMMES

FOCUS Family resilience training programme	
STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> • Family resilience training programme to improve psychological health and developmental outcomes for highly stressed children and families. • Training focus on building a shared family narrative amongst others assist in strengthening family resilience. • Theory utilised to develop interventions showed that crisis brings about the interplay between family resilience processes and the opportunity for the service provider to evaluate the strengths and weakness of family processes so as to overcome adversity. 	<ul style="list-style-type: none"> • Programme evaluation not available.

The functional element identified is that after a natural disaster or a post-war time period, interventions that focus on building a shared family narrative strengthen family resilience.

6.4.9 Family and Child Resilience Programmes in New Zealand

The Ministry of Social Development in New Zealand, in collaboration with the University of Otago, reported on a number of programmes with different approaches implemented by the Ministry of Social Development, to improve family and child resilience outcomes. These different programmes showed varying degrees of success. MacKay (2003) conducted a literature review based on the Ministry of Social Development's report on the topic of family and child resilience outcomes. MacKay took the following programmes, reported on in the report, into consideration:

- **Nursing home visitation programme**

This programme, considered as a parenting programme, has the goal of improving pregnancy outcomes, early child health and development and the personal development of mothers. The programme involved visits to the mother throughout her pregnancy and thereafter. Evaluations of the programme demonstrated a range of benefits for mother and child. The intensity of the programme, however, meant that the programme was very expensive to implement.

- **Comprehensive Child Development Programme**

This programme aimed to enhance the physical, social, emotional and cognitive development of low-income families and to assist these families to become economically self-sufficient. This programme also involved home visits and focussed on early childhood education. However, evaluations of these programmes revealed no evidence of any impact in any of the target domains, i.e. child learning, child and family health, parenting, family economic self-sufficiency or maternal life course to enhance child and family resilience outcomes. The reasons for the programme's failure were not stipulated.

- **The Abecedarian Project**

This programme targeted children who were identified as being at risk of mental retardation because of the conditions in their home environments. The programme provided enriched centre-based child care services. Evaluations of the programme showed that it was successful when considering the children's progress over time.

- **Family Investment Project**

The project involved initiatives to boost the incomes of low-income families, primarily by encouraging participation in the workforce and ensuring that this resulted in a rise in incomes. The programme included two components, i.e. mandatory participation in employment for a long-term impact on the welfare of recipients and financial incentives to encourage work efforts. The programme resulted in increased rates of employment and increased earnings among participants. The programme also produced improvements in school performance among the children of participants, as well as reduced rates of negative child behaviour, mainly due to changes in parental behaviour and enhanced early childhood education.

- **Families and Schools Together (FAST)**

This programme focussed on improving links between families and the community. The programme targeted families that experienced multiple difficulties, including child behaviour problems. The programme involved weekly meetings with groups of families at primary schools and aimed to build protective factors around their children. The programme demonstrated a range of positive outcomes including reduced rates of behaviour disorders, decreased rates of family conflict and decreased rates of social isolation. The programme improved the social capital of the families and improved child outcomes as the families involved in the programme were more securely embedded in a network of relationships based around the primary school of the children.

TABLE 6.12 FAMILY AND CHILD RESILIENCE PROGRAMMES

Family and Child Resilience Programmes	
STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> • Programmes were evaluated for successful or less successful outcomes. • The Abecedarian project provided enriched centre-based child care services to at risk families with successful outcomes for the children involved. • FAST programme improved links between families and communities with positive family and child outcomes and families more securely embedded in the network of relationships around the school. 	<ul style="list-style-type: none"> • Nurse home visitation programmes were intensive but expensive to implement • The comprehensive child development programme to assist low-income families to be economically self-sufficient, with also a focus on childhood education, failed for reasons not established. • No clear links between the programmes and references to family resilience were made.

As part of the evaluation, MacKay (2003) indicated the following that can be considered as functional elements for the programmes discussed above:

- Processes that operate at the family level, including strong emotional bonds, effective patterns of communication, the use of coping strategies and family belief systems are important means by which families manage to cope with adversity.
- Effective parenting is a key influence on children's development, especially in adverse financial circumstances.
- Wider family involvement can assist families to cope with stress, in particular the involvement of non-resident fathers in the development of children in single-mother families.
- Teenage parents can be assisted by multi-generational co-residence.
- Approaches that work best to foster and sustain family resilience are those that involve early intervention, that are sensitive to families' culture and values and that assist in relieving families' ecological stresses.
- Importantly, things that serve to protect families in adversity are basic processes of effective family functioning.
- MacKay (2003:13) states that much can be gained by studying the successful programmes, as well as those that have failed.

In summary, through a literature review the researcher identified a wide range of programmes from various countries which had as goal a family resilience output targeting specific groups. The following functional elements to be used in the practice guidelines were identified:

- Programmes should, as one of their goals, focus on increasing family coping and decreasing stress.
- Target groups for the programmes should be specific and be designed to address the specific needs of such target group.
- Educational programmes for service recipients on individual and family resilience are important for better understanding of the family resilience processes by both the family and the service provider.
- A systems approach, as well as a strengths-based approach should be followed when rendering a family resilience programme.
- An ecological systems approach, where community centred services and community support networks foster and sustain family and child resilience, should be followed.
- Uniqueness and diversity of families should be recognised, as well as the developmental stages of the family life cycle, in rendering a family resilience programme.
- Framework on family strengths as functional element was identified to be utilised in the family resilience programmes.
- A collaborative approach for collaboration between stakeholders to foster and sustain family resilience should be followed.
- Focus on family processes to rebound from adversity stronger and more resourceful than before, which include the identification of family resilience qualities, should guide the development of interventions to build and enhance family resilience.
- Crisis brings the interplay between family processes which are in synergy with one another.
- Assessment of the strengths and weaknesses in family processes should guide interventions to improve psychological health and developmental outcomes.
- Shared family narratives build family cohesion.

6.5 Format layout for “The Guidelines” for social workers to foster and sustain family resilience

The goal of this research study is to develop practice guidelines for social workers to foster and sustain family resilience and not to develop a practice model or programme on the fostering and sustaining of family resilience. The design and layout of a practice guideline is important to ensure that the guidelines will be easily understandable and implementable.

The researcher followed a process of scrutinizing guidelines from different sectors within the Department of Social Development in South Africa to compare the layout and design of these guidelines. The most appropriate format for the guidelines was found in the Guidelines for the Prevention of and Response to Child Exploitation (2015) developed by UNICEF in close cooperation with the Department of Social Development.

The format layout of the guidelines is:

- 1) An introduction and background on the South African Government's obligation to take action to promote and protect the rights of each child. The Millennium Development Goals for a *World fit for Children* state the role of the Department of Social Development as lead Department. It highlights that the Department in collaboration with role players in the governmental sector and non-governmental sector, has to align services to the Children's Act 38 of 2005 (South Africa 2006), as well as other relevant Acts, to ensure the provision of the necessary care and protection of every child in South Africa.
- 2) The purpose of the Guidelines is explained, i.e. to set out "good practice standards for practitioners seeking the best interest of children" (Guidelines for the Prevention and Response to Child Exploitation 2015:3). The guidelines need to ensure that services need to be appropriate and implemented in a uniform way. Furthermore, the guidelines need to guide stakeholders in defining their roles, responsibilities and actions to build their capacity. The guidelines also lay out the approaches and confirm the importance of the assessment and monitoring and evaluation of services.
- 3) The target audiences of the guidelines are then spelt out namely that the guidelines are intended for social workers and social service professionals working for children and for those who have a specific mandate and role to respond to children who have been exploited, so as to guide the prevention of and response to child exploitation. It is stated that the guidelines must be read in conjunction with the Act, regulations and norms and standards for child protection.
- 4) The structure of the guidelines is described.
- 5) The principles that must underpin all intervention measures for children who are at risk of, or have been exploited, are discussed.

- 6) The theoretical approaches are then discussed, stating that the ultimate aim to child care and protection is developmental and has a multi-disciplinary approach through the continuum of care services. Interventions must be child-focussed and individualised according to the needs of the child and the family.
- 7) The Guidelines for the Prevention and Response to Child Exploitation (2015) are discussed under the following headings, i.e.:
- guidelines for prevention and early intervention
 - guidelines for reporting
 - guidelines for assessment
 - guidelines for statutory services
 - guidelines for the immediate care of the child
 - guidelines for investigation
 - guidelines to determine if a child is in need of care and protection
 - guidelines for finalisation of the statutory process
 - guidelines for reintegration and reunification and
 - guidelines on non-South African unaccompanied and separated children

The format of these guidelines is in a question and answer style under each of above-mentioned headings. Specific issues such as the procedures and responsibilities of the designated social worker and police when placing a child in temporary safe care are discussed within a text block in colour.

- 8) The implementation, monitoring and coordination section was also done in a question and answer format.
- 9) In the conclusion, it is stated that the guidelines are formulated to ensure that all service providers adhere to internationally recognised standards and uphold the best interest of the child. It was also stated that the guidelines outline the responsibility of government and non-governmental organisations to ensure that the care and protection of children are optimum.
- 10) After the bibliography, the following annexures were attached:
- Definitions
 - Legal framework
 - Inter-sectoral collaboration

The researcher found the Guidelines for the Prevention and Response to Child Exploitation (2015) easily readable, easy understandable with not too much detail that the reader gets confused. The researcher is of the opinion that this format will be most applicable for “The Guidelines for Social Workers to foster and sustain Family Resilience”.

6.6 CONCLUSION

Chapter 6, describing the functional elements to be included in “The Guidelines”, is a description of the implementation of Phase 2 of the IDD Model of Rothman and Thomas (1994:33), i.e. information gathering and synthesis.

Through this research study, the researcher’s aim was to develop practice guidelines to assist social workers to foster and sustain family resilience. Task objectives 1, 2, 3 and 4 were executed to assist the researcher to implement task objective 5, i.e. the development of practice guidelines for social workers on interventions that will foster and sustain family resilience.

The outcomes of these objectives resulted in the specific focus areas to be included in “The Guidelines”. The outcome of task objective 1, i.e. to explore and describe the available documented interventions that aim to strengthen and preserve families and foster and sustain family resilience, was illustrated in this chapter and the functional elements to be included in “The Guidelines” were identified.

Functional elements which have been used or adapted for “The Guidelines”, the origin of the elements and the place where they have been used in “The Guidelines” are summarised in the table below:

TABLE 6.13 FUNCTIONAL ELEMENTS USED OR ADAPTED IN “THE GUIDELINES”

ORIGIN OF THE ELEMENT	FUNCTIONAL ELEMENT	PLACE IN “THE GUIDELINES”
Family preservation services and crisis intervention (Manual for Family Preservation Services 2013; Manual on Families in Crisis 2007)	Family preservation services should provide general support to all families for fostering as well as sustaining family resilience	Chapter 7: Section 2; 2.2, Guidelines for social worker to implement family resilience interventions and which families should receive family resilience interventions.
	Crisis intervention should be rendered to families during the period immediately after being confronted with crisis or the pile-up of stresses	Chapter 7, section 2; 2.4.4.3 crisis intervention services on an early intervention level

	The theoretical approaches for family resilience interventions	Chapter 7, v. Theoretical approaches of service delivery to families
	The importance of establishing rapport between social worker and the client family	Chapter 7, section 2, 2.4.1 Intake: How to engage with the family for a family resilience intervention
	The interactive processes between the risks and protective factors for families to rebound from crisis.	Chapter 7, section 1, 1.6.2 family resilience is the outcome of the interaction between risk factors, protective factors and family strengths
	The goal of crisis intervention, namely to mitigate risk factors and strengthen protective factors	Chapter 7, section 2, 2.4.4.3 Family resilience intervention on early intervention level
	A definition of families, the functions that families have to fulfil, and the family preservation perspective of strengthening and preserving the family in order to keep families together as far as possible	Chapter 7, section 1, 1.5 Definition of family resilience
The Ambiguous Loss Model: Loss trauma and resilience (Boss 2006)	Recognition of ambiguous loss as a stress or risk factor	Chapter 7 Ambiguous loss as recognised risk factor
	Professionals could experience ambiguous loss and could need assistance to deal with their own losses.	Chapter 7, section 2, 2.9 Guidelines on how to 'care for the carers' - those social workers rendering family preservation services including family resilience interventions
Building resilience and supporting relationships in families under stress project (Sawyer and Burton 2012)	Both service providers and service recipient should be educated on the family resilience construct and processes of family resilience	Chapter 7, section 2,2.7 Guidelines on how education on all aspects of family life forms and important element in fostering and sustain family resilience
	Ecological approach with risk and protective factors on all system levels	Chapter 7, Theoretical approaches
Parenting skills and children and Youth Resilience	Building individual strengths and resilience to act as a protective factor for families	Chapter 7, section 1.2 individual and family resilience

programmes (CorStone 2012)	Strengths-based approach, must be followed strengthening and building protective factors to mitigate risk factors	Chapter 7, section 1, 1.6.5.3 Domain of protective processes
Building Family Strengths: Resiliency programmes (Building family strengths: Resiliency 2009)	Strengths and protective factors are identified in accordance with the life cycle of the family	Chapter 7, section 1, 1.4 A particular understanding of family for family resilience
Education family resilience programmes (The Family Resilience Centre in Illinois 2012)	Collaboration between stakeholders for integrated services delivery	Chapter 7, section 2, 2.8 Guidelines on the multi-dimensional aspects for an intervention to foster and sustain family resilience
	Immigration as stress factor and crisis	Chapter 7, section 2, 2.4.4.3 Family resilience intervention on early intervention level
Family Living community programme (Family Living Programme, 2012)	Embracing of the community as strong support system to the families	Chapter 7, ecological systems approach with the family embedded in the community as system
Penn Resilience Programme (PRP) for school-age children and adolescents and the Reaching IN..Reaching OUT project for parents and children (Hall & Pearson 2003)	Focus on individual resilience and parental skills as components of family resilience	Chapter 7, section 2, 2.4.4.1 A family resilience intervention as a prevention and promotion service to sustain family resilience
Resilience Intervention programmes for families with a parent living with a major depressive disorder (Bester 2009)	Identify a specific target group for family resilience programme	Chapter 7, section 2, 2.4.4 Target groups of services to families, resilience families, families at risk, families in transition and family in crisis
	Identify family processes in family functioning that need to receive priority	Chapter 7, section 1, 2.6 Guidelines on how social workers should integrate/incorporate family processes (5 domains of family resilience) when rendering a family resilience intervention
	Evaluation of the intervention to establish the impact on the family	Chapter 7, section 2, 2.4.5 Monitoring and evaluation of family resilience interventions
Celebrating Families! (CF!) family resilience programme for families with one or both parents with a chemical	Walsh's (1998) family resilience framework was used to structure the intervention	Chapter 7, section 1, 1.6.5 Domains in the family resilience framework to

dependency problem (Lum 2008)		holistically address family resilience
FOCUS family resilience training programmes (Nathanson Family Resilience Centre, n.d.)	After a natural disaster or a post-war time period, interventions that focus on building a shared family narrative strengthen family resilience.	Chapter 7, section 2, 2.4.4.2 Narrative mediation as family resilience intervention on a early intervention level
Family and Child Resilience Programmes (MacKay, 2003)	The use of coping strategies and family belief systems are important means by which families manage to cope with adversity	Family resilience framework and the Family Resilience Process model to assess a family level of resilience as guide for a family resilience intervention
	Wider family involvement (extended family) can assist families to cope with stress	Building of protective factors and resources to foster family resilience
Guidelines for the Prevention of and Response to Child Exploitation (2015)	Lay-out and design of the guidelines to ensure that "The Guidelines" is easily understandable and implementable	Lay-out and design on the "Practice Guidelines for Social Workers to foster and sustain Family Resilience"

The findings and conclusions regarding the data obtained in Chapters 4 and 5, as well as the literature review, provided the researcher with a knowledge base from which to develop a prototype of "The Guidelines" utilised as baseline information for conducting the national consultative workshop on the prototype "Practice Guidelines for Social Workers to foster and sustain Family Resilience" ("The Practice Guidelines"). All this information was collated into Chapter 7.

CHAPTER 7

PRACTICE GUIDELINES FOR SOCIAL WORKERS TO FOSTER AND SUSTAIN FAMILY RESILIENCE TO STRENGTHEN AND PRESERVE FAMILIES

7.1 INTRODUCTION

In Chapter 1 the research problem was discussed and the following research question was formulated:

“How and by doing what, can social workers foster and sustain family resilience to strengthen and preserve families”?

This defined research question led to the specific goal of this research, i.e. to develop practice guidelines for social workers on fostering and sustaining family resilience so as to able to strengthen and preserve families (Chapter 1, section 1.5).

This chapter now presents the developed intervention, i.e. the practice guidelines for social workers to foster and sustain family resilience. The development of “The Guidelines” was planned according to Phase 4, Step 1–3 of the IDD model of Rothman and Thomas (1994).

Practice Guidelines are “advice or instructions given in order to guide and direct an action (Business English, 2009: sv “Practice Guidelines”). Attributes of good guidelines should include validity, reliability, reducibility, clinical applicability, clinical flexibility, clarity, the multi-disciplinary process and a review of evidence and documentation. “Practice guidelines are systematically developed statements to assist practitioners” (Cohen et al 2010:434).

In the Guidelines for the Prevention of and Response to Child Exploitation (2015:3) it is stated that guidelines set out good practice standards for practitioners in accordance to international, national and regional legal frameworks. Furthermore, guidelines guide practitioners to define their roles, responsibilities and actions to render effective and uniform services. Timberlake et al (cited by Van der Westhuizen 2010:230) advise that practice guidelines need to be based on best practice, which should lead to “optimal ways of delivering services to meet an ideal standard of care for a given client population under given circumstances”. In accordance to Hofstee (2006:159), the content of practice guidelines should emanate from practice, and be based on the findings of research. In this study, the content of the practice guidelines would be based on the findings in Chapters 4 and 5, as well as other research referred to.

The guidelines should also be feasible and clear, explaining the ‘what’ and ‘how’ of implementation with the intention of making a difference in the outcome of events (Hepworth

et al 2006:432; Ramsey 2001(2):8–10; Alston & Bowles 2003:169,305). In addition, Proctor and Staudt (2003:230) suggest that outcome targets should be developed, after which associated interventions for each target should be described. Target outcomes and associated interventions may be conceptualised as goals and objectives of interventions (Compton et al 2005:198). Brause (2000:131) is in agreement with the previously mentioned descriptions of guidelines, and places emphasis on the researcher to be clear about the target audience and about relating to research findings when developing practice guidelines. Howard and Jenson (1999:360) note that apart from a scientific foundation, guidelines must also be user-friendly and manageable to address possible obstacles of potential resistance from practitioners and costs. In developing the practice guidelines for social workers to foster and sustain family resilience, the above-mentioned criteria were taken into consideration.

7.2 The prototype “Practice guidelines for social workers to foster and sustain family resilience” (“The Practice Guidelines”)

During the early development and pilot testing phase of Rothman and Thomas’ IDD model (1994:10–12) a prototype “Practice Guidelines” was developed during Step 1, 2, and 3 of Phase 4 which was an intertwining process.

The information in the prototype “Practice Guidelines” was based on research findings on family resilience interventions on a national and international level, as well as information from the focus group interviews and the face-to-face semi-structured interviews. The prototype was later piloted through a national consultative workshop arranged through the Department of Social Development.

7.3 The national consultative workshop on the prototype “Practice Guidelines”

The South African Department of Social Development, granted the researcher permission to conduct and facilitate a two-day national consultative workshop on the prototype “Practice Guidelines” (Workshop report on the draft guidelines for social workers to foster and sustain family resilience 2015). The 35 delegates who attended the workshop were social workers from the Department of Social Development and Civil Society Organisations from seven provinces, i.e. Gauteng, Limpopo, Mpumalanga, Northern Cape, Western Cape, North West Province and KZN Province. Some of the workshop delegates had been involved in the focus group interviews in the provinces or in the face-to-face semi-structured interviews conducted by the researcher.

Input from the workshop delegates on the prototype “Practice Guidelines” was applied as added information on the design criteria to develop the practice guidelines for social workers to foster and sustain family resilience.

Workshop delegates were requested to fill in evaluation forms after the workshop based on pointers to consider when developing guidelines for a specific service, as recommended by Kirk (1999:304) (Annexure H).

The workshop was also utilised to identify functional elements in accordance to Phase 3, step 2 of the IDD model of Rothman and Thomas (1994) to be included in the finalised “Practice guidelines for social workers to foster and sustain family resilience to strengthen and preserve families” (The Guidelines”) (see Chapter 7).

7.3.1 Content of the workshop

The content of the workshop included the development of “The Guidelines”, feedback on specific questions, discussion of relevant issues and an evaluation of the guidelines by delegates.

7.3.1.1 Purpose to develop “The Guidelines”

The primary purpose for developing “The Guidelines” was explained as providing assistance to social workers to shape their behaviour and enhance their ability to render services that would be able to foster and sustain family resilience. In accordance with Kirk (1999:304), the aim of the practice guidelines is to improve social workers’ ability to render effective services to families and to simplify the decision of “what to do” in rendering services and “how to motivate” the service recipients to actively participate in actions that would foster and sustain family resilience. Kirk furthermore, identified various pointers for consideration when developing guidelines for a specific service. These pointers are that guidelines should be:

- based on a scientific foundation and best practices
- user-friendly
- manageable in addressing possible obstacles
- aimed at specific outcomes
- clear about the target audience
- related to existing theory and research findings
- based on outcome targets after which associated interventions to each target are described
- related to existing theory

- feasible and clear, explaining the how, where and who in order to facilitate change

These pointers were used during the consultative process on the prototype “Practice Guidelines” as evaluation criteria to evaluate the “The Practice Guidelines”.

The prototype “Practice Guidelines” were distributed to the delegates prior to the workshop as a draft so they could be prepared when attending the workshop.

7.3.1.2 Feedback from delegates on questions asked

At the workshop, feedback was requested from the delegates on matters as described in the prototype “Practice Guidelines”. Workshop delegates were asked specific questions which was followed by general discussions.

The following feedback in the form of either comments or suggestions was received on the following questions:

TABLE 7.1 FEEDBACK FROM DELEGATES AT THE NATIONAL CONSULTATIVE WORKSHOP ON THE PROTOTYPE PRACTICE GUIDELINES FOR SOCIAL WORKERS TO FOSTER AND SUSTAIN FAMILY RESILIENCE

QUESTIONS	RESPONSES FROM DELEGATES ON THE QUESTIONS
<p>1. Are the goals of the “Practice Guidelines” clear?</p>	<p>Comments and suggestions</p> <ul style="list-style-type: none"> • Empower families to deal with life’s stresses and challenges. • Build and sustain family resilience and family well-being. • Empower married/cohabitative couples to honour their family roles and responsibilities and honour their lifelong commitment towards family members. • Enhance independence and self- reliance amongst families.
<p>The five domains or family processes of family resilience as described in the “Practice Guidelines”:</p> <ul style="list-style-type: none"> • Are the descriptions understandable? • Do the descriptions assist in identifying the 	<p>Comments and suggestions</p> <p>1. Organisational processes</p> <ul style="list-style-type: none"> • The organisational processes are understandable but the implementation thereof could be challenging. • Provide education on Maslow’s hierarchy of needs in this domain as the needs identified by Maslow have to be taken into consideration in developing interventions to address the needs of families and their members. • “The Guidelines” should explain, step by step, how challenges within the domain should be addressed. • All the domains should be covered in the assessment and planning process.

<p>family processes?</p>	<ul style="list-style-type: none"> • The domain provides us with a new and fresh perspective around tasks and the role definition of family members within the family. • The description of the domain is clear but should be translated into easily readable English.
	<p>Comments and suggestions</p> <p>2. Adaptability processes</p> <ul style="list-style-type: none"> • The description of adaptability is clear. Illustrating the process of adaptability would contribute to visualising the process of adjustment and adaptation. • Provides an understanding of the adaptability process on how the family copes with challenges. • Explains that families adapt and react differently to challenges that they face. • Include that the adaptability process describes how the family copes with challenges by adjusting to changes. Example: A child has been sent to a rehabilitation centre and is reunified with the family after the treatment. The family now has to adapt to the “new behaviour” of the child. • The information on crisis intervention in the Manual on Families in Crisis should form part of “The Guidelines”. • The adaptability domain needs more measurable indicators and the characteristics of a flexible family should be added.
	<p>Comments and suggestions</p> <p>3. Protection processes</p> <ul style="list-style-type: none"> • Add the following as examples of family characteristics that are protective factors, namely i.e.: <ul style="list-style-type: none"> ➤ Open and effective communication between family members. ➤ Family rules serve as a protective measure to enhance family stability. ➤ Support of and letting family members feel safe creates a conducive family environment. ➤ Positive parenting includes knowing the whereabouts of children and understanding the needs and development of children. ➤ Strengths of individual family members (eg self-esteem) as protective factors. ➤ Sense of belonging will enhance family cohesion. • The protective processes will be enhanced through a thorough family developmental assessment where the risk factors, individual strengths and family protective factors are identified.

	<p>Comments and suggestions</p> <p>4. Communication processes</p> <ul style="list-style-type: none"> • Open communication, open emotional expression, conflict management and collaborative problem solving strengthen family relationships. • Cultural beliefs impact on open communication (e.g. boys do not cry) and gender inequality • The generational gap can impact on open communication. • Describe what it means if one has effective communication and listening skills. <p>Comments and suggestions</p> <p>5. Family belief systems</p> <ul style="list-style-type: none"> • The belief system domain is easily understandable. • Add that within this domain, values, norms and principles such as respect, empathy and reaching out to others (Ubuntu) should be addressed. • Add that family belief systems provide family members with a sense of belonging.
<p>Provide views on the synergistic nature of the domains of family resilience</p>	<p>Comments and suggestions</p> <ul style="list-style-type: none"> • The domains are inter-related. • In assisting the family one can use all the domains to effectively intervene. Depending on the needs of the family, the domains should be prioritised to holistically address family needs. • Identifying the different domains will assist in understanding family functioning. • Provide examples on how to use the information on family resilience. • Different strategies can be used to address challenges within different domains. • Family resilience interventions could be implemented on all the service delivery levels namely: prevention, early intervention, statutory and protection and after care and reunification levels. These will further inform the intervention process.
<p>What needs to be added or omitted in the “The Guidelines”?</p>	<p>To be added:</p> <ul style="list-style-type: none"> • The role that the resilience of individual family members plays in contributing to family resilience. • It is necessary to describe the benefits of the resilient family. • Describe family boundaries and what role they play in a resilient family. • Add more information on the culture and tradition of the family which could impact on family resilience. • Other policy guidelines should also be referred to in “The Guidelines” such as the fatherhood strategy.

	<p>To be omitted:</p> <ul style="list-style-type: none"> • The use of the word dysfunctional. Rather use challenged. A family is challenged – not dysfunctional <p>General comment: The description of the domains should form part of the theoretical basis of the guidelines. A framework to conceptualise the elements of each domain would be useful in providing a holistic view on the domains of family resilience.</p>
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7.3.1.3 General discussions on relevant issues pertaining to family resilience

The consultative workshop included a plenary session to establish the workshop delegates' understanding on the following issues:

The relationship between individual and family resilience

- The delegates had a clear understanding on the relationship between individual and family resilience and that the intervention process should have a focus on both individual resilience and family resilience.
- Family resilience does not indicate that the sum of the resilience of family members is equal to family resilience.
- Family resilience refers to the relational processes within the family and between the family and the outside world.
- Individual family resilience could however also be considered as a strength or a protective factor of the family.

Family developmental assessment and family developmental plans as steps in the service delivery process of rendering a family resilience intervention

- Families should be assisted in identifying family strengths and goals of the family unit and also those of individual family members during the developmental assessment process.
- Family participation is an important principle to honour in conducting a family developmental assessment and in developing a family resilience intervention plan to address the needs of the family.
- The developmental assessment should include assessing the domains of family resilience for a family resilience intervention.

Resilience interventions within the basket of services for families, in accordance with the nature of DSD social welfare services, under the following headings, i.e.: Prevention and Promotion, Mediation and Therapeutic services, Family Support Services, Statutory and Protection Services and After Care and Reunification Services

- In order to conduct a thorough family developmental assessment to guide the family development plan and the intervention strategies, an assessment form will be of great assistance to the implementer.
- Assessing the different domains or family processes of the family will guide the family resilience intervention to be conducted according to the basket of services.
- Risks, strengths and protective factors of the family in each domain need to be taken into consideration during the assessment process.
- Formulating goals and objectives during the development of the family developmental plan will give focus, structure and direction to the intervention process.
- On-going evaluation during the intervention process will indicate if the family should be referred for further intervention or if service delivery could be terminated.
- In “The Guidelines”, effective family processes in family functioning and the outcomes of a resilient family could be used as a benchmark.
- Service providers and families need to be educated on the family resilience construct and its operationalisation.

7.3.2 Evaluation of the prototype “Practice Guidelines by delegates: comments and suggestions on how to improve the “The Guidelines”

At the end of the workshop delegates were requested to complete an evaluation form as described in Phase 4, Step 3 of the IDD model.

These suggestions were considered as the functional elements to be included into “The Guidelines”.

The following responses on the questions below were provided:

1. *Do you think that “The Guidelines” are based on a scientific foundation and best practices?*

Delegates felt that “The Guidelines” adhere to these criteria. They suggested that more practical examples should be given for clear and precise prescripts to be followed when implementing family resilience interventions.

2. *Do you think that “The Guidelines” are user-friendly?*

Most delegates felt that “The Guidelines” were user-friendly, but suggested they should be written in simplified English to make it more easily understandable. Others felt that “The Guidelines” were not practical enough and that there should be a more detailed explanation of the domains of family resilience. “The Guidelines” should clearly translate theory into practice and should be practical and easier to understand by all social workers.

3. *Do you think that possible obstacles are addressed in “The Guidelines”?*

Delegates gave a positive response to the question; however, felt that if “The Guidelines” were not more simplified, it could pose a challenge to new social workers to understand them and so to utilize them as guide during the implementation process. Assessing the different domains of family resilience will guide a family resilience intervention to be manageable and doable.

4. *Is the purpose of “The Guidelines” clearly spelt out?*

Delegates felt that the purpose of “The Guidelines” was clearly spelt out. All social workers agreed that not only those involved in rendering services to families should be trained on “The Guidelines”.

5. *Are “The Guidelines” based on outcome targets with interventions described?*

Delegates were in agreement that the outcome targets with interventions were described. It was recommended to include more practical examples in “The Guidelines”.

6. *Are “The Guidelines” informed by existing theory and research findings?*

Delegates gave a positive response to the question. One delegate thought that “The Guidelines” were too theoretical. Domains should be explained by using examples. Maslow’s Hierarchy of Needs should form part of the existing theory.

7. *Are “The Guidelines” feasible and clear, explaining the how, where and who in order to facilitate change?*

The delegates were in agreement that “The Guidelines” should be practical and specific and that more information is needed on the “how” part. “The Guidelines” need to provide guidance to social workers for proper and effective family resilience interventions to families (Annexure F; G; H).

7.3.3 The strengths and weaknesses of conducting the national consultative workshop on the prototype “Practice Guidelines”

Following the holding of the national consultative workshop above and analysis was done on the strengths and weaknesses of the process:

TABLE 7.2 THE STRENGTHS AND WEAKNESSES OF CONDUCTING THE NATIONAL CONSULTATIVE WORKSHOP ON THE PROTOTYPE “PRACTICE GUIDELINES FOR SOCIAL WORKERS TO FOSTER AND SUSTAIN FAMILY RESILIENCE”

Strengths	Weaknesses
The workshop provided a wide range of social workers from different contextual settings (social workers from 7 provinces and from either Government or Civil Society) the opportunity to engage with the prototype “Practice Guidelines” as baseline information for the development of “The Guidelines” incorporated in Chapter 7.	Some of the social workers attending the workshop were also involved in the focus group interviews and the face-to-face semi-structured interviews.
Involving social workers with limited knowledge on the prototype “Practice Guidelines” provided an opportunity to establish how understandable these guidelines are to specifically new social workers.	Despite providing the prototype “Practice Guidelines” to delegates beforehand, most of the delegates admitted that they only briefly looked at these guidelines.
The workshop provided confirmation that social workers’ knowledge on family resilience is limited and training on the family resilience construct and its operationalisation as part of the training on “The Guidelines” is needed.	New social workers with a lack of social work experience found the prototype “Practice Guidelines” difficult and requested that (“The Guidelines” should be simplified and should be practical by making use of examples.
Social workers agreed that knowledge about the theoretical aspects that inform a family resilience intervention is essential for implementation.	It was generally felt that the prototype guidelines were not clear in translating theory into practice and that “The Guidelines” should be simplified into more easily understandable English with practical examples.
The input from the workshop added value to Chapter 7 describing the “Practice guidelines for social workers to foster and sustain family resilience”	
The Department of Social Development undertook to appoint a service provider to develop “The Guidelines” as described in Chapter 7 into practical user-friendly guidelines to serve as training material in	

rolling- out of training on “The Guidelines” in provinces.	
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The information discussed above was taken into consideration in developing “The practice guidelines for social workers to foster and sustain family resilience to strengthen and preserve families”.

**PRACTICE GUIDELINES FOR
SOCIAL WORKERS
TO FOSTER AND SUSTAIN
FAMILY RESILIENCE TO
STRENGTHEN AND PRESERVE
FAMILIES**

By: SM Moss

2017

**PRACTICE GUIDELINES FOR SOCIAL WORKERS TO FOSTER AND SUSTAIN
FAMILY RESILIENCE TO STRENGTHEN AND PRESERVE FAMILIES**

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**PRACTICE GUIDELINES FOR SOCIAL WORKERS TO FOSTER AND SUSTAIN
FAMILY RESILIENCE TO STRENGTHEN AND PRESERVE FAMILIES**

INTRODUCTION

i. INTRODUCTION

The White Paper on Families (2013:18) states that knowledge of family resilience has been recognized as having the potential to add value to services to families. However, the concept is not clarified sufficiently, nor the means on how it should inform family services in South Africa. Feedback from social workers in the field clearly indicated that the term family resilience is used in the South African context, but without understanding of the construct and process thereof. Social workers do not focus on family resilience or identify it as such, although they implement interventions that strengthen family resilience, but without a holistic understanding of family resilience. For example, family preservation services presently rendered by social workers in South Africa often include elements that could be perceived as aspects of family resilience such as communication skills training. This is done without connecting it with the family processes identified as domains of family resilience. This leads to interventions that do not address the needs of families holistically. From a family resilience perspective, such an intervention does not take into consideration the impact that the intervention will have on the other family processes or domains of family resilience.

It is clear that the understanding of family resilience and its synergistic nature has not as yet been thoroughly introduced to the social work profession. One of the reasons for not having programmes with the specific outcome of enhancing family resilience could be a lack of knowledge amongst social workers on the family resilience construct and processes. This may be the reason for the almost complete void with regard to specific family resilience programmes within the South African context.

In order to overcome the local knowledge gap on family resilience, research on family resilience was conducted to develop practice guidelines for social workers to foster and sustain family resilience. These guidelines, designed from a social work perspective, are an effort to provide social workers with a conceptual framework for fostering and sustaining family resilience. The primary purpose of practice guidelines is that it is to be used to assist social workers to shape their behaviour in rendering service and to assist them with the

decisions that interventions require, from both the service provider and service recipient. Practice guidelines need to enable the service provider to simplify the decision of “what to do” in rendering services and “how to motivate” the service recipient to actively participate. The guidelines for social workers to foster and sustain family resilience will assist social workers in South Africa to render family resilience interventions. The guidelines will assist social workers to execute family preservation and the strengthening of families as stipulated in the White Paper on Families in South Africa (2013:60–71).

In accordance with the White Paper on Families (2013:9) “Families have inherent capacities and strengths that sustain them in times of prosperity, as well as adversity. It is important to recognize these qualities, so that any intervention at family level will enhance these attributes”. By providing families with the necessary support to face the difficulties and adversities they are confronted with, they will be enabled to adapt to new circumstances (White Paper on Families 2013:9; Manual on Family Preservation 2015:126). Family resilience, “the ability to withstand and rebound from disruptive life challenges”, is one of the guiding principles for implementing the White Paper on Families (2013:6).

The introduction of the family resilience concept into the provision of services to families is relatively new, thus the need for practice guidelines that can be used by social workers to foster and sustain family resilience in the daily service rendering of social work practice.

ii. THE CONTENT OF THE GUIDELINES

As part of the introduction to the guidelines (iii-v) the goals and the objectives of the practice guidelines for social workers to foster and sustain family resilience are stipulated. This will be followed with the social welfare service delivery principles applicable to interventions that would foster and sustain family resilience, as well as the theoretical approaches of service delivery to families to be taken into consideration by social workers when rendering services to families to foster and sustain family resilience. Thereafter, the legislative and policy framework for services to families that will include interventions that foster and sustain family resilience will be explained.

Section 1 of “The Guidelines” provides a theoretical framework on the family resilience construct and how family resilience operates. This section will also focus on concepts of individual and family resilience and those family processes in family functioning that, in synergy with one another, render families more or less resilient. Furthermore, how the interactive process between family risk factors and family strengths and family protective factors within the family processes assist the family with the change process of adjustment

in day to day challenges and adjustment and adaptation should the family be confronted with adversities, a pile-up of stresses or crisis.

Section 2 will be the practice guidelines with practical examples on how to implement family resilience interventions.

iii. THE GOAL AND OBJECTIVES OF THE PRACTICE GUIDELINES FOR SOCIAL WORKERS TO FOSTER AND SUSTAIN FAMILY RESILIENCE TO STRENGTHEN AND PRESERVE FAMILIES

The goal of “The Guidelines” is to capacitate social workers on family resilience and on how to develop and implement a family resilience intervention.

The objectives formulated for “The Guidelines” are to capacitate social workers to be able:

- to empower families to deal with life’s stresses and challenges;
- to build, foster and sustain family resilience and family well-being;
- to guide families to independence and self-reliance; and
- to educate social workers to have a clear understanding of the family resilience construct and how family resilience operates so as to be able to develop family resilience interventions that would foster and sustain family resilience.

iv. SOCIAL WORK SERVICE DELIVERY PRINCIPLES APPLICABLE TO INTERVENTIONS THAT WOULD FOSTER AND SUSTAIN FAMILY RESILIENCE

Social worker services to families, including interventions to foster and sustain family resilience, should be rendered guided, by principles from policies that directly or indirectly impact on families.

- **Social work services rendered to families should be in the best interest of the child**

Social work interventions to families should not only be family-centred but also child-centred. Factors concerning the care, protection and well-being of a child are of paramount importance and should receive the highest priority. Factors to be considered in determining the best interest of the child are located in the Children’s Act 38 of 2005 (South Africa 2006: section 7(1)).

- **Social service professionals should recognise that families have ownership of their lives and encourage self determination**

Social service professionals should regard families as experts in their own lives and they should be allowed to and supported to take ownership of their own lives. This means that families have a right to make their own decisions, but then also have to take the consequences for such decisions. No family should be forced to make use of services, except if family members act in contravention of the legislative framework of the country, (Manual on Family Preservation 2015; Families First [sa]). Family resilience interventions could guide the family to better resilient outcomes whilst taking ownership of their own lives (White Paper on Families 2013). Social service professionals should encourage the families' self-determination of their future (Manual on Family Preservation Services 2015).

- **Social service professionals should recognise and encourage family capabilities and strengths**

Social service professionals should recognise and respect the inherent capacities and strengths of families that sustain them in times of prosperity, as well as adversity. These capabilities and strengths need to be supported and enhanced to make families more resilient, as has been suggested in discussing the developmental and strengths-based approach.

- **Social service professionals should be respectful of service beneficiaries**

All families should be respected by social service professionals (White Paper on Families 2013). There are different types of families in South Africa which are products of various cultures and different social contexts and service providers should respect these differences. Respect by the social service professional towards the service recipient should be the driving force for cooperation and participation and underpin the service delivery process. Respect is an attitude supplemented by techniques and methods. It implies believing in peoples' ability, trying to understand them and their view and enabling and allowing them to make decisions (Grobler et al 2003:89).

- **Social welfare services should empower families and increase their self-reliance**

Self-reliance should be the outcome or tangible results of services to improve families' current and future situation and overall quality of life. Social work services should decrease the vulnerability and increase the self-reliance or

resilience of service beneficiaries and their families (Generic Norms and Standards for Social Welfare Services 2011). Self-reliance should be promoted by supporting the resourcefulness of families, providing opportunities to use and build on their own strengths and support networks to make their own choices and improve their sense of responsibility towards their families (Inter-Ministerial Committee on Young People at Risk 1998).

- **Social welfare services should be appropriate and be based on the specific needs of the particular family**

For social work services to be appropriate, services should be based on the particular and prioritised needs of a family and its members, established through a thorough family developmental assessment and planning in accordance with the social welfare intervention process (Framework for Social Welfare Services 2013).

Services that are appropriate could involve various social service professionals and should be linked to the unique and diverse individual and family needs (Manual on Family Preservation Services 2015).

- **Families should actively participate in all stages of the intervention process**

Services should be delivered in such a manner that families are actively involved in and participate in all stages of the intervention process (e.g. developmental assessment, developmental family plan and intervention strategies). The family should be engaged in their own process of learning, growth and change. This means starting from where they are and moving at their own pace (Inter-Ministerial Committee on Young People at Risk 1998; Framework for Social Welfare Services 2013).

- **A non-judgemental approach to families ensures families feel safe in the social service professional/service recipient relationship**

Social services professionals should engage with families by accepting the family as they are. This means social workers should abstain from making value judgements, especially those based on personal and moral standards or personal ethics and opinions (Dictionary.com [sa], vs “non-judgemental”).

The above principles are intertwined and related and an attitude of respect underlies all the principles. These principles should be embedded in the services that social workers are rendering to families.

v. **THEORETICAL APPROACHES OF SERVICE DELIVERY TO FAMILIES**

The different approaches to be used in a family resilience intervention will be discussed under two headings, i.e. (a) approaches to enhance the understanding of 'family', 'family members' and 'family resilience' and (b) approaches to social work service delivery.

(A) **Approaches to enhance the understanding of 'family', 'family members' and 'family resilience'**

Approaches that enhance the understanding of 'family', 'family members' and 'family resilience' include a family life-cycle approach and the life-cycle approach of individual development, strengths-based approach, systems theory and systems thinking which includes a family systems approach, as well as an ecological approach.

- **Family life-cycle approach**

The family is regarded as a functional unit and a system. A family life-cycle approach proposes that the family, as a system, is constantly changing and develops through stages as it moves through time. Families move through the following stages, i.e. (a) individuals leaving home, (b) single young adults, (c) the joining of families through forming relationships, (d) the young couple, (e) families with young children, (f) families with adolescent children, (g) launching children and moving on and (h) families in later life.

During each of these stages of development, people modify their roles and relationships and also alter the division of labour. The needs of the family and its individual family members differ in accordance with the family life cycle and the developmental stages of individual family members.

Families, throughout the family life cycle, are confronted with normative and non-normative crises. Families, when confronted with challenges, a pile-up of stresses or crisis, rebound or bounce back when the protective factors counterbalance family demands to ensure a resilient outcome.

The family life-cycle approach provides a comprehensive framework for a family developmental assessment. For a family resilience intervention, social workers need to assess the risk factors and the strengths and protective factors of the family to develop a family developmental plan that could guide the provision of services and resources to assist the family to rebound from crisis, appropriate to the specific family life cycle stage and the ages of family members.

- **The life cycle approach of individual development**

Individual family members are simultaneously moving through the family life cycle, as well as their own developmental stages. The life cycle approach of individual development clearly indicates developmental stages over time, with each stage having its own challenges that require mastery by the individual family members.

Erikson developed a theory of human development that describes eight stages through which a developing individual passes from infancy to late adulthood. In each stage the person confronts and hopefully masters new challenges. These stages are infant (0–1), toddler (2–3), pre-schooler (3–6), school-age child (7–12), adolescent (12–18), young adult (20–35), middle age adult (35–50) and old age (50+) (Psychologist World 2016).

The challenges of developmental stages that are mastered can be considered as individual strengths that contribute to family resilience. Although individual resilience can be considered as a protective factor, the sum of resilience of individual family members is not equal to the resilience of the family.

- **Strengths-based approach**

Strengths-based approach implies a move away from the deficit approach and the recognition of the resourcefulness of families and their members. The strengths-based perspective is closely related to empowerment as it seeks to identify, use, build and reinforce the strengths and abilities of families and their members with a focus on “what is working” in the family.

All families are in possession of various competencies and resources that may be tapped into during a social work intervention, when addressing challenges or risk factors, to improve the situation of the family. A family’s willingness to seek social work assistance, when necessary, can be regarded as a family strength. Families will do better in the long run when they are helped to identify, recognize, and use the strengths and resources available in themselves and their environment. A strengths-based approach will strengthen the family’s protective factors that interact with the family risk factors for families to overcome and rebound from crisis and do not mean that the risk factors and adversities families are confronted with, are ignored.

- **Systems theory and systems thinking**

Family members are subsystems of the family as system. The family is embedded in systems on community and broader society level.

According to Baker (cited in the White Paper for Families 2013:37) the “systems perspective is a structural approach, in which the family as a whole is considered to be more than its component parts”. This perspective implies that the family should be viewed as a social system with its members as interdependent. Any change in the behaviour of one member will affect the behaviour of others.

(a) Family systems approach

Families, as a system, means that the families have diverse structures but similar functions which the families need to fulfil. Family resilience processes become visible in family functioning when the family is confronted with adversities and involve the family as a whole, as well as the individual members. In order to deal with the adversities, the family and its members need to firstly adjust and then adapt.

The family systems approach provides a solid framework for understanding how families function and social workers could support the family in the adjustment and adaptation process. The family systems approach provides an opportunity for service providers to interpret family-related issues and to locate the family in the society. It, furthermore, provides “the lens to view the family not in isolation” and thus lays the foundation for an integrated approach to service delivery (White Paper on Families 2013:37).

(b) Ecological approach

The ecological approach focuses on the inter-relational transactions between the family as system and other systems within an ecosystem so as to maintain the balance of the whole. The ecological systems theory proposed that a person's development is affected by everything in their environment (Ecological Perspective and Social Work [sa]).

In social work practice, applying an ecological approach means looking at individuals, families, cultures and communities in relationship with one another. Ecological concepts and principles enable social workers to keep a simultaneous focus on people and their environments and their reciprocal relationships, not only in direct practice with individuals, families and groups, but also in influencing

organizations and communities and in policy practice (Ecological Perspective and Social work [sa]).

Individual family members within the family unit, the community and broader society should be considered as nested contexts for nurturing and reinforcing resilience. Family units and communities that are strengthened through interventions will become protective factors to family members.

(B) Approaches to social work service delivery

The rights-based approach, the social developmental approach and the integrated approach provide understanding of the social service delivery context for social workers. For effective social work services, social workers need to view these approaches as a foundation of service rendering. The ultimate aim of these approaches is to achieve a situation where the diverse needs of families can be addressed through effective service delivery. Through honouring these approaches, service providers across disciplines would, in collaboration with one another, render appropriate services to a family that would complement one another other and ensure that the rights of the family members are honoured and protected.

- **Rights-based approach**

A rights-based approach is a conceptual framework that aims to protect human rights through social justice, a minimum standard of living for all, equal access to services and benefits and meeting the basic needs of all South Africans, especially the most disadvantaged members in society (White Paper on Families 2013:36).

Enhancing family resilience as part of family preservation services is based on the constitutional right of all citizens to family and parental care.

- **Social developmental approach**

A social developmental approach concentrates on targeting resources to the most needy in order to address their human development needs (Midgley 1995; Patel 2015). The social developmental approach directs services to support and capacitate families through appropriate social welfare services so as to meet the needs of its members. Vulnerable families need additional and accessible supportive services to ensure improved family functioning and family resilience.

The White Paper for Social Welfare (1997) prioritizes the promotion of family life through appropriate services to preserve and strengthen families so that they can

provide a suitable environment for the physical, emotional and social development of all their members.

- **Integrated or collaborative approach to social services**

An integrated or collaborative approach to social services is based on partnerships and a sound inter-sectoral and interdepartmental system between government and civil society, the public sector, private sector, training institutions and research institutions who collectively should take responsibility for the rendering of social welfare services (White Paper on Families 2013:72).

Interventions to strengthen families and enhance family resilience should be multi-disciplinary and rendered in an integrated, collaborative, holistic manner as the needs of families are diverse and cannot be addressed by a single service provider. Family resilience as the outcome of service rendering may require support services and resources from various disciplines.

vi. LEGISLATIVE AND POLICY FRAMEWORK FOR SERVICES TO FAMILIES

The legislative and policy framework that underpins a family resilience intervention includes the following:

- The foundation for “The Guidelines” is stipulated as the legal framework that gives impetus to social welfare services rendered in South Africa. The Constitution of South Africa (South Africa 1996) states that the State has a duty to protect the human rights of its citizens, which include the protection of family life and parental care for children.
- South African Family Law includes various Acts that have a bearing on family life. The Children’s Act 38 of 2005 (South Africa 2006) plays an important role in providing for the protection of children and families. The Children’s Act moves away from the deficit approach of removing children as first option to promoting family preservation through a prevention and early intervention strategy for the strengthening of families, to prevent the removal of children, as far as possible.
- The Generic Norms and Standards for Social Welfare Services in South Africa (2011:147) states that social welfare services should promote family preservation through the enhancement of family functioning and relationships, family reintegration and reunification where appropriate, continuity and permanence with regards to placements, the development of positive values within families, helping with adjustments to changing roles within families and

society and addressing gender attitudes and perspective in communities. Family preservation must decrease the vulnerability and increase the resilience of families.

- The White Paper on Families in South Africa (2013:18) aims to promote family preservation and the strengthening of families and is family resilience is stated as one of the guiding principles for implementing the White Paper on Families by providing families with the necessary support to face the difficulties and adversities they are confronted with, they will be enabled to adapt to new circumstances.

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SECTION 1

UNDERSTANDING THE FAMILY RESILIENCE CONSTRUCT

Life is not a matter of holding good cards

But of playing a poor hand well

Robert Louis Stevenson

1.1 INTRODUCTION

All families throughout their life cycle are subjected to challenges and adversities. Keeping a sense of direction is vital for families to be able to overcome and rebound from a pile-up of stresses, challenges or crisis to recover to their previous level of functioning or even surpass it.

Family resilience is a dynamic change process that happens when the family has the ability, due to family strengths and protective factors, to rebound from adversities or risk factors. When the family as functional unit is confronted with risk factors that require minor or major changes it will impact on the family. Day to day challenges (minor risk factors) will often only require the family to make minor adjustments. When families are confronted with stresses/crisis/challenges (major risk factors) it requires that families have to adjust and adapt to new circumstances. Depending on family circumstances, each family will follow different pathways during the rebounding process, each of which will lead to different resilience outcomes.

1.2 INDIVIDUAL AND FAMILY RESILIENCE

The concept of family resilience developed from research done on individual resilience in children. Researchers originally found that many children growing up in adverse conditions overcame the odds and became successful adults, whilst some children in similar conditions could not. The question was: 'What distinguishes children who beat the odds from those who are overwhelmed'?

They found that it was not specific personality characteristics but positive coping strategies that seemed to distinguish these children. The core component in effective coping was a feeling of confidence that the odds can be surmounted. Even with chaos in their households, by their high school years, resilient youths had developed a sense of confidence, a faith that obstacles could be overcome and a belief that they were in control of their own fate.

These young people had developed both competence and hope of a better life, mainly through their own efforts and relationships.

These studies on children at risk and the accounts of adult survivors of traumatic events resulted in knowledge that transformed the understanding of the human developmental process. It also refocused the attention to positive adaptive strategies which collectively were called resilience.

These research findings brought about a shift from viewing children that are able to beat the odds due to having a personality structure characterized by “hardiness”, to viewing resilience in the child as a normal function of human adaptation. Findings suggested that resilience is common and is made up of the ordinary rather than extraordinary processes.

Resilience was seen to entail more than merely surviving, getting through, or escaping a harrowing ordeal. Particularly demanding and stressful experiences, even ongoing ones, do not inevitably lead to vulnerability, failure to adapt or psychopathology. All survivors are not necessarily resilient; some remain trapped as victims of trauma, nursing their wounds and allowing themselves to be blocked from growth by anger and blame.

There is also a perception that only through fierce independence will a person survive and be self-reliant. This perception that resilience can only be found in the strength of individuals who have mastered adversity focuses only on personality traits and coping styles, as if resilient people grow by themselves. This disregards the role of families in resilience. A family is made up of individuals who would collectively have to address crisis or adversity. Therefore, individual resilience is a component of family resilience with a reciprocal relationship.

However, both family resilience and individual resilience are not a cheerful disregard of one's difficult and traumatic life experiences, nor is it the naïve discounting of life's pains. Resilience is rather the ability to bear up in spite of those ordeals. Resilience involves “struggling well”, experiencing both suffering and courage, whilst effectively working through difficulties, both internally and interpersonally.

Individual resilience is an individual strength, but also a family strength as the resilience of the individual contributes to family strengths due to the relationship of the individual with the family members.

Individual and family resilience should thus be holistically viewed – resilience is a simple but simultaneously complex and dynamic process. Individual resilience of family members should always be considered in fostering and sustaining family resilience.

Family resilience is relational. Research on individual resilience has increasingly pointed towards the importance of a relational perspective on resilience. Many individuals, who successfully 'beat the odds', sought out people and opportunities, which will lead to a positive turnaround in their lives.

We need to be aware that "resilience is woven in a web of relationships and experiences over the life course that stretches across generations" (Hauser cited in Walsh 2006:12). Vital for optimal functioning are the feelings of belonging and the crucial influence of positive relationships within and outside the family. All concepts of the self and construction of the world are fundamentally products of relationships. It is through our interdependence that meaningful lives are best sustained.

The factors of family resilience include the family's ability to cope with day to day living and crises situations, the inclination to adapt and rebound, learning and growing from previous experiences and the skilful use of resources and support networks. These are achieved through the effective use of family communication and interaction, utilising organisational skills and the belief that the family would progress in life despite setbacks.

A characteristic of family resilience is that it develops from the family relational processes wherein risk and protective mechanisms develop and interactively engage with one another. The family strives to sustain balance and equilibrium to normalise their situation after disruption, which results in some level of adaptation to the family system.

The above-mentioned referral to risk and protective mechanisms and the adaptation processes of the family system should be regarded as the crux of family resilience that would enable a sound explanation of not only the family resilience construct and process but also how family resilience operates.

1.3 FEATURES AND CHARACTERISTICS OF A RESILIENT FAMILY

Initially McCubbin and McCubbin (1988:247), as developers of the concept of family resilience, did not attempt to define family resilience, but to define resilient families. This led to studies on resilient families to find characteristics, dimensions and properties later described as family strengths and protective factors. These studies gave impetus to a strengths-based perspective of resilience. The HSRC (2004:8) describes a resilient family as a family that is able to provide family members with a stable and emotionally supportive family life. In comparison with the general population, resilient families are characterised by the following outcomes:

- High rates of school attendance by children

- Better school performance by children
- Higher levels of self-esteem and self-confidence of family members
- Less behavioural problems in family members
- Higher levels of work productivity of adults
- Lower levels of stress and stress-related illnesses, resulting in lower levels of work absenteeism, substance abuse and health care costs
- A greater capacity to deal with hardships and crisis
- Greater longevity and better quality of life among older persons
- Increased responsibility for the care of sick and disabled family members

1.4 A PARTICULAR UNDERSTANDING OF FAMILY FOR FAMILY RESILIENCE

Family resilience relies on a particular view of family, i.e. that a family is a system of relationships and a functional unit that through family functioning executes certain family functions.

(a) Family is a system

A system consists of parts that together form a whole – the system. Likewise a family consists of individual family members that together form a family. The relationship between the parts of a system is important. Families are characterised by relationships and interactions and the emotional attachments in the relationships between family members is important. The family is connected by a **web of relationships** in synergy with one another, interacting as a whole. The systemic and relational view of the individual, the family, the family in its environment and family resilience as a process provides a comprehensive understanding of family resilience.

The family as a social system is part of other societal systems and operates on three levels, i.e.:

- Individual level – individual family members as a system. The family consists of individual members for who the family is a social context with which they are in relationship and interact.
- Family level – The family as a relational system is more than the sum of its parts as it provides the context for the individual family members.
- Community level – community as system of which the family is part. The community is the context for the family. This context affects the family and the family affects the context.

Other variables also impact on family resilience, i.e. “ethnicity, culture and diversity in the family structure that have become important in the understanding of family adaptation and resilience” (Greef 2013:275). These variables will have an impact on the family patterns of functioning with reference to the day to day functioning of the family and also when the family is subjected to stressful circumstances. Families as systems are key environments from which resilience emerges.

A key feature of the family as a system for understanding family resilience is the concept of equilibrium or “homeostasis”. All families strive to be in balance and achieving such balance implies change. Families do not always find change easy and could resist such change. This resistance can impact on the level of family functioning and resilience (Smith [sa]).

(b) Family is a functional unit

Families have diverse structures and various types of families can be identified. Families are self-defined. Those who regard themselves as part of the family and those regarded by the family as family members are, therefore, part of the family. The family unit provides its family members with a safe and sheltered environment from the outside world. The structure of the family affects family relationships and family functioning – “how” families fulfil their functions. Independent of family structure, the functions that families fulfil, remain the same. Some of the most important functions of the family are that it should protect its members, display love to family members and address the basic needs of each individual family member. Families differ in how well they fulfil these functions.

All families have strengths and areas with potential for growth. However, all families are also at times confronted by challenges that affect their functioning. Notwithstanding the diverse structures of the family it is the functions and internal functioning of the family that are important when referring to family resilience.

(c) Family processes in family functioning

The family fulfils its functions during family functioning. Family functions indicate **what** families should be doing to meet their needs. Family functioning refers to **how** the family is executing its functions and, therefore, relates to the family’s patterns of functioning in relation to one another and family processes over time while executing their functions (Winek cited in Openshaw 2011:6; Economic and Psychological functions of the Family [sa]).

Family processes in family functioning occur in the psychosocial, physiological and spiritual functions and relationships required meeting the needs of family members in the family unit.

Factors that could influence family processes are family structure, the social and economic situation of the family, relationships within the family and stage of the family's life cycle.

Should the processes of the family be in good working order, families are able to fulfil their functions even in the face of severe adversity or crises. The functioning of the family will, however, be influenced by the available protective factors and processes in the individual, the family, the community and broader society.

Family processes refer to the relationships and interactions between family members which are seen in family organisation, communication, adaptability, protection and belief systems.

Family processes that lead to optimal functioning and well-being of members vary over time as challenges occur and families evolve. Due to the uniqueness of the family and the challenges that they are confronted with there is no single model of healthy functioning that would fit all families or situations. Functioning should be assessed in context, relative to each family's culture and values, as well as structural and relational resources (Walsh 2012:405).

(d) Risk factors and family strengths and protective factors

As emphasised previously, all families at times experience stressors, crisis, challenges and vulnerabilities. Family stress can be defined as a real or imagined imbalance between on the one hand, the demands of the family (those risk factors that the family are confronted with) and the families' ability to meet those demands (family strengths and protective factors within the family, community and broader society).

When such an imbalance occurs, risk factors tend to overwhelm family strengths and protective factors. These factors found in the family processes of family functioning as well as the various systems the family is embedded in, interactively respond with one another due to their synergistic nature. For families to regain balance family strengths and protective factors should be able to overcome the various risk factors. The ability to do this will determine the family's level of family resilience.

1.5 DEFINITION OF FAMILY RESILIENCE

Drawing upon various definitions from family resilience literature, family resilience can be defined as follows:

*Family resilience is a **dynamic change process of rebounding** when the family, as **functional system**, is faced with normative or non-normative challenges as risk factors. During family functioning, risk factors or demands interact with the protective factors or capabilities within each domain of family resilience (family processes in family functioning) that are in synergy with one another, to counterbalance the risk factors. **Pathways of adjustment and adaptation** are established during the crisis recovery process which leads to different levels of **resilience outcomes**. Depending on the capacity and ability of the family, the family will rebound and recover to be even stronger than before, or to be vulnerable.*

Family resilience can be explained by comparing the family with a piece of elastic. A piece of elastic has the ability to be stretched and thereafter return to its normal size. Resilient families are able to endure being stretched beyond their 'normal state' of functioning and rebound to return to their 'normal state' after the crisis period. It is during this stretching process that the different domains of family resilience (family processes in family functioning) become visible as they actively start operating in synergy with one another during the family's striving to return to its "normal state".

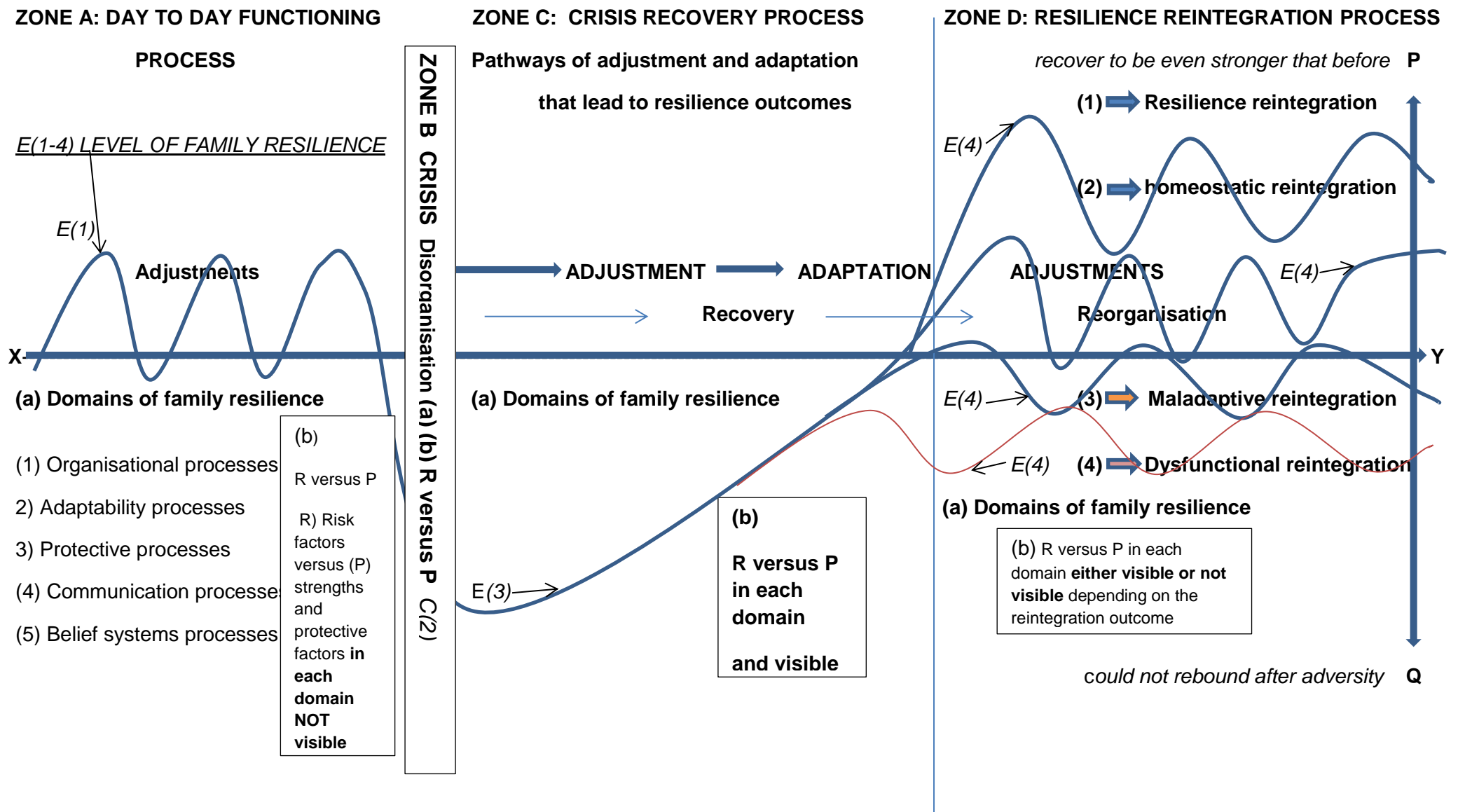
1.6 HOW FAMILY RESILIENCE OPERATES

As previously mentioned, family resilience is a change process that occurs over time, rather than being an event at one point in time and therefore should be seen as a process (Walsh cited by Blair 2003:42–56).

A process can be defined as a series of or continuous actions that produce something or that lead to a particular result or outcome (Dictionary.com [sa]: sv "process"). Family resilience is, therefore, a process – a process leading to change. Family resilience as a change process is a series of adjustments and adaptations or continuous actions that take place when the family is confronted with challenges.

The family resilience process model uses diagram 7.1 to explain how family resilience operates over time in a family, illustrating the different elements referred to in the definition of family resilience above.

DIAGRAM 7.1: A FAMILY RESILIENCE PROCESS MODEL AS A CHANGE PROCESS (HOW FAMILY RESILIENCE OPERATES)



EXPLANATION OF SYMBOLS IN DIAGRAM 7.1	
Axis X-Y	“Normal” family functioning continual over time
Axis P-Q	Levels of resilience reintegration
	(a) Domains of family resilience
	(b) Risk factors in interaction with family strengths and protective factors in EACH DOMAIN (each family process in family functioning) and the risk factors in interaction with protective factors within EACH EMBEDDED SYSTEM on individual, family and community level
A	Zone A: Day to day functioning process
B	Zone B: Crisis
C	Zone C: Crisis recovery process
D	Zone D: Resilience Reintegration process
<i>E(1)-E(4)</i>	Level of family resilience in the different Zones
	<i>E1</i> Level of resilience of day-to-day functioning requiring minor adjustments
	<i>E2</i> Drop in family resilience level due to a crisis
	<i>E3</i> Increase in family resilience level during the crisis recovery process
	<i>E4</i> Resilience reintegration level depending on the crisis recovery process outcome
	<i>E4(1)</i> Resilience Reintegration
	<i>E4(2)</i> Homeostatic Reintegration
	<i>E4(3)</i> Maladaptive Reintegration
	<i>E4(4)</i> Dysfunctional Reintegration

1.6.1 Discussion on the Family Resilience Process Model in accordance with the symbols used in the diagram

The following is a narrative on the Family Resilience Process Model, explaining the symbols used in the diagram.

- **X-Y “Normal” family functioning continual over time**

This continuum reflects family functioning over time and is divided into four time zones. The X-Y axis as the ‘continuum of family functioning’ moves through zone A, B, C and D. After weathering a crisis it will then repeat itself starting again at Zone A (day-to-day functioning) until a further crisis, adversity or pile-up of stresses arises.

- **(a) Domains of family resilience**

The conceptual framework on family resilience with its five domains, gives a holistic view on how family resilience operates. The domains of family resilience, or family processes in family functioning, work in synergy with one another and would not be able to function independently. In the Family Resilience Process Model the two domains that are the driving forces for **change** are the adaptability processes, as well as the protective processes as referred to in (a) The other domains, i.e. the organisational, communication and family belief system processes, could be described as the **stabilising** processes. Depending on where the family finds itself along the continuum of family functioning as described in the Family Resilience Process Model, a family resilience intervention should be developed to address the needs of the family at that point on the continuum.

- **(b) Risk factors in interaction with family strengths and protective factors in EACH DOMAIN and the risk factors in interaction with protective factors within EACH EMBEDDED SYSTEM on individual, family and community level**

Within each domain, risk factors, as well as family strengths and protective factors are found that interactively respond with one another that will also interact with the other domains due to their synergistic nature.

The individual family members should always be positioned within the context of the family, the community and broader society. Therefore, the internal relationships and external relationships within each system need to be taken into consideration, as risk and protective factors in interaction with one another are found within each system (family, community and broader society).

During family functioning, the ability of the family to utilise their family strengths and available protective factors to overcome the various risk factors will determine their level of family resilience.

- ***E(1)-E(4)* Level of family resilience in the different zones**

In the diagram, *E(1)*, *E(2)*, *E(3)* and *E(4)* represent a different **level of family resilience** in each zone. In Zone A, *E(1)* represents the changing resilience level during the **ordinary ups and downs** of family life over time. In Zone B, during a **crisis**, the

resilience level drop sharply and then increases again during the **crisis recovery process** in Zone C. Depending on the crisis recovery process, there will be different **pathways** of adjustment and adaptation in Zone D leading to different resilience reintegration outcomes *E4(1–4)*.

- **P-Q Levels of resilience reintegration**

These levels imply resilience outcomes as different levels of reintegration (Axis P-Q). The various resilience outcomes that return the family to normal, day-to-day functioning but, depending on the recovery process, on different levels of family resilience reintegration outcomes. The recovery level may allow the family to be even stronger than before the crisis or adversity, or could lead to the family not being able to rebound after crisis or adversity and being vulnerable and in need of assistance and/or intervention.

1.6.2 Family resilience develops in and over time

To illustrate this ongoing process, the Family Resilience Process Model divides a continuous period in the life of a family into four zones so as to also accommodate the time period that families are NOT confronted with crisis. These zones are day to day functioning (Zone A), Crisis (Zone B), crisis recovery process (Zone C) and resilience reintegration process (Zone D). Diagram 7.1 is an effort to holistically describe how the Family Resilience Process Model operates over time.

ZONE A: Day-to-day functioning process

Keeping in mind that a process can be defined as a series of continuous actions that produces something, or that leads to a particular result or outcome, family resilience can be explained as coming into being through daily functioning and the ordinary actions performed by the challenges of daily living when the family is not experiencing crisis. Day- to- day functioning only requires minor adjustments as the family attempts to balance the demands of daily living (the risk factors) with their capabilities and resources (family strengths and protective factors) within each domain of family resilience, in synergy with one another. **These domains (family processes in family functioning) are not usually visible** and are represented by a stable level of family resilience (*E1* in the diagram).

Through the multitude of ordinary actions performed within the family, families develop relatively stable and effective patterns of functioning that develop and maintain resilience in the family. They make adjustments as they try to balance the demands of daily living with

their existing capabilities and resources. In doing so, they maintain a relatively stable pattern of interaction to sustain and maintain family equilibrium.

This dynamic process of family resilience is reliant on the quality of interactions or relationships between family members, between the family and the community and broader society. Family processes in family functioning are influenced by family structure, individual resilience, support networks and resources of the family and the quality of family functioning. Interventions of a prevention and promotional level would be of assistance during this time period.

ZONE B: Crisis

Crisis is a **major change** or disruption in daily family functioning. A crisis or adversity could be expected or not expected, whilst a crisis as a pile-up of stresses may also be expected or unexpected. Where in Zone A the daily challenges that the family is confronted with only require the family to make minor adjustments, a crisis, a pile of stresses or adversity will bring disorganisation to the usual daily functioning of the family. The **domains of family resilience now become visible** as protective factors in each domain will be confronted by expected or unexpected risk factors due to the crisis, the adversity or pile-up of stresses that the family is confronted with. The impact will be that the level of family resilience (*E2* in the diagram) will spiral down below the “normal” continual level of functioning. Interventions that could be of assistance during this time period include crisis intervention and trauma counselling as well as trauma debriefing.

ZONE C: The crisis recovery process

In order to recover from a crisis, it requires that the family embark upon a **change process**. Following a crisis, during this crisis recovery process, the risk factors (adversities, challenges and pile-up of stresses) and strengths and protective factors, interact within each domain **and are still visible**. This takes the family on the process of family adjustment and adaptation that will lead to different pathways leading to different resilient reintegration outcomes seen in Zone D.

During this crisis recovery period the family, confronted by these risk factors (challenge or crisis), has strengths and protective factors which may or may not counterbalance these risk factors. If the challenges exceed the protective factors, the family cannot counterbalance and finds itself in disruption or a state of disorganization (being vulnerable). It is then that the family feels stretched beyond capacity when realizing that previous ways

of coping are not working adequately. Alternatively, if the protective factors exceed the challenges, a process of coping or rebounding could commence and the family is able to “move on”.

The family needs to **choose**, consciously or unconsciously, to reintegrate and adapt to life’s circumstances, as it is from the disruption that families learn how to tap into their resilient qualities. When the family or individual is not in equilibrium anymore, there is pressure to address the imbalance that exists and return to “normal”.

Depending on the flexibility of the family, the family under stress would follow a process of crisis adjustment and adaptation that would lead to different pathways to overcome and rebound from stressful situations.

In an effort to make changes, the **family now starts to search for ways to adjust** (*E(3)* in the diagram) with the level of family resilience spiralling upwards. They look for new resources or modify rules and/or roles in an attempt to adapt and cope. New vulnerabilities and/or strengths could emerge during these changing life circumstances. In accordance with the available protective factors to mitigate these risk factors, different pathways will be followed during the adaptation process to render the family either more or less resilient. Interventions that would be useful during this time frame will be services on an early intervention level such as support, protection, therapeutic and mediation services.

ZONE D: Resilience reintegration process

As during the crisis recovery process, the family, depending on its coping mechanisms and resources, continues to follow the chosen pathway of adapting to new circumstances in order to **retain relatively stable patterns of interactions and to balance the demands with their existing capabilities and resources**.

When the family perceives that sufficient change has been made in order to cope, or they are unable to make further changes, family functioning will be at one of the four **resilience outcome levels of reintegration** (see diagram 7.1):

(E(4) Different levels of Resilience Reintegration Outcomes:

- E4(1)* Resilience reintegration – when the family rebounds to a level above pre-challenge level (well-being) they recover to a level even stronger than before the crisis.
- E4(2)* Homeostatic reintegration – the family returns to its pre-challenge level of functioning.

- E4(3)* Maladaptive reintegration – a level above dysfunctional but still lower than the pre-challenge level. These families would struggle to regain their previous level of functioning without further intervention.
- E4(4)* Dysfunctional reintegration – the family functions significantly below their pre-crisis level and could not rebound after adversity. The family experiences unsuccessful reintegration that would leave them vulnerable and in need of further intervention.

To obtain resilient or homeostatic reintegration (*E4(1-2)*), families must function as a collective unit and assign positive meaning to the challenges. Furthermore, the family must formulate a collective vision and mutual purpose, work in a united way and focus on collective strengths and resources.

Should the family have a dysfunctional or maladaptive reintegration outcome (*E4(3-4)*), it could initiate a new process and rebounding may start again. In fact in dealing with challenges families often begin at lower levels of reintegration, moving on to higher levels. In this case, families, as they are once again confronted with the challenges of daily living, again try to balance the demands with their existing capabilities and resources and make adjustments. Families may find the imbalance persists in spite of adjustments and are then again forced to resort to more profound ways of change in order to adjust and adapt, working towards a higher level of resilience reintegration outcome.

Effective family functioning leads to family well-being and resilience. Ineffective family functioning at the dysfunctional and maladaptive reintegration levels leaves families in a state of vulnerability, requiring further interventions such as family preservation services on four levels in accordance to the needs of the family to overcome their inability to rebound, as discussed below.

Effective family functioning for family well-being has a similar meaning to family resilience (Walsh 2012:405). Family well-being as outcome of effective family functioning can be conceived as the effectiveness with which family members experience belonging in the family, perform various family functions, communicate and interact with each other. Families need to provide resources, goods and services necessary to support and maintain the family and ensure that family members are protected. Furthermore, family well-being depends on the effectiveness with which the family members serve as a buffer between vulnerable members and negative societal conditions and prepare its members to face life's challenges. Families also need to bond together as a unit to provide reciprocal care,

emotional support, hope, encouragement and assistance and demonstrate individual resilience and contribute to family resilience in the face of adversity (Browne 2014:15).

Vulnerability is when the family responds and recovers from adversities or stressors inadequately or not as well as the average. Four properties of vulnerability are susceptibility, exposure, lack of preparedness and lack of responsiveness (Kasperson et al cited in deFur, Evans, Hubal, Kyle & Morello-Frosch 2006:817).

Families confronted with such adversities that they cannot rebound from or overcome them are regarded as vulnerable. Vulnerable families could be families at risk of disintegration, in transition and in crisis. These families would require social work intervention at an early intervention level in order to increase their level of resilience. If these services are not effective these families could require statutory intervention (White Paper on Families 2013:57).

1.6.3 Family resilience is a process of family adjustment and adaptation

It is necessary to point out that family adjustment takes place during normal daily functioning. This is the minor routine challenges the family has to deal with on a day-to-day basis. However, when the family is confronted with challenges, a pile-up of stresses or adversities, family functioning needs to go through a change process which will not only include family adjustment but also family adaptation.

- **The process of adjustment in family functioning in day to day living**

All families, as they deal with daily hassles, stresses and strains, make adjustments that they are relatively unaware of. Hassles, stresses or strains, considered as risk factors, interact with family strengths and protective factors. The family would usually have the coping skills to deal with these situations. If families do not have the coping skills and resources to overcome these risk factors and make the daily adjustments to ensure that the family stays in balance and is in equilibrium, these situations could develop into the family not being resilient and unable to bounce back.

The process of adjustment and adaptation in family functioning in times of crisis

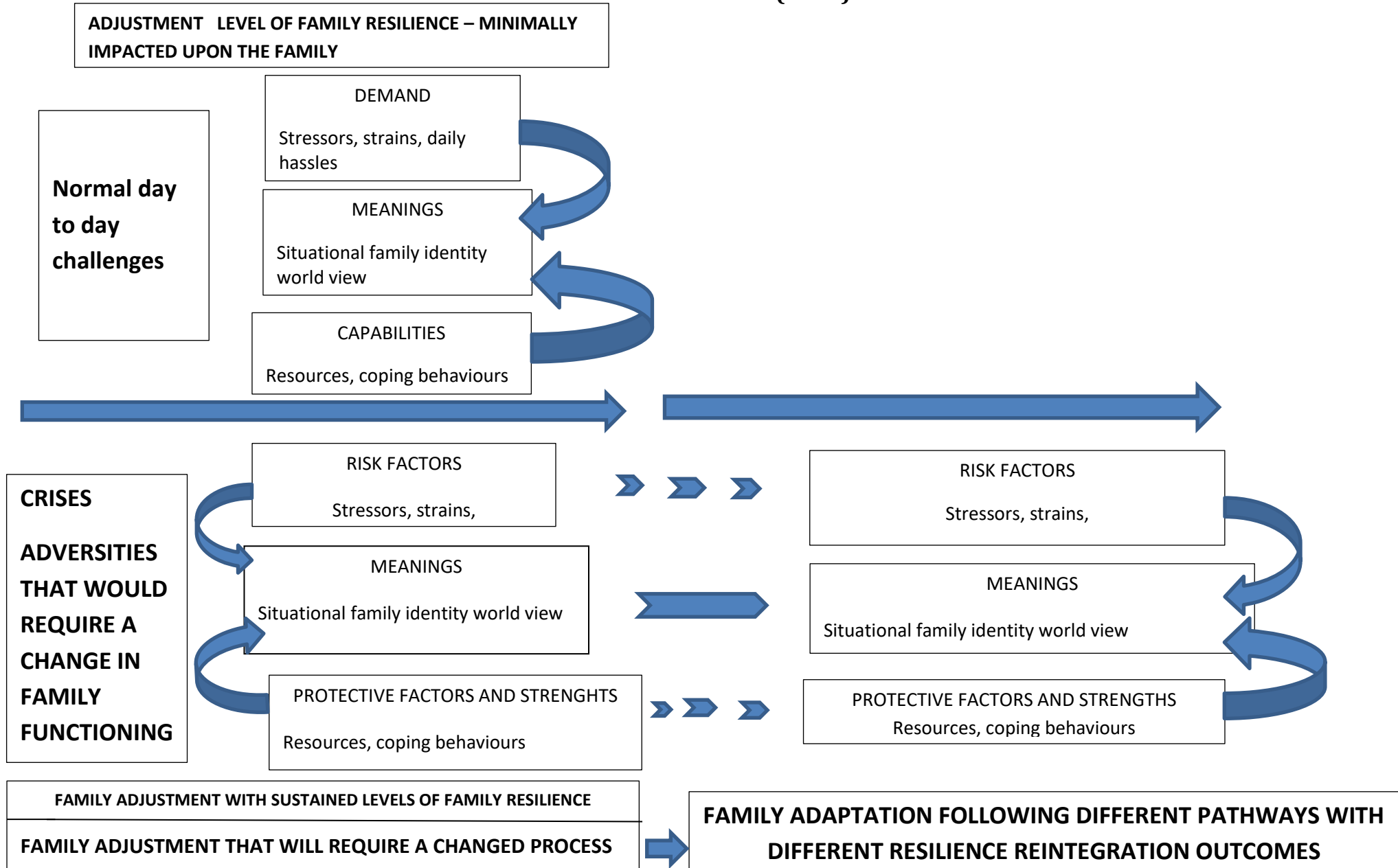
When the family has to deal with crisis, a pile-up of stresses or adversities that heavily impact on family functioning, this brings about a **change process** that requires that the family makes significant changes in family functioning to be able to adjust and adapt and recover to previous levels of family functioning.

Depending on the risk factors the family is confronted with and the family's strengths and available protective factors and resources, families will start following different pathways during the recovery process that will bring about different resilience reintegration outcomes.

If the family is able to make the appropriate changes to rebound from adversity, the family will have resilient outcomes. Should the family not be able to counterbalance the risk factors with the available family strengths and protective factors and resources, the family will be vulnerable and in imbalance.

The diagram 7.2 below, adapted from the FAAR model of McCubbin and Patterson (1988), illustrates the two scenarios of adjustment or adjustment and adaptation:

DIAGRAM 7.2 FAAR MODEL FROM McCUBBIN & PATTERSON (1988) AS ADAPTED BY THE RESEARCHER



1.6.4 Family resilience is the outcome of the interaction between risk factors, protective factors and family strengths

“Risk” as a concept examines the probability that those who have experienced critical life events could encounter future difficulties. Risk factors confronting a family impact on the family strengths and protective factors of the family. Risk factors could be internal biological conditions such as low-birth-weight, or external environmental factors such as poverty.

Protective (buffering) factors are those circumstances that moderate the effects of risk and heighten the probability of successful developmental outcomes. Protective factors, as with risk factors, may be internal (i.e. strong communication skills) or external (i.e. a supportive family milieu) (Greene 2007:44, 45).

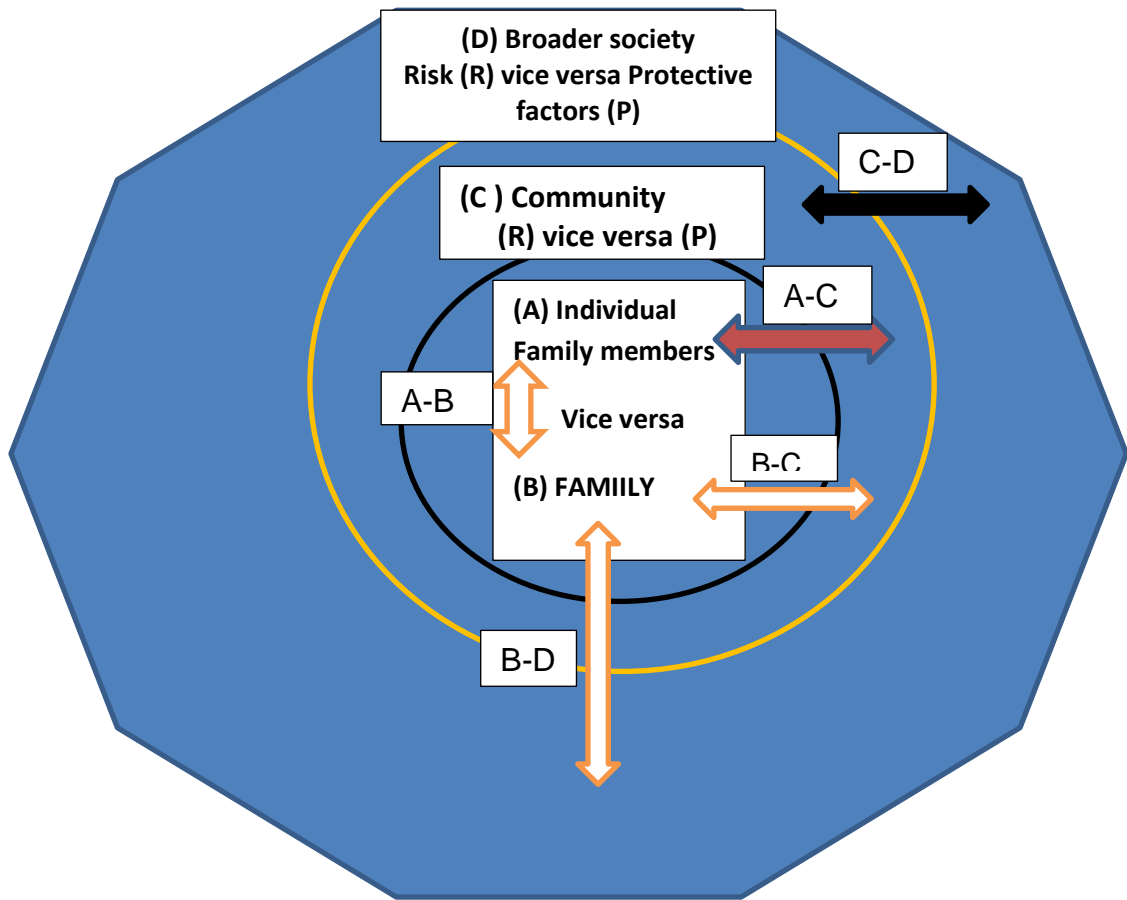
Depending on how an individual experiences factors or conditions that impact on his/her life, these factors can be viewed either as a risk or a strength or protective factor. Self-esteem as factor can either be a risk factor or a protective factor. Low self-esteem as an example can be a risk factor that contributes to the individual’s stress levels and can lessen his/her coping capacities. However, a positive self-esteem becomes a protective factor as a strength that contributes to the individual’s ability to better cope with life’s experiences.

There is interaction between the risk factors and protective factors or buffering factors that impact on the ability of the family to rebound from adversities. Strengthening of internal, as well as, external protective factors will contribute to a family’s level of resilience.

It is important to remember that due to the complexity of the family or individual family member, there is no direct correlation between a specific risk factor and a specific protective factor. The resilience process involves multiple risk and protective factors that interact with one another, unique to each situation.

Furthermore, the individual family member should always be positioned within the context of the family, the community and broader society. Therefore, the relationships internally (within the family) as well as externally (within the community and broader society) need to be taken into consideration as risk and protective factors are found within each system (See diagram 2.3 below).

DIAGRAM 7.3 RISK FACTORS (R) AND PROTECTIVE FACTORS (P) IN INTERACTION WITH ONE ANOTHER WITHIN EACH EMBEDDED SYSTEM AND BETWEEN DIFFERENT LEVELS



The diagram illustrates how the family and its members, with its strengths and protective factors, have to actively identify and **deal or cope with** risk factors or adversities they are confronted with, on the individual, family, community and society levels.

SYMBOLS OF THE ABOVE DIAGRAM 7.3

- A Individual family members
- B Family
- C Community
- D Broader society
- A-B Individual family members in interaction within the family
- A-C Individual family members in interaction with the community and vice versa
- B-C The family in interaction with the community and vice versa
- B-D The family in interaction with the broader society and vice versa
- C-D The community in interaction with the broader community and vice versa

1.6.5 The five domains of family resilience in different family processes in family functioning (the family resilience conceptual framework)

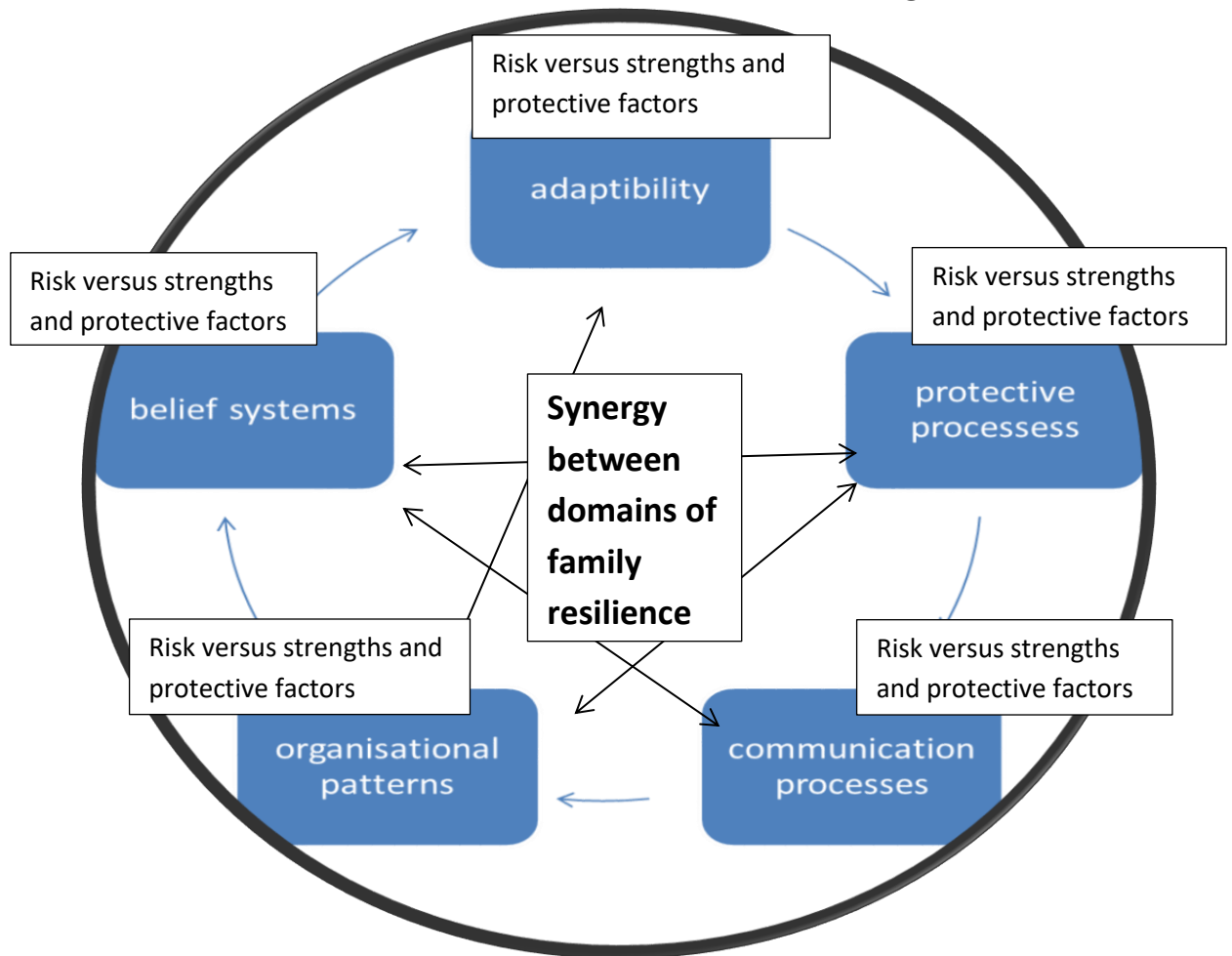
Research indicates that there are five family processes, as domains of family resilience, that in synergy with one another, render families resilient.

These five domains of family resilience are:

- ✚ Organisational processes
- ✚ Adaptation processes
- ✚ Protective processes
- ✚ Communication processes
- ✚ Family belief system processes

- Together these domains render a family, at a given time, and within a specific family developmental phase, more or less resilient. Domains are in synergy with one another in rendering families resilient. This interaction of the domains is such that their combined effect is greater than the sum of their individual effects.
- The following description explains what is meant by domains being interactively and interdependently responsive: *Without **communication** you would not have any **adaptability** within the family because if people do not talk about issues at hand, they cannot adapt to new circumstances and situations that they have to deal with. Regarding the **protective processes**: If parents do not talk to their children about the risk factors and strengths of the family and the **belief system** of the family, e.g. the family will protect and provide them with opportunities to exceed in life and overcome crises - it will really not be possible to sustain such a family in an **organized** fashion. All the domains are very important. Not one of the five domains can be omitted. A social work intervention that focuses on the development of the communication skills of the family will impact on the other family processes of family resilience as these domains are in synergy with one another.*
- Within each domain, risk factors, as well as family strengths and protective factors are found that interactively respond with one another. The outcome of the interaction will depend on the ability of the family to utilise its resources and support systems to counteract the risk factors. The domains, in synergy with one another are illustrated in the diagram 7.4 below:

DIAGRAM 7.4 DOMAINS OF FAMILY RESILIENCE IN SYNERGY WITH ONE ANOTHER



- The **always present** domains of family resilience as family processes in family functioning are usually not visible in the day to day functioning of the family. However, these domains become visible when the family is confronting adversities and stress factors that bring about a crisis situation (Masten 2001).

Patterson (2002:352) explains the functioning of the domains as “a process of restoring balance between capabilities and demands whilst the family is executing its necessary functions”. It is these processes that enable the family to weather storms and rebound from life’s challenges and to be resilient.

Each of the processes mentioned below can be seen as comprising a number of sub-processes grouped together under one heading. Both the processes and the sub-processes will be discussed in this section.

1.6.5.1 DOMAIN OF ORGANISATIONAL PROCESSES

Organisational processes are the systematic arrangements of how families do what they do, to be an effective family. Family members 'do a lot' to meet the family's basic needs for food, shelter, health and nurturance. How they function economically and the psychological support they give to one another, all have to be organized.

Families could be considered as and compared with a small business organization, and thus should have the same organisation as a business to ensure their effective operation - the managerial section and the executing workforce. The roles of the family members often include elements of both organizing and executing functions.

As would happen in a business, disruption in family structure and daily routine (for example in a separation or divorce situation, or where something traumatic happens to one of the family members) increases stress and confusion amongst family members and impacts negatively on the organizational patterns of the family. Families in crisis often lose structure, daily routines get disrupted and established patterns become disorganized. Families in crisis experience an immediate period of rapid disorganization which is disorienting and chaotic. Crisis often requires a family to reorganize as changes in family roles and rules may be needed in order to cope. It becomes easier to change if the family has reliable resources in place and if the family has supportive relationships, as well as predictable, consistent and acceptable family rules, role definitions and patterns of interaction within the family.

Organizational processes include stability within the family, family organizational patterns, family connectedness and cohesion and social and economic resources to ensure the optimal daily functioning of the family.

❖ Stability within the family

Manifestations of the organizational processes in the day to day functioning of a family that add to stability and predictability and thus create security are:

- Sound, balanced, structural arrangements and rules that govern the family.
- Strong leadership by the adults in the family who do not abdicate their authority or responsibilities, so that the care and protective role toward family members is executed

and provision is made for the basic needs of the family (i.e. a monthly income to be able to put food on the table and to manage the many pressures and demands of everyday life).

- Family rituals and routines to assist in maintaining a sense of continuity over time (i.e. family dinner at the table, birthday celebrations) contributes to the stability of the family.

❖ **Family organisational patterns**

Manifestations of family organisational patterns that add positively to effective day to day family functioning are:

- Effective behaviour control methods to keep the behaviour of family members within bounds so as not to be dangerous or destructive.
- Shared decision making with the participation of all family members so that all will take responsibility for decisions made. Decision making within the family needs to take place with regard to the daily planning, routine and organization of the family whilst considering the needs of family members. This includes tasks allocated to family members who take responsibility to perform them with the understanding that these tasks have to be done on a regular basis.
- Appropriate and clearly defined roles of all the family members.

❖ **Family connectedness or cohesion**

Manifestations of family connectedness and cohesion that add positively to the functioning of the family are:

- Closeness, mutual support and commitment bring about the emotional and structural bonding so that they are able to work together so as to be better able to face challenges and overcome adversities.
- The will to seek reconnection of broken or scarred relationships within the family will promote family cohesion.
- Clear family boundaries and rules that define who participates and how they participate within the family, enable family members to be autonomous and interdependent yet tolerant of each other.

❖ **Social and economic resources**

Social and economic resources refer to the available informal and formal family support networks of the family on all levels. Social and economic resources enable a family to meet the basic needs of the family. In times of crisis family and social networks are protective factors and valuable resources. The striving to access and utilize resources is an important aspect of the family's daily organizational processes.

Manifestations of accessing and utilizing economic and social resources as support systems to the family are:

- Economic and financial resources are crucial necessities for family survival. For the family to successfully fulfil its economic functions there needs to be individual resources (education, skills training) and community resources (employment opportunities).
- In order for families to function effectively there must be balancing between work and family responsibilities.
- All families are in need of support networks to fulfil their responsibilities. Depending on the challenges the family has to face, some families need more support than others. Social support networks of families can be identified on three levels namely at an informal level (family and friends), semi-formal (the community and other community resources) and the formal support networks (professional networks such as health and social services).
- Social welfare support (depending on the family's needs) should be provided on the four levels of service delivery namely prevention, early intervention, statutory intervention and protection and after care and reunification.

Table 7.3 Domain of organisational processes

Domain (family process) of family resilience	Content of domain (sub-processes clustered under the domain)	Details of content of the domain
1. ORGANISATIONAL PROCESSES	1.1 Stability	1.1.1 Sound, balanced, structural arrangements and rules that govern the family 1.1.2. Clear family role clarification 1.1.3 Leadership within the family

	<p>1.2 Family organizational patterns</p> <p>1.3 Family connectedness/cohesion</p> <p>1.4 Social and economic resources</p>	<p>1.1.4 Decision making in the family</p> <p>1.1.5 Task allocation and performance</p> <p>1.1.6 Family rituals and routines</p> <p>1.2.1 Need for strong adult leadership</p> <p>1.2.2 Need for effective behaviour control in the family</p> <p>1.2.3 Need for mutual decision making to get the buy-in of all family members</p> <p>1.2.4 Roles of family members appropriate and well-defined</p> <p>1.3.1 Closeness, mutual support and commitment for structural bonding</p> <p>1.3.2 Reconnection of broken or scarred relationships</p> <p>1.3.3 Clear boundaries and rules on participation within the family</p> <p>1.4.1 Access to social and economic resources</p> <p>1.4.2 Balancing work and family responsibilities</p> <p>1.4.3 Access to formal, semi-formal and informal support networks</p> <p>1.4.4 Access to social welfare support systems when needed</p>
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1.6.5.2 DOMAIN OF ADAPTABILITY PROCESSES

Adaptability, according to Earvolino-Ramirez (2007:77), requires flexibility, which is “being able to roll with changes, being cooperative, amiable (agreeable) and tolerant”. In order to

function effectively, families are engaged in a continuous process of balancing stability with change as they adapt to changing developmental and environmental demands (Olson & Gorall, Beavers & Hanpson in Walsh 2006:84).

Like skiing down the slopes, families should navigate themselves through stressful life challenges, counterbalancing stability and change (Walsh 2006:91). Resilience is fostered when family members have the perseverance to struggle well in order to regain stability.

A family's ability to adjust and adapt to stress is influenced by its vulnerability to increased stresses, current family problem solving capacities, the meaning that the family ascribes to this stress, and presence of supportive resources. Should the family not be able to adjust and adapt to changing circumstances, it can lead to an intolerable increase in stressors that could push a family "to stretch too far" with an impact on family members' ability to function effectively.

Family members could follow different pathways in their striving to **adapt** to changing circumstances. Each pathway will bring about a different outcome. They will either adapt or be dysfunctional.

❖ **Adaptability requires flexibility**

Manifestations of the adaptability processes when families are confronted with either crises or challenges or adversities that would require change in the family functioning:

- Flexibility, in contrast to rigidity or inflexibility, can be described as the quality of bending or stretching easily without breaking. A family with a flexible nature is willing to compromise, is accommodative, adaptable, agreeable, cooperative, has tolerance for others and can show forgiveness.
- Flexibility is a dynamic balance between stability and change and is essential to enable a family to be sufficiently stable whilst change is happening, in response to life's challenges and disruptions.
- Flexibility is the essence of adaptability and will, along with family cohesion, determine the degree to which the family members are capable of working together in order to overcome challenges.
- The ability of the family to be flexible and adjust is essential for the family to rebound from adversity. Families must be able to evolve (grow and develop) together through the family life cycle and cope with day to day challenges and crises they have to address.

- Families, with their diverse forms and relationship networks, have the responsibility to reorganize the family to support the integration and **adaptation** of the family unit to changing circumstances.

- ❖ **Individual resilience of family members impacts on family adaptability**
 - Personality traits of individual family members such as flexibility can contribute to the ability of families to cope and adapt and be resilient.
 - Individual resilience plays a role in how the family processes of family resilience will unfold in adapting to new circumstances and can act as a family strength.
 - The individual life cycle (developmental stages) of family members takes place within the family life cycle and impacts on the resilience of families.
 - Normal life cycle transitions (moving from one developmental stage to the next) of family members influence how they make meaning (making sense) of crisis situations and how the adaptability process unfolds.
 - Crisis life-cycle transitions (divorce, separation, death) bring about additional stresses on the family that they have to cope with and adapt to.

- ❖ **The strengths or weaknesses of the other family processes (organizational processes, protective processes, communication processes and family belief processes) impact on the adaptability process of the family**
 - The family processes (domains) of family resilience in each family differ in whether they are strengths or weaknesses, depending on the how the family functions. For example families with close relationships and good communication skills could have positive belief systems. These would be strengths that assist the family with their adaptation processes despite other possible weakness in the organizational processes due to a lack of financial resources causing basic family needs not to be met.

Table 7.4 Domain of adaptability processes

Domain (family process) of family resilience	Content of domain (sub-processes clustered under the domain)	Details of content of the domain
2. ADAPTABILITY PROCESS	2.1 Adaptability requires flexibility	2.1.1 Flexibility, together with family cohesion, determines the capability of

	<p>2.2 Individual resilience of family members impacts on family adaptability</p> <p>2.3 Strengths and weaknesses in other family processes impact on adaptability</p>	<p>family members to work together for change</p> <p>2.1.2 A dynamic balance between stability and change is essential for families to be stable through change</p> <p>2.1.3 Families must be able to evolve together in order to reorganise and rebound</p> <p>2.2.1 Personality traits of family members are mediating factors for family resilience</p> <p>2.2.2 Individual resilience plays a role in family processes and can be a family strength</p> <p>2.2.3 The influence of normal life cycle transitions within the family make meaning of crisis</p> <p>2.2.4 Additional stresses are brought about by crisis life cycle transitions (divorce, separation, death)</p> <p>2.3.1 How the family functions depends on the strengths and weaknesses of other domains of family resilience</p>
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1.6.5.3 DOMAIN OF PROTECTIVE PROCESSES

The protective processes as domain of family resilience comprise of the risk factors of the family interacting with family strengths and protective factors to enable the family to withstand and be protected against the 'storms of life'. The protective processes foster resilience by buffering stress factors and facilitating adaptability.

❖ Risk factors

- Risk factors are those conditions (crisis, adversities and challenges) that increase the likelihood of individual and family dysfunctionality.
- Risk factors include individual risk factors, peer risk factors, family risk factors, school or work related risk factors, community risk factors and socio-economic risk factors.

❖ **Family strengths**

- Family strengths are those conditions that increase the likelihood of individual and family functionality.
- All families have strengths. (The most dysfunctional family can at least say that they are staying together which should be viewed as a family strength).
- Highlighting strengths does not imply ignoring crisis, challenges or adversities, but recognizing the opportunities that need to be maximized (Hatter 2014:5).
- Family strengths lie in the strengths of its individual family members, in the inter-relationships within the family as well as in the intra-relationships with the community and broader society.
- The identification of strengths assists the family to develop coping mechanisms. This shifts the family from helplessness and despair when facing challenges or risk situations towards believing in their own potential to better the situation.

❖ **Family protective factor**

- Protective factors, also called buffering factors, “modify or transform responses to adverse events so that families avoid possible negative outcomes” (Benzies & Mychasiuk 2008:104).
- Protective factors moderate the effects of risk and heighten the probability of successful developmental outcomes.
- Protective factors may be internal, such as self-esteem, or external such as a supportive family milieu.
- The socio-ecological model enables understanding that protective factors can be organized across individual, family and community levels.
- Three categories of protective factors can be identified:
 - Individual strengths – including attributes such as self-sufficiency, high self-esteem and altruism
 - Family strengths – including supportive relationships with adult family members, harmonious family relationships, expressions of warmth between family members and mobilization of support in times of stress
 - Community support – referring to supportive relationships with people or organizations external to the family. These external supports provide positive

and supportive feedback to the family and its members and act to reinforce and reward the family's positive coping abilities

❖ **Protective processes as the interaction between risk factors and family strengths and family protective factors**

The manifestation of the **protective processes**, as a domain of family resilience, encompass the dynamic interplay and interaction between on the one hand the **risk factors** that families are confronted with on a daily basis during its life cycle, and on the other hand the **individual strengths** of family members and the **protective factors**:

- Risk and protective factors of the family are found in the domains of family resilience and the systems that the family is embedded in (e.g. internal and external support networks and resources as described in the organizational domain).
- These factors and the interplay between them provide the active elements of the **protective processes** that render families either more or less resilient and that enable them to adjust to stressful life events.
- Examples of protective factors are positive parenting, positive discipline by parents and strong support systems and resources (social, medical, educational and financial). These protective mechanisms (individual strengths of family members and protective factors of the family) work together to address the risk factors.
- Depending on to what degree the family is able to address the challenges or adversities, the family will be either more or less resilient during and after the adaptability processes.
- In order to overcome or rebound from crises or persistent adversity, families must mobilize their protective factors.
- A clear understanding of the risks the family is facing and the strengths and protective factors generate hope and the belief that life could be bettered.

Table 7.5 Domain of protective processes

Domain (family process) of family resilience	Content of domain (sub-processes clustered under the domain)	Details of content of the domain
3. PROTECTIVE PROCESSES	3.1 Risk factors	3.1.1 Risk factors increase the likelihood of individual and family dysfunctionality 3.1.2. Individual risk factors

	<p>3.2 Family strengths</p>	<p>3.1.3 Peer risk factors</p> <p>3.1.4 Family risk factors</p> <p>3.1.5 School or work risk factors</p> <p>3.1.6 Socio-economic risk factors</p> <p>3.2.1 Family strengths increase the likelihood of individual and family functionality</p> <p>3.2.2 All families have strengths</p> <p>3.2.3. Highlighting strengths does not imply ignoring challenges, crisis, or adversities</p> <p>3.2.4 Family strengths lie in individual family members, inter-relationships within the family and intra-relationships with the community and broader society</p> <p>3.2.5 The identification of strengths to assist the family to develop coping mechanisms</p>
	<p>3.3 Family protective factors</p>	<p>3.3.1 Protective factors maybe internal or external</p> <p>3.3.2 Individual characteristics, family characteristics and the presence of supportive others are categories of protective factors</p> <p>3.3.3 Mobilise protective factors to rebound from crisis</p> <p>3.3.4 Protective factors arise from the context of individual family members, the family and the community</p> <p>3.3.5 The protective process fosters resilience and facilitates adaptability</p>

	<p>3.4 Protective processes as the interaction between risk factors and family strengths and family protective factors</p>	<p>3.3.6 Understanding the risks, strengths and protective factors generates hope</p> <p>3.3.7 Risk, strengths and protective factors are found in the different domains of family resilience</p>
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1.6.5.4 DOMAIN OF COMMUNICATION PROCESSES

The communication process is regarded as one of the most important processes in family functioning. Without communication, relationships cannot be built and maintained.

The communication process facilitates the domains or family processes of family resilience in family functioning. Through verbal and non-verbal communication, emotional bonding takes place and assists with the ability of the family to adapt and move on in life. Harmonious communication is the essence of how families create a shared sense of meaning, develop coping strategies and maintain agreement and balance. Unclear communication can bring about confusion and misunderstanding and establish mistrust and insecurity.

Positive family communication can be defined as one of the distinguishing characteristics of strong families as it facilitates coping and family resilience. Clear communication, open emotional expression, collaborative problem solving and relationship building within the family are vital for effective family functioning (Epstein et al cited in Walsh 2006:107).

Relationship building takes place through communication. Relationship building is such a natural process that it is often taken for granted. However, the building and maintaining of relationships requires effective and meaningful interactions with one another and entails hard work. In order to build relationships, it is essential to establish rapport with one another. The building of rapport can be compared with the building of a bridge between two parties that they will be able to cross as they get to know each other better.

Core communicative processes and relationships when evaluated as family strengths serve as coping mechanisms and resources during times of stress and adversity. Families that have good emotional bonds are better able to face challenges and overcome adversities.

These families realize that pulling together is one of the most important processes in weathering crises.

❖ **Clear communication**

- The communication process within families, as a domain of family resilience, entails that clear consistent messages (words and actions) are given in order that information to be clear and to ensure that the truth is spoken and sought after. Clear communication will ensure less misunderstanding and the establishment of trust in the relationship.

❖ **Open emotional expression**

- Open emotional expression is important so that a range of feelings (love, joy, pain, hope and fear) can be shared within the family.
- Sincerity, tolerance for differences and mutual empathy are communicated in order to build trust within the family.
- Family members should avoid blaming and take responsibility for their own feelings and behaviour.
- Open and honest emotional sharing is expressed in families through behaviour, tone, words and availability and communication patterns in a climate of mutual trust.
- Pleasurable interactions, respite and humour are part of family communication processes that enhance open emotional expression.

❖ **Collaborative problem solving**

- Resourcefulness of the family in solving problems and finding solutions is enhanced by brainstorming.
- Collaborative problem solving leads to shared decision making resulting in family buy-in into the decisions made and enforces co-responsibility for the execution of decisions.
- Effective communication skills that include negotiation and conflict resolution ensure that family members feel secure within the family despite misunderstandings.
- Positive conflict resolution leaves family members feeling that they have been fairly treated and that their voices have been heard to establish a win-win outcome.

❖ **Relationship building**

- Verbal and non-verbal communication can be considered as the “gel” that ensures family cohesion, family closeness, belonging and a loving relationship between family members (Moss 2010:158).
- A sense of belonging amongst family members brings about family cohesion (connectedness) that refers to the emotional and structural bonding between family members. This emotional connectedness is vital for effective family functioning.
- Families should provide a context or “holding environment” that offers security, trust and nurturance to family members (Walsh 2006:94). In well-functioning families, family members take an active interest in what is important to each other.
- Families should empower their members to be both differentiated and connected so as to reach their potential. In supportive families living apart due to circumstances such as working conditions, there may be separateness and time spent apart, yet members still share some time together, make joint decisions and support each other.
- Important communication processes of the family should also be extended to the community and broader society. A breakdown in communication within the structure of the family and beyond can eventually result in family isolation and the complete breakdown of the family unit and family relationships.

Table 7.6 Domain of Communication processes

Domain (family process) of family resilience	Content of domain (sub-processes clustered under the domain)	Details of content of the domain
4. COMMUNICATION PROCESS	<p>4.1 Clear communication</p> <p>4.2 Open emotional expression</p>	<p>4.1.1 Clear communication and clarification to clarify unclear information</p> <p>4.2.1 Sharing of feelings amongst family members</p> <p>4.2.2 Building of trust through sincerity, mutual empathy and tolerance</p> <p>4.2.3 Family members to take responsibility for their own feelings and behaviour</p> <p>4.2.4. Pleasurable interactions, respite and humour enhance expression of emotional feelings</p>

	<p>4.3 Collaborative problem solving</p> <p>4.4 Relationship building</p>	<p>4.2.5 Open and honest emotional sharing counteracts mistrust</p> <p>4.3.1 Brainstorming through effective communication enhances problem solving</p> <p>4.3.2 Collaborative problem solving leads to shared decision making and family buy-in.</p> <p>4.3.3 Conflict resolution and negotiation leads to family members feeling secure within the family, despite misunderstandings.</p> <p>4.3.4 Positive resolution of conflicts results in feelings of mutual understanding.</p> <p>4.4.1 Communication is considered the “gel” that insures strong relationships between family members.</p> <p>4.4.2 Family cohesion (connectedness) is vital for the effective functioning of families and provides a sense of belonging.</p> <p>4.4.3 Families provide the environment for security, trust and nurturance for family members.</p> <p>4.4.4 Families should empower family members to be both differentiated and connected.</p> <p>4.4.5 Family communication should be extended to the community and broader society.</p>
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1.6.5.5 DOMAIN OF FAMILY BELIEF SYSTEM PROCESSES

Belief systems are the actual set of

precepts or principles from which a person lives their daily life and that governs their thoughts, words, and actions. Walsh (2006:49) explains that beliefs are the lenses through which we view the world whilst moving through life. They influence what we see or do not see and what we make of our perceptions. In other words, beliefs define our reality and actions. Beliefs and actions are intertwined and reciprocal. Our actions and their consequences can reinforce or alter our beliefs. Facilitative beliefs increase options for problem resolution, healing and growth, whereas constraining beliefs perpetuate problems and restrict options (Wright, Watson & Bell cited by Walsh 2006:49).

Family belief systems are powerful forces in family resilience and provide the family with a map to give direction and focus on its long term goals – their hopes and beliefs for the family and its members (Cohen, 1997). They are regarded “as the heart and soul of resilience” (Walsh 2006:51). Family belief systems enable family members to make sense of crisis situations. The shared beliefs of a family provide a foundation for understanding one another and for approaching new challenges. Although not all beliefs will be shared beliefs in the family, the dominant beliefs in a family system and its culture most strongly influence how the family, as a functional unit, will deal with adversity.

❖ **Making meaning of adversity**

Core beliefs are fundamental to family identity and coping strategies. In times of crisis families function best when members ‘stick together’ and believe they can count on each other. This belief gives families the ability to cope and overcome the odds by making meaning of a crisis situation and guides their response to stressful events. ‘Pulling together’ is most important in weathering crises and giving meaning to the crisis situation. This creates a sense of coherence that makes the family able to view a crisis as a meaningful, comprehensible and manageable challenge. How families make sense of a crisis situation and the meaning they endow to it, is crucial for resilience.

❖ **Positive outlook of the family**

A positive outlook in overcoming adversity has been found to be vitally important for resilience. Key elements involve hope and optimism and focus on the strengths and potential of the family. Perseverance, the ability to “struggle well” and persist in the face of adversity, is a key element of resilience. All the above are essential elements in forging the strengths families need to withstand and rebound from adversity.

High-functioning families recognize that success in human endeavours depends on variables beyond their control, yet they share the conviction that with goals and purpose, they can make a difference in their lives (Beavers & Hampson cited in Walsh 2006:64).

❖ **Transcendence, spirituality and religion**

According to Walsh (2006:72) transcendent beliefs provide meaning, purpose and connections beyond the individual, their families and their troubles. It provides continuity over time and generations. A transcendent value system enables family members to find meaning and significance in relating their own lives to a greater wholeness. Individuals prosper within significant relationships and families thrive when connected to larger communities and value systems.

Spirituality

Spirituality can be experienced either within or outside formal religious structures. Spirituality is not defined in terms of any particular religious belief system, but has to do with one's sense of experiencing a form wholeness, integration and connection with others. Spirituality has to do with one's "overall personal fulfilment and satisfaction with life, a sense of peace with oneself and the world and a sense of unity and personal closeness to God, or with Nature" (Longress 2000:30).

Most spiritual orientations see spirituality as socio-centric, embedded within the family and larger community, allowing one to expand personal awareness and responsibility not only for oneself but also beyond.

Religion and religiosity

Religion and religiosity is the degree to which one is attached to the spiritual values and beliefs of an institutionalized religion (Longress 2000:29).

In dealing with adversity, religion and spirituality provide comfort and meaning beyond understanding. Personal faith links people's strengths to the ability to endure hardship, overcome challenges and turn their lives around. Faith provides caring relationships where fundamental convictions about life and death are shaped and nourished. Institutional religion offers congregational support at community level in the form of an extended spiritual family (the congregation) to families. Spiritual beliefs and practices have been found to foster strong family functioning, especially in times of crisis (Walsh 2006:73–74).

❖ **Family rituals and family transitions**

Family rituals and family celebrations convey, reflect and maintain a family's identity and beliefs. Holiday celebrations, rites of passage (i.e. initiations, weddings, graduations and

funerals), family traditions (anniversaries and reunions) as well as routine family interactions (i.e. family dinner time and church-going) are all family rituals.

Family rituals should be seen in the context of family life cycle transitions. A critical event or disruptive transition (such as divorce) can catalyse or spark a major shift in a family belief system, with possible consequences of immediate adjustment and long-term adaptation (Walsh 2006:53).

Table 7.7 Domain of family belief system processes

Domain (family process) of family resilience	Content of domain (sub-processes clustered under the domain)	Details of content of the domain
FAMILY BELIEF SYSTEM PROCESSES	<p>5.1 Making meaning of adversity</p> <p>5.2 Positive outlook</p> <p>5.3 Transcendence, spirituality and religion</p>	<p>5.1.1 Core beliefs of families provide for family identify and influence the family's choices of coping strategies</p> <p>5.1.2 Families pulling together give meaning to a crisis situation</p> <p>5.1.3 The shared belief that the family can cope with crisis gives meaning</p> <p>5.1.4 Making sense of crisis to normalize and contextualize adversity</p> <p>5.2.1 A positive outlook gives hope and a focus on family strengths</p> <p>5.2.2 A positive outlook provides the family with the ability to persevere</p> <p>5.3.1 Transcendence or higher beliefs provide purpose beyond family adversities</p> <p>5.3.2 Transcendence provides continuity through generations</p> <p>5.3.3 Spirituality as internalised beliefs that bring meaning, awareness and concern for self and others</p>

	<p>5.4 Family rituals and family transitions</p>	<p>5.3.4 Religion is faith in a caring relationship with God or other Superior Being</p> <p>5.3.5 Religion as spiritual values and beliefs of an institutionalized religion</p> <p>5.3.6 Institutional religion offers congregational support in the form of another extended family</p> <p>5.4.1 Family rituals facilitate life cycle transitions</p>
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2.7 CONCLUSION

This section explains the complicated process of family resilience in simple terms in accordance with a diagram (2.4) developed. This important step is necessary as social workers must have a clear understanding of how family resilience operates in order to develop family resilience interventions. These interventions should focus on mitigating risk factors and building on strengths and protective factors so as to lead to resilience reintegration outcome.

This discussion on the family resilience construct can serve as a conceptual map in orienting a wide range of social welfare services to “repair” or “foster” or “prepare” or “sustain” family resilience within the family system and set the stage for the paradigm shift from an exclusive focus on risks to an emerging focus on strengths (Masten 2001:228; Walsh 2006:25;).

When reading the next section of the guidelines this conceptual map should be taken into consideration at all times.

SECTION 2

GUIDELINES FOR SOCIAL WORKERS TO IMPLEMENT FAMILY RESILIENCE INTERVENTIONS TO STRENGTHEN AND PRESERVE FAMILIES

2.1 INTRODUCTION

Family resilience is a change process when family relational processes in family functioning over time, enable the family to rebound from adversity and be resilient. All families on a daily basis are subjected to daily hassles. All families are at times subjected to crises and adversities that could be expected or unexpected and could have short term or long term impact. This requires that families, on a daily basis, have to adjust or when confronted with a crisis adjust and adapt if previous ways of coping are not effective anymore.

Family resilience can be illustrated by comparing the family with a piece of elastic. A piece of elastic has the ability to be stretched and thereafter return to its normal size. Resilient families are able to endure being stretched beyond their 'normal state' of functioning and then to return to this 'normal state' after the crisis period.

It is during this stretching process that the ever present domains of family resilience as family processes in family functioning become visible as they actively start operating with one another during the family's striving to return to its 'normal state' of equilibrium. Family resilience interventions could be implemented to assist the family to do so. The family often resists dealing with a crisis as a lack of equilibrium and instability brings disjunction in the family. Families need support and motivation to deal with the crisis situation to make the necessary changes. If not the crisis period will be prolonged.

When families are willing to make the changes (adjustments, adaptations) so as to be able to regain 'normal' functioning, social workers could assist families to discover new ways of dealing with the situation. Social workers could introduce new perceptions and thinking patterns to the family, linking them to resources that could be beneficial for meeting the demands for change in order for them to rebound from the crisis.

2.2 WHICH FAMILIES SHOULD RECEIVE FAMILY RESILIENCE INTERVENTIONS

All families could receive family interventions depending on their needs. In accordance with the four categories of families as stipulated in the Norms and Standards for Services to Families (2013), family resilience interventions can be rendered to any of these family categories. Family preservation services on the four levels of service rendering as stipulated in the White Paper on Families (2013), i.e. prevention, early intervention, statutory and protection services as well as reunification and after care services will include family

resilience interventions linked with the basket of services for families as described as follows:

Resilient families: Interventions to sustain their level of family resilience. A family resilience intervention that sustains family resilience will be considered as a preventative intervention in order to support the family equilibrium and balance. It is also important that these families will be linked with social support networks (internal and external) and resources in the community, as protective factors to the family. An important educational intervention would be to educate both service providers and families on the family resilience construct and processes.

Families in crisis: Interventions to assist the family to foster family resilience through their crisis and their crisis recovery period of adjustment and adaptation. This would be to move them to a resilience reintegration outcome where they could function even better than before. Two interventions that could be highlighted are crisis intervention and trauma counselling or debriefing. Other services in accordance with the needs of the family could be family support services and therapeutic services.

Families in transition: Interventions to assist the family to manage the disruptive changes that separation, divorce, incarceration, alternative care for a family member or a family member in conflict with the law bring about. These will require social work intervention services on a protective level. These early intervention services could be divorce mediation, therapeutic services as well as support services to the family to foster family resilience. At a statutory level, mediation services that could also be court-annexed could assist families where there is serious dispute or disagreement between family members that could compromise their safety. Family Group conferencing as a mediation option is often used by both the Children's and Child Justice Courts to mediate parental plans or the rights and responsibilities of especially the unmarried father.

Families at risk: Interventions to assist a family that is confronted by adversities that are usually a pile-up of risk factors over a prolonged period of time. These vulnerable families have diverse needs that would not only be addressed by one intervention. Integrated service rendering that includes family resilience interventions would be necessary. Poverty in families, as an adversity, is rife in the South African situation and impacts directly on the basic needs of families. A family resilience intervention would firstly focus on these basic needs in accordance with Maslow's Hierarchy of Needs. Interventions would include grant payments, disaster relief, skills training and poverty relief programmes so as to foster family resilience.

❖ **Why it is important for the social worker, when rendering a family resilience intervention, to clearly understand and define “family”, “family functions and “family functioning”?**

The White Paper on Families (2013:17) defines the family as: “a societal group that is related by blood (kinship), adoption, foster care or the ties of marriage (civil, customary or religious), civil union or cohabitation, and go beyond a particular physical residence”.

The family continues to be the primary institution in human society. It is, therefore, fitting for the social worker to perceive the ‘family’ from two very important perspectives. Firstly, as a whole and secondly, as a group of individuals that may also comprise specific categories of persons in society, i.e. grandparents, parents, mothers, fathers, children and the extended family. In South Africa various types of families are found. These include single parent households, nuclear families and granny-headed households among others. However, it should also be taken into consideration that “those who you regard as your family are your family”.

The family has multiple roles and functions. Among others, the role of the family is to nurture, care for and provide assistance, support and protect to its members in order to allow them to perform their required functions on a day to day basis, as well as during crises.

The family can further be described as a:

- psycho-biological unit where members are linked together by blood ties, kinship relationships, personal feelings and emotional bonds of its members
- social unit where members live together in the same household and share tasks and social functions
- basic economic production unit in providing for the basic needs of family members

The family plays the principal role of socialising children and fostering conditions for the well-being and survival of its members. Through this undertaking, it also ensured that societies are sustained. Socialisation also guarantees the transmission of societal values and norms that enable the youth to play meaningful roles in society upon becoming adults. These critical functions reinforce the centrality of the family in society.

In order to render family resilience interventions, social workers need to understand how the family is defined, as well as the ‘what’ (referring to the family functions) and the ‘how’ (referring to family functioning) to understand how families operate. Understanding the concept of the family and the multiple roles the family is expected to play, gives the social

worker insight into the challenges that the family experiences when confronted with a pile-up of stresses, adversities and family crises. It is only through this understanding that an appropriate family resilience intervention can be rendered.

2.3 GUIDELINES ON TAKING COGNISANCE OF INDIVIDUAL RESILIENCE WHILE IMPLEMENTING A FAMILY RESILIENCE INTERVENTION

Due to the reciprocal relationship between individual resilience and family resilience, individual resilience of family members should be taken into cognisance when implementing a family resilience intervention.

❖ How to define individual resilience in relation to family resilience?

There should be a differentiation between individual resilience and family resilience. Individual resilience is the individual strengths of family members such as empowerment, self-awareness and personality characteristics that enable them to rise above adversities. Individual resilience takes into consideration the developmental stages of individual family members. Individual resilience also refers to the internalized capacities and the associated behaviours that enable individuals to maintain a sense of integration in the face of adversities, to recover from trauma following adverse events and to successfully handle stressful events that are perceived as harmful. Some adults and children, contrary to all expectations, can overcome adversity, challenges and a series of traumas whilst others, confronted with similar situations, become overwhelmed by their situation and cannot rise above these circumstances.

Family resilience on the other hand refers to the relationship qualities of the family that contribute to the emotional health and well-being of the family and enable them to respond to challenges and rebound after stressful life experiences. Individual resilience strengthens the family unit whilst the family unit provides a support system to the individual family members. Individual resilience and family resilience are thus reciprocal, acting upon each other.

❖ What impact will the level of the individual resilience of family members have on family resilience?

Being resilient is not a cheerful disregard of one's difficult and traumatic life experiences, neither is it the naïve discounting of life's pains. Resilience is rather the ability to bear up in spite of these ordeals. The level of individual resilience will impact on family resilience but family resilience is not the sum of the resilience of individual family members. Resilient individual family members will be a protective factor to the family in times of crisis, whilst a

lack of individual resilience could be a risk factor. On these grounds it is important to establish the level of the individual resilience of family members when implementing a family resilience intervention.

❖ **Should individual resilience be addressed during a family resilience intervention?**

In rendering a family resilience intervention, risk factors should be addressed and protective factors strengthened. This principle is also applicable to individual resilience. The level of individual resilience will be measured on a scale of either coping well, not so well, or not coping at all and, therefore, needs to be dealt with either as a protective factor or risk factor. It should, therefore, be part of the family resilience intervention.

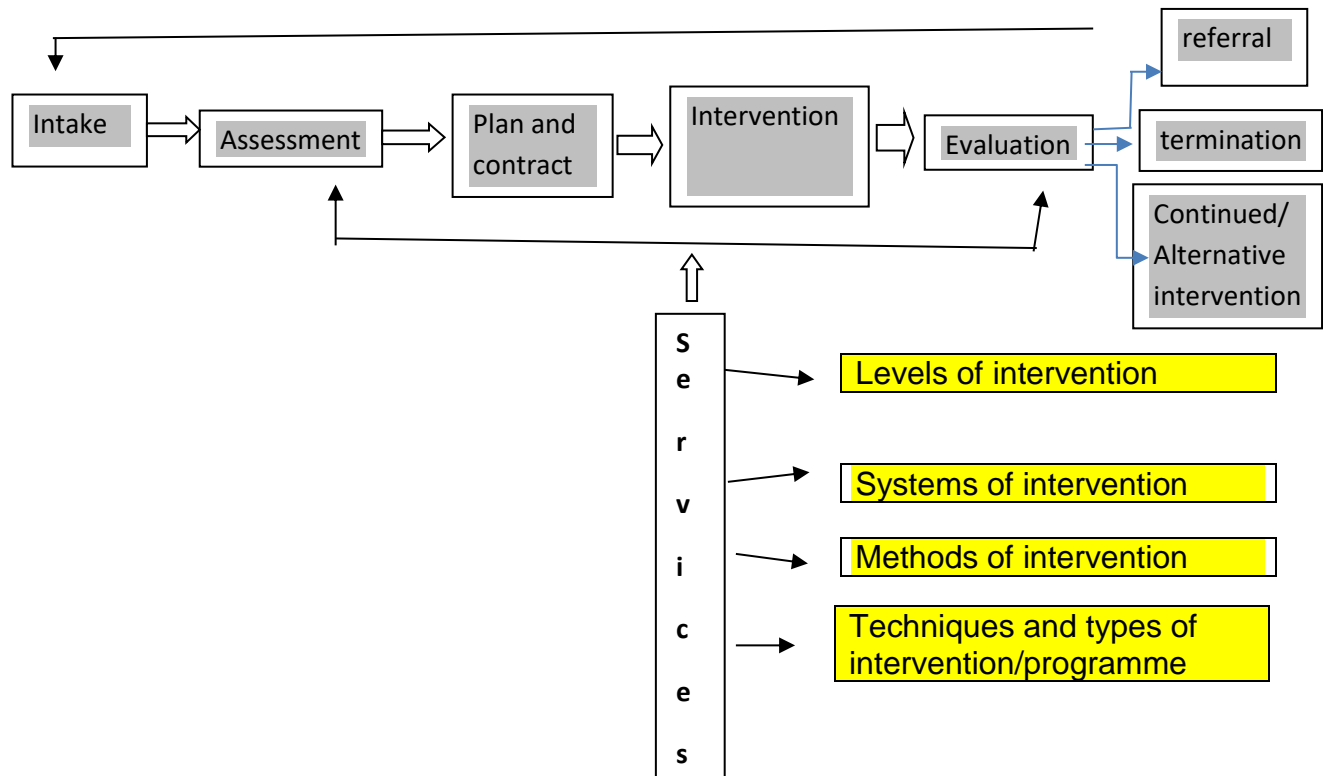
Depending on how an individual experiences factors that impact on his/her life, these factors can be viewed either as a risk or a protective factor. Self-esteem, for example, can either be low or high. Low self-esteem can be regarded as a risk factor that contributes to the individual's stress levels and can lessen his/her coping capacities. A positive self-esteem becomes a protective factor that contributes to the individual's ability to better cope with life's experiences. Protective factors, as with risk factors, may be internal (i.e. strong communication skills) or external (i.e. a supportive family milieu).

Furthermore, the individual should always be positioned within the context of the family, the community and broader society. Therefore, relationships of individual family members, internally (within the family) as well as externally (within the community and broader society) need to be taken into consideration when considering the individual's level of resiliency. We need to be aware that resilience is woven in a web of relationships and experiences over the life course of the individual that stretches across generations.

2.4 Guidelines on a family resilience intervention according to the social work intervention process

Social work services to families have to be rendered according to the social work generic service delivery model and follow the steps from intake to termination or referral (See diagram 7.5)

Diagram 7.5 Generic service delivery model and generic intervention processes (Framework for Social Welfare Services, 2013)



A family resilience intervention is aligned with the above-mentioned generic process and will be discussed accordingly:

2.4.1 Intake: How to engage with the family for a family resilience intervention

The first contact between the social worker and a social work client family is very important. It provides the first opportunity to establish rapport and trust between the service provider and the service recipient.

❖ How should one build a trusting and sound social worker-client relationship?

Intake is a point of entry or engagement when families access social welfare services. This first contact represents the point where families become connected to social welfare services, with a family resilience intervention as one of the possible options when appropriate. It is important at this stage for the social worker to establish trust and respect between the social worker and the client family.

❖ **What aspects of a social worker-client relationship could be especially relevant for a family resilience intervention?**

When engaging with families it is important to keep in mind:

- In order to receive the most honest exchange of information, it is necessary that the social worker establish as much trust and rapport as possible with the family members.
- The focus of the engagement must be on enabling the family to feel emotionally, physically and socially safe within the relationship and within the environment.
- Without engaging with the family members, there is no legitimate and ethical context in which the social worker can expect to receive personal and often painful and intimate information.
- It is crucial to address the immediate needs of the family first before the process of engagement can continue. A hungry family cannot be engaged in a family resilience programme if their basic needs have not, as a priority, been met.
- Families in crisis often have strong feelings and fears. The social worker should identify and address these emotions in order to establish a trusting relationship.
- If the family is reluctant to engage, the reasons for their hesitation to engage should be established and addressed.
- The social worker needs to be empathetic towards the pain and suffering of the family and demonstrate feelings of warmth, respect and care towards the family.
- The focus should be on the family as a whole to get the buy-in of all the family members. The whole family is affected when confronted with difficulties, crisis or adversities and react in different ways.
- By getting to know the family, the social worker will not only be able to address the risk factors but also family strengths and protective factors.

❖ **How should the social worker address cultural/language barriers that exist between him/her and the client family?**

It is necessary for the social worker to relate to the family in a way that they can understand. The language that is used should be familiar to the family and assist in conveying an attitude of respect. Should language be a barrier, it should be addressed as best as possible and if necessary the family should be referred to a social worker that is familiar with the language of the family. If not, a language interpreter could be used.

As the social worker engages with the family in order to establish a relationship with them, the social worker should be sensitive to the cultural values and practices of the family and respect the value systems of the family.

However, cultural practices and beliefs that are harmful, not in the best interest of the family members and which are contravening the legislative framework should be dealt with by the social worker accordingly.

2.4.2 Family Developmental Assessment: How to conduct a developmental assessment of the family for a family resilience intervention

In accordance with the Guidelines for the Prevention of and Response to Child Exploitation (2015:13) an assessment is the first activity that a social worker undertakes after a case has been reported, to get a concise picture of a child's circumstances. For purposes of this manual, a family developmental assessment of the family **and** its members needs to be conducted.

A family developmental assessment for a family resilience intervention needs to be conducted at three different stages over time to establish if the change process in family functioning is leading to a better resilience outcome.

❖ What is an assessment and why is assessing the family important?

The focus of an assessment is to determine the nature and extent of risk factors (challenges, pile-up of stresses) that the family is facing, as well as the strengths and protective factors of the family. For a family resilience intervention it will be necessary to identify the risk factors and protective factors within each domain of family resilience and in accordance with the ecological approach, within each system, the individual within the family and the family within the community and broader society.

It will be important to assess the individual family members to establish their level of resilience.

It is also necessary to establish if any family members are at risk or unsafe within the family situation as it would impact on the intervention most appropriate for the family.

A holistic family developmental assessment will give a holistic view of the functioning of the family. The assessment of the five domains of family resilience (family processes in family functioning) will enable the social worker to establish the family's level of family resilience and this will provide a basis for the social worker to develop a family developmental plan

and appropriate intervention strategies to address the needs of the family at that point in time.

❖ **When conducting a family developmental assessment, why should an assessment tool be utilised to determine the level of resilience of the family?**

In order for social workers to implement a family resilience intervention, a family developmental tool has been designed to determine the family resilience level at a particular time. In accordance with the needs of the family the first assessment will take place at the time the family experiences a crisis. However, should the family only experience normal day to day challenges that could lead to a pile-up of stresses, the focus of such intervention would be preventative and it would be necessary to identify the family resilience domain/s which need/s to be prioritised for intervention, recognising that a change in one domain will impact on the other domains.

❖ **How should the family developmental assessment tool for a family resilience intervention be used?**

The family developmental assessment tool consists of two sections, sections A and B as described below:

ASSESSMENT TOOL

Section A

The assessment tool makes provision for social workers to identify both the risk factors and the protective factors in each domain of family resilience and assess the level of functioning that the family portrays at the following times to establish the level of resilience of the family:

- at a time of crisis
- during the adjustment phase
- later in the adaptation phase

Using this assessment tool, the social worker will then be able to develop the most appropriate family resilience interventions. Intervention strategies will need to be adapted according to each assessment outcome.

Individual resilience of family members is an important element of family resilience. During the family developmental assessment, the social worker should also establish the individual

resilience of family members. The level of resilience of the individual family members would be either a protective factor or risk factor and thus should be taken into consideration.

Depending on the level of family resilience identified in the different domains, interventions need to be directed to areas that need intervention in order to improve family functioning. The focus needs to be on utilising family strengths and strengthening the protective factors so as to mitigate the identified risk factors. By doing this social workers will assist the family to choose the path of adaptation so as to rebound after crisis even stronger than before.

Section B

In section B provision is made for the social worker to be able to establish which resilience reintegration pathway the family followed in rebounding from adversity. By establishing which pathway was followed, the social worker would know if the family had reached a resilient reintegration outcome and if so, would not be in need of further intervention. The social worker would then be able to terminate the service.

However, vulnerable families that have reached a maladaptive or dysfunctional resilience reintegration outcome would need further intervention and would need to be referred to the most appropriate service provider.

In the assessment of the different domains, the continuum of the level of family resilience would be indicated on a scale of 1 to 5 where 1 will indicate a high level of resilience and 5 a low resilience in the domain.

TABLE 7.8 FAMILY RESILIENCE ASSESSMENT TOOL AS DEVELOPED BY THE RESEARCHER: to measure the family's progress within the different domains during the adjustment and adaptation stages leading them on pathways to overcome and rebound from crisis

NAME OF THE FAMILY:

Section A

Processes of family Functioning ↓	→								
	Crisis/stress			Adjustment			Adaptation		
(1) Organisational process	Level of family resilience	Risk factors	Protective factors	Level of family resilience	Risk factors	Protective factors	Level of family resilience	Risk factors	Protective factors
	1			1			1		
	2			2			2		
	3			3			3		
	4			4			4		
	5			5			5		
(2) Adaptability process	Level of family resilience	Risk factors	Protective factors	Level of family resilience	Risk factors	Protective factors	Level of family resilience	Risk factors	Protective factors
	1			1			1		
	2			2			2		
	3			3			3		
	4			4			4		
	5			5			5		

Processes of family Functioning ↓	→								
	Crisis/stress			Adjustment			Adaptation		
(3) Protective processes	Level of family resilience	Risk factors	Protective factors	Level of family resilience	Risk factors	Protective factors	Level of family resilience	Risk factors	Protective factors
	1			1			1		
	2			2			2		
	3			3			3		
	4			4			4		
	5			5			5		
(4) Communication processes	Level of family resilience	Risk factors	Protective factors	Level of family resilience	Risk factors	Protective factors	Level of family resilience	Risk factors	Protective factors
	1			1			1		
	2			2			2		
	3			3			3		
	4			4			4		
	5			5			5		

Processes of family Functioning ↓									
	Crisis/stress			Adjustment			Adaptation		
(5) Belief system processes	Level of family resilience	Risk factors	Protective factors	Level of family resilience	Risk factors	Protective factors	Level of family resilience	Risk factors	Protective factors
	1			1			1		
	2			2			2		
	3			3			3		
	4			4			4		
	5			5			5		

Section B

Pathways to certain resilience reintegration outcomes (Blair, 2003)	Crisis	Adjustment	Adaptation
	Description of crisis:	Dysfunctional reintegration	Dysfunctional reintegration
		Maladaptive reintegration	Maladaptive reintegration
		Homeostatic reintegration	Homeostatic reintegration
	Resilience reintegration	Resilience reintegration	

❖ **Why is it important to identify the support systems and resources of the family during the family developmental assessment?**

The support systems and resources of the family will be considered as protective factors of the family. The protective or buffering factors are those factors that moderate the effect of risk and heighten the probability of successful outcomes. Protective factors however, could either be internal (strong communication skills) or external (supportive family milieu).

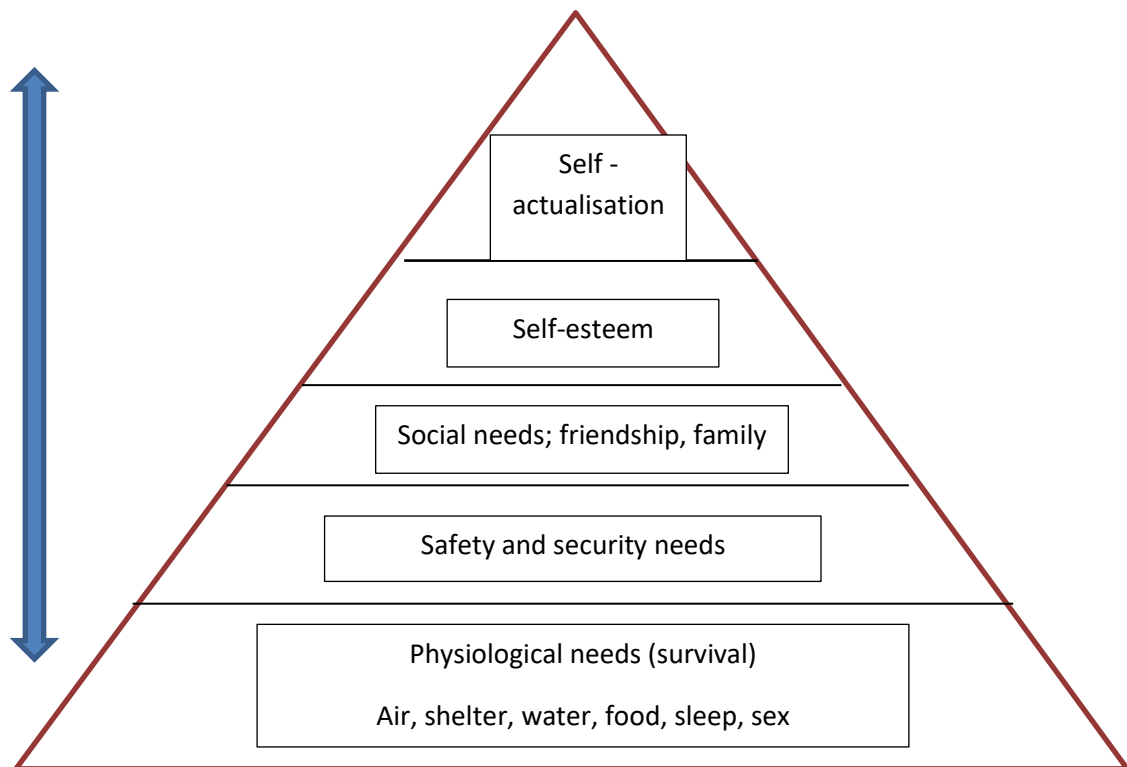
❖ **Why is it important to assess the five family processes/domains of family resilience?**

The five domains of family resilience (organisational processes, adaptability processes, protective processes, communication processes and family belief system processes), in synergy with one another, render families resilient.

Assessment of the five domains informs the social worker of the status of each domain of the family. Depending on the assessment, the family resilience intervention will focus on strengthening the weaker domains and drawing from the stronger domains in order to render families stronger and more able to rebound from adversities.

❖ **Why should Maslow's Hierarchy of Needs be taken into consideration during the assessment process?**

Maslow's Hierarchy of Needs provides a focus for intervention as the addressing of these needs will become the goals and objectives for the family developmental plan and will guide the intervention process. This hierarchy of needs allows the social worker to prioritize the needs of the family so as to render appropriate services.

DIAGRAM 7.6 MASLOW'S HIERARCHY OF NEEDS

The diagram above graphically sets out the hierarchy of needs and is discussed below. The most basic needs are at the bottom of the graphic and should be addressed first. Should these basic needs be met, other needs could also be met. However due to life's ever changing circumstances, these needs would only more or less successfully be met at a given time (Maslow's Hierarchy of Needs [sa]).

- a. Physiological needs:** Physical survival needs are the most basic and need to be adequately met for physical wellbeing. These include food, water, clothing, shelter, transport and physical well-being.
- b. Safety and security needs:** Protection from harm within and beyond the family is on the next level. One way of meeting these needs are simply knowing one is safe, can sleep safely at night and will not be harmed.
- c. Social needs:** Social needs can be met by a feeling of belonging. These needs are met by a sense of belonging to a family, an extended family, a group such as a class, team, organisation, community or church. Therefore it is necessary that should family members be removed from their families, that they keep maintaining contact with the family in order to meet these needs. It is also important to realise that the need to give as well as receive love exists.
- d. Self-esteem:** Self-esteem or a sense of self-worth is the next level of need. It grows from positive feelings around the self as one is able to consider oneself as a person of

worth. Self-esteem is strongly influenced by affirmation from others. Recognition, respect, acceptance and appreciation from others increase one's self-esteem.

- e. **Self-actualisation:** Self-actualisation can be described as the drive to become everything one is capable of becoming and achieving one's potential. Self-actualisation becomes possible when needs at lower levels are adequately addressed.

2.4.3 Family Developmental Plan: How to formulate a family resilience developmental plan

Planning of social work services hinges on allowing the family to take control of where it is and where it wants to go. Planning involves thinking and working out, in detail, what the family intends doing in future and how it expects to make this happen ('where are we'; 'where are we going'; 'how are we going to get there').

Without a plan there is no proper path towards achieving the desired outcomes. A quality plan helps in establishing where the family is and what it is working towards. It also establishes the goals and objectives set with the family, for the family resilience intervention process.

❖ What is a family developmental plan?

A family developmental plan is based on the family developmental assessment and is an agreement that is reached between the family and the relevant service providers and forms the basis for the family resilience intervention.

A family developmental plan helps the family and the service provider to agree on the interventions that will foster and sustain family resilience.

❖ Why would it be necessary to develop family resilience goals and objectives as part of the family developmental plan?

At the core of the family developmental plan are goals and objectives. Family goals deal with those changes that need to be made within the family to ensure effective functioning and to address challenges the family is facing. Family objectives on the other hand are specific, concrete and tangible statements of what has to be done in order to meet family goals.

These goals and objectives serve two purposes:

- They clarify and define what changes the family wants and needs to make.
- They clarify what services and activities should be provided to support the family and its members to make the changes they desire.

❖ **How should the family resilience goals and objectives be incorporated into the family developmental plan?**

The family resilience goals and objectives should address the issues as found in the definition of family resilience, i.e. those family relational processes that over time, as the family respond to stresses, ensure that the family gains the ability to withstand and rebound from adversity, often stronger than before. Questions to be asked to establish goals and objectives are:

1. How can risk factors be reduced and protective factors increased?
2. How can family processes in family functioning (the domains of family resilience) be strengthened?
3. What changes are necessary to enable the family to withstand and rebound from adversity and adapt to new circumstances?
4. What would it take to achieve the ultimate goal for the family to be independent and self-reliant?

2.4.4 Intervention: Guidelines on a family resilience Intervention according to the basket of services

The nature of social welfare services is described in the Framework on Social Welfare Services (2013) and refers to a generic **basket of services** provided by the Department of Social Development, other Departments and the Civil Society sector.

A family resilience intervention implies that a family developmental assessment should have been conducted to establish with which target group (resilient families, families in crisis, families in transition or families at risk) the social worker is dealing with. A resilient family as target group would require prevention and promotion services to sustain the resilience of the family. The other three target groups described hereafter will require services to foster family resilience. The family in crisis as target group could require counselling services (trauma counselling or trauma debriefing), family support services or protection services. A family in transition could need mediation and family support services

whilst a family at risk could require counselling services, family support services, statutory and protection services or reunification and after care services. After establishing the target group, a family developmental plan can be developed with the family. As part of the plan, goals and objectives should be formulated to be addressed through the interventions that should be established.

Some goals and objectives for a family resilience intervention to be incorporated into the family developmental plan could be:

- The family to rebound from crisis, challenges and a pile-up of stresses
- The family to be independent and self-reliant

For increased clarity the following case studies and examples of family resilience interventions are included in the guidelines. Below see discussions of family resilience interventions with a case study illustration within each service group of the basket of services namely prevention and promotion, mediation and counselling services, family support services, statutory and protection services and reunification and after care services.

2.4.4.1 A family resilience intervention as a prevention and promotion service to sustain family resilience

Specific family resilience interventions by social workers on a prevention and promotion level are training on parental skills, communication skills, conflict resolution skills, practical parental skills (breast feeding) and housekeeping skills.

PREVENTION AND PROMOTION SERVICES

The case is about a family with adult family members with bad tempers. Any provocation let them explode. They have two small children. I started to work with this family. I first engaged with the husband and wife individually and thereafter together, addressing their communication and conflict resolution skills. I also got someone to sponsor the children's nursery school education. Their behaviour was partly caused by the environment that they lived in that provided little privacy to the family. Because I could not change their environment, I could provide skills training that enhanced their ability to deal with and sustain an acceptable level of resilience. I took a lot of time to sit with these people and educate them on their reactions of how they are handling the situation and how their behaviour could impact on their young children. An individual risk factor was that the mother of the family functioned at a low intellectual level. After the family resilience intervention, the mother later reported to me that her husband had told her "that he cannot believe how both of them have changed". The intervention enhanced their ability to communicate better which improved their conflict resolution skills and personal tolerance with one another. They were also able to view their circumstances in a better light with hope for the future.

A family resilience intervention on a prevention and promotion level mainly concentrates on skills development to improve family functioning and sustain family resilience. In the above-mentioned family the domains that needed interventions were the communication processes, their organisational processes and their family belief system processes. By strengthening these domains the social worker impacted on how the family functioned so as to enable the family to sustain their level of family resilience. In this intervention process the social worker needed to be aware that interventions that address one or more domains of family resilience will at the same time impact on the other domains and need to be taken into consideration.

2.4.4.2 Family resilience intervention as family support services to foster and sustain family resilience

Specific services that social workers referred to in this section are support services to individual family members with the family as support system; support services to the family thus linking the family with resources, support networks and formal support services in the community and broader society.

A family was reported to the social worker where the children, a 6-year old, 11 year old and 13-year old, often had to go without food. The mother was struggling to find a job and was reliant on the child support grants that she received for the children. The children blamed the mother for the difficult situation the family experienced and for not having contact with the father who they believed could assist them as family. Serious communication problems existed between the children and their mother and the family was at risk of disintegration. The mother was afraid to explain the situation to the children. She also felt that in accordance with their culture, the children were not supposed to demand an explanation as it was not within their rights to do so.

The social worker offered family support services to the family. She arranged that the family would regularly receive food parcels. She could also arrange with the family's neighbours to provide support to the family when there was a food crisis in between food parcels.

Thereafter, the social worker provided family counselling to assist the family to be able to communicate better and improve the parent/children relationships. The children were able to better understand the situation and the struggle the mother had to provide for them. The social worker was able to assist the mother to get employment and the family situation improved. The social worker also attempted to trace the father of the children so that he could contribute to the upbringing of the children and motivated the mother to re-establish the relationships with the extended family. These interventions improved the level of resilience of the family.

Due to a pile-up of stresses over an extended period of time this 'at risk' family required immediate intervention to prevent the disintegration of the family. The family's domains of family resilience were confronted with various risk factors. The organisational processes of

the family were impacted upon, as the basic needs of the family for food security were not met; the adaptability processes as the family experienced themselves to be in a situation that offered little room for change and the family was in desperate need of family support and assistance; the lack of food security impacted on the protective processes of the family; the family's communication processes broke down as the children did not trust their mother as primary caregiver to provide for their basic needs and that impact on the belief systems of the family that could have led to the disintegration of the family.

The social worker could identify that through family support services this family could be assisted to become more functional and more resilient. Despite all the challenges the family was still together despite the desperation and hopelessness the mother experienced regarding her ability to improve their situation.

Through practical support and being able to assist the mother to find employment, the social worker could address the immediate needs of the family for regular food on the table that improved the organisational processes; through family counselling a better communication pattern was established between the mother and her children and this improved their parent/children relationships. The additional support of the extended family broke the isolation the family experienced. These changes brought hope for the future and the belief that they as family would be able to make it.

Through all these changes brought about the interventions the family resilience level was initially fostered and thereafter sustained.

2.4.4.3 A family resilience intervention as mediation or counselling services to foster family resilience

Specific services that social workers referred to in this section are marriage counselling, divorce mediation, mediating parenting plans and family group conferencing. A crisis such as the death of a parent/child or serious injuries in an accident or crime related incident should be addressed through crisis intervention, trauma counselling or trauma support. The goal of the crisis intervention will be to mitigate risk factors and strengthen protective factors. Narrative mediation could be used after a natural disaster or a post war time period to build a shared family narrative to foster family resilience.

The social worker dealt with a couple that was divorcing. The couple had three children together and one child each from previous relationships. The problems the family experienced had built up over the years. There was domestic violence and also unfaithfulness which had led to one partner being HIV and AIDS positive.

When the wife first came to see the social worker, she was still unsure if she should follow through with the divorce. Through counselling sessions where she talked about the reality of the situation and the negative impact the present situation had on her children, she made the decision that she was not willing to live under these circumstances any longer and that she wanted to get divorced. The pros and cons of such an action were discussed. Also, what the future would hold if she made the decision. She realized that she needed to take the impact of the divorce on all the children into consideration as all the children viewed her and her husband as their primary caregivers.

The divorce would have placed the family in crisis and transition that would then require various changes so as to adjust and adapt during the recovery process. Aspects such as how they need to deal with the children, where to live, her being unemployed and dependent on her husband, and a lack of support systems as all her extended family lived elsewhere, needed to be considered. She had to think about what measures she needed to take. Despite resistance from the husband, the social worker managed to arrange a family group conference to discuss the above mentioned issues and to develop a parenting plan. Both parties signed the agreement and the social worker submitted the parenting plan to the Office of the Family Advocate for registration.

In this case scenario the resilience of the family and its members was seriously jeopardized over a long period of time. Various **risk factors** impacted on the family. Most of the family domains were affected prior to the decision of the couple to get divorced. Serious communication problems affected the communication process with a lack of conflict resolution being the result; the protective processes were compromised as domestic violence occurred within the family; the belief systems of the family suffered as the father's unfaithfulness broke the trust between the couple. Due to all these happenings, the mother did not believe that the marriage should continue.

The **protective factors** of the family that could be identified were the belief of the parents that the best interest of the children should be carefully considered. Both parents took responsibility for the children as all the children saw them as their primary caregivers. Although the domestic violence situation seriously impacted on the children, the father was a loving parent towards the children.

After the decision that the couple should divorce, the organisation processes of the family were heavily affected. A number of family decisions had to be made including:

- Who was to be responsible for the care of the children?
- Where to stay?

- How the financial responsibilities of the family should be handled after separation?

The adaptability processes of the family were impacted as the family first had to go through a physical separation and thereafter had to adjust and adapt to their new situation with its own challenges.

The intervention of a family group conference contributed to the stability of the family as the above questions and more could be addressed during the family group conference. With the assistance of a third party as family mediator, the couple could make decisions and agreed upon a parental plan that would give structure to the separation and divorce process. The belief of the parents to always consider the best interest of the children assisted with this process in making sound decisions that would positively impact on the future resilience of the family and would improve the family's communication processes.

2.4.4.4 Family resilience intervention as statutory intervention and protection services to foster family resilience

Specific services that social workers referred to in this section are rehabilitation/treatment services, alternative care placement, incarceration, mental health placement, neighbourhood watch for the protection of family members, grandparents giving additional support to families, building networks for a family by engaging relevant stakeholders, involving the FBO sector, protection services after court involvement such as family preservation services and domestic violence court referral for counselling services.

This intervention was with a mentally impaired young girl of 17 years. Both the child's parents had passed on and she was living with her grandmother and grandfather. The child came to the social worker and complained that her grandfather was sexually abusing her and she was already living with the abuse for close to two years. She had never told anyone before as it was not acceptable to do so in her culture. Finally she went to a friend and told her about the situation. Her friend advised her to report the situation to the social worker.

The child initially could not directly explain the scenario. However, the social worker realized during the discussion that the grandfather was raping the child and that she was not safe within the family scenario and needed protection. The social worker went with the child to the police station to report the case as the child was not mentally capable of doing it on her own.

When the social worker took the child back to the grandmother's house, the grandfather was not there. When the social worker told the grandmother what the child said, she surprisingly already knew. She started throwing a tantrum. Instead of being supportive to the child she said that the social worker should take her saying, "I do not want her in the house anymore". The social worker took the child to the maternal grandmother who was willing to care for her and the child indicated that she would feel safe with this

grandmother. The social worker then formally placed the child in the care of the maternal grandmother where she is still staying.

The police did an investigation into the child's allegations. The social worker found when investigating the case that this abuse was a trend in the family; that it happened also to other siblings. The grandfather was arrested soon thereafter. The grandfather stayed in jail for a month, but was not convicted.

The individual resilience of this child was seriously compromised at the house of her paternal grandmother and grandfather where she left without protection. Statutory intervention provided the needed protection to the child. The social worker assisted the child to work through the trauma she had experienced and provided family support to the child and the maternal grandmother so as to adjust and adapt to their new circumstances.

This mentally impaired child of 17 years old that was in the foster care of her paternal grandparents had to be removed out of their care after the social worker discovered that the child was being sexually abused by the grandfather. This seriously impacted on the individual resilience of the child and placed her in danger in the family situation.

The social worker furthermore discovered that this abuse was a pattern related to cultural malpractice that thus also affected the child's siblings seriously jeopardized the protective processes of the grandparent-headed family.

The crisis the child experienced required that the social worker needed to provide intensive crisis intervention services to the child through the crisis period and later after being placed with her maternal grandmother in order to adjust and adapt to her new circumstances. Additional counselling sessions with both the child and the maternal grandmother assisted the child to work through the crisis and establish improved communication and a trusting relationship with the maternal grandmother. On-going support services were necessary for the family to foster and sustain family resilience.

2.4.4.5 Family resilience intervention as reunification and after care services to foster family resilience

Specific services that social workers refer to in this section were reunification services after care services.

This case was reported to the social worker after a mother of a child of 4- years old who abused substances was arrested whilst buying drugs and had to leave her child in the care of her friend. The friend reported that the mother constantly tried in the past to rehabilitate herself but every so often relapsed. This situation brought about a breakdown in the relationship with the grandmother where the mother previously stayed. She furthermore stated that the mother in general looked after the child well and that a loving

relationship existed between her and her child. She felt that should the mother be admitted to a rehabilitation centre she would be able to restart her life on a better footing after treatment. The friend indicated to the social worker that she was willing to look after the child whilst the mother underwent treatment for her substance abuse problem.

The social worker agreed to privately place the child in the mother's friend's care. In her discussion with the probation officer, it was also the wish of the mother to be admitted to a rehabilitation centre and she was in agreement with the private placement of the child with her friend.

After being admitted to the rehabilitation centre, the social worker of the centre contacted the social worker and arrangements were made that the friend would bring the child on a two-weekly basis to visit her. The social worker also contacted the maternal grandmother asked her to visit both her grandchild and daughter to re-establish extended relationships.

After a six-week treatment period, the mother and her child were reunited and they went back to the maternal grandmother. The mother soon thereafter could get employment whilst the grandmother looked after the child. The social worker did regular follow-up visits to monitor the situation. The mother is also attending NA meetings to assist her in upholding her sobriety.

In this case scenario, the social worker could have followed the route of the formal removal of the child through the children's court. However, she chose to follow a less restrictive route due to the following protective factors despite the identified risk factors.

The social worker took the following protective factors into account:

- The mother's trusty friend in whose care the child was.
- The reports that the mother continuously tried to stop abusing substances but never formally went for treatment.
- The report of the friend that the mother cared for her child and that she had a close mother and child relationship.
- The friend that was willing to take care of the child whilst the mother went to the rehabilitation centre.

The social worker realised that the protective factors in the mother's situation could prevent the child going deeper into the welfare system. The extended family in the form of the maternal grandmother, that was willing to re-establish the relationship with her daughter, played a further role in the ability of the social worker to reunite the mother with her child after she completed her treatment. The social worker realised that for the mother to sustain her level of resilience, regular after care services would be necessary.

2.4.5 Monitoring and evaluation: Guidelines on the monitoring and evaluation of family resilience interventions

Monitoring how the family resilience intervention activities are progressing is an important element of the service delivery process. Evaluation focuses on the beneficiaries themselves and on how they have benefitted from the interventions.

❖ How to monitor and evaluate a family resilience intervention?

Monitoring and evaluation of the intervention should be done throughout the implementation process. A final evaluation by the multi-disciplinary team must determine if the goals and objectives of the intervention have been achieved. A monitoring tool needs to be used to monitor and evaluate progress.

The following outcomes of the monitoring process are possible:

- The goals and objectives of the family resilience intervention could be achieved, the social worker will then terminate the services.
- When the monitoring process shows that the goals and objectives have not been achieved, the family developmental plan must be revised so to be more realistic.
- Referral of the family to the most appropriate service provider will then in most cases be necessary.

2.5 Guidelines on how social workers should integrate/incorporate family processes (five domains of family resilience) when rendering a family resilience intervention

The following points should be taken into account by social workers when incorporating family processes (domains of family resilience) into a family resilience intervention:

- Family resilience is a process that is often not visible without the family being in crisis.
- A crisis can be an incident or trauma, a pile-up of stresses or the daily challenges that families have to face. It could also be ambiguous loss as a stress or risk factor. Ambiguous loss refers to loss that occurs without closure or understanding and a person's searching for answers and explanations such as soldiers missing in war, missing persons, incarceration, chronic mental illness, addictions, depression or immigration. It may also occur when family members are physically present but psychologically absent.

- In the attempt of the family to rebound and recover from the crisis, the family processes namely the organisational processes, the adaptability processes, the protective processes, the communication processes and family belief system processes become visible and identifiable.
- Family resilience is a process over time and not static and is a process to sustain equilibrium or to “normalise” a situation to conditions that the family describes as more satisfactory than the crisis period. This includes accepting circumstances sometimes without having the choice or the possibility of being able to change these circumstances as in the case of ambiguous loss.
- The domains of family resilience, family processes in family functioning, are in synergy with one another and thus interdependent and impact on one another.
- Social workers need to take into consideration that their understanding of family resilience is based on specific understanding of “family” and “family functions”.
- The family resilience perspective under scribed the beliefs that all families have strengths and that families is not only about their structure but also about the functions of the family.
- Taking into account that family structures could differ but family functions remain stable, all cultures, race and families with different belief systems could benefit from interventions that foster and sustain family resilience.
- The conceptual framework on family resilience reflecting the 5 domains of family resilience should be used but without prescribing which domains should first receive attention. The domains should be addressed according to the needs of the family.
- The theoretical framework that provides the point of departure and perspective for the social worker to foster and sustain family resilience is important. This framework will ensure that the social worker has a developmental approach to the family, taking the resilience of each family member into consideration, have a holistic approach in rendering the services to the family and have a strengths perspective and not a deficit approach toward the family.
- The social worker that embarked upon a family resilience intervention should be guided by the legislative framework of the country.

2.6 Guidelines on how education on all aspects of family life forms an important element in fostering and sustaining family resilience

The following points should be taken into account by social workers when implementing family resilience interventions:

- Education of social workers on the family processes (domains of resilience) as well as on how family resilience operates is imperative.
- It is also necessary that the family be educated on the family resilience processes, on what family resilience implies and how family resilience operates.
- Education on the family resilience processes will assist the family in developing the goals and objectives for the family resilience intervention, with the social worker.
- Education on all aspects of family life such as education on parental skills training, communication skills and family belief systems, will form an important element in fostering and sustaining family resilience.
- Social workers should be educated on trauma counselling and trauma debriefing.
- Social workers need to be educated on implementing family resilience interventions on the four levels of service delivery and in accordance with the basket of services.

2.7 Guidelines on the multi-dimensional aspects (criteria) for an intervention to foster and sustain family resilience

The needs of families are diverse and not only one service provider would be able to address all these needs.

❖ Why is a multi-disciplinary approach necessary in implementing a family resilience intervention?

The social worker that will be implementing a family resilience intervention to foster and sustain family resilience will conduct a family developmental assessment utilising the domains of family resilience to identify the risk factors, strengths and protective factors of the family in each domain.

Thereafter, social worker will negotiate with the family (when developing the goals and objectives of the family developmental plan) which service providers (i.e. Justice, Higher Education, SAPS) will be part of the multi-disciplinary team in implementing the family resilience interventions and their roles should be clearly defined.

❖ **Why should a family resilience intervention be applicable to all cultures and adaptable to specific cultures?**

Through research it was established that the different domains or family processes of family resilience interact in all families. However, the diversity and uniqueness of each family includes different cultures that encompass various belief systems.

Social workers have the responsibility to honour and respect, as a principle of social work, the culture and uniqueness of each family. The social worker must make provision for the specific cultural and belief systems of the family.

Should the cultural beliefs and practices however, be against the prescribed legislative framework or if the best interest of the child is not honoured by these cultural beliefs and practices, the social worker has the responsibility to highlight these discrepancies in a sensitive way so as to bring a change in the perspective of family members.

❖ **Why is a multi-sectoral and multi-disciplinary approach necessary in rendering a family resilience intervention?**

A social service professional refers to service providers within social practice with a social sciences background. Social workers, social auxiliary workers, child and youth-care workers and family-care workers, amongst others, as well as those working in other sectors need to collaborate to render multi-disciplinary services to families.

2.8 Guidelines on a family resilience intervention when the safety of a family member is seriously compromised and the removal of a family member is of imminent importance

Each family establishes their own level of functioning. Social workers should not make a value judgement about a family's level of functioning except if the best interest of family members, especially children, is compromised.

When there is suspicion that the safety of a family member is compromised, a specific focus during the family developmental assessment should be placed on identifying the protective factors and protective processes of the family.

Family strengths and family protective factors and processes should be weighed against the risk factors that the family is confronted with.

Should family risk factors outweigh family strengths and family protective factors and processes, statutory intervention may be necessary as the best interest and safety of family members cannot be compromised.

2.9 Guidelines on how to 'care for the carers' - those social workers rendering family preservation services including family resilience interventions

Rendering family resilience interventions not only require the social worker to utilise her professional skills but the fact that all service providers come from their own families should be taken into consideration. All families at times are confronted with loss, crisis, adversities that require adjustment and adaptation to the changed situation. Boss (2006:208) urges service providers to address their own challenges and possible ambiguous loss (loss that occurs without closure or understanding such as separation, a person physically present but psychologically absent as is in the case of depression or mental illness). Being in a helping profession without addressing own problems could lead to a service provider not be able to deal with the stressors in client families' lives with a detrimental impact on both the service provider and the client family.

2.11 Conclusion

The "Practice guidelines for social workers to foster and sustain family resilience to strengthen and preserve families" relates to 'what' and 'how' interventions should be executed with an outcome of fostering and sustaining family resilience. It is, therefore, important that social workers in accordance with the uniqueness of each family situation should utilise and translate the practice guidelines into practice to support and assist the family to foster and sustain their resilience.

SOURCES CONSULTED

Alston, M & Bowles, W. 2003. *Research for social workers: An introduction to methods*. 2nd edition. London: Routledge.

Benzies, K & Mychasiuk, R. 2009. Fostering family resiliency: a review of the key protective factors. *Child and Family Social Work* 14:103–114.

Blair, RG. 2003. Understanding and fostering family resilience. *Journal of Family Strengths* 7(1):42–56.

Boss, P. 2006. *Loss, Trauma and Resilience: Therapeutic Work with Ambiguous Loss*. New York: W.W. Northon & Company, Inc.

Browne, CH. 2014. *The Strengthening Families Approach and Protective Factors Framework: Branching Out and Reaching Deeper*. Washington, DC: Center for the Study of Social Policy.

Business dictionary. 2015. <http://www.businessdictionary.com/html> (Accessed on 23/07/2016).

Cohen, SM, Gerding, DN, Johnson, S, Kelly, CP, Loo, VG, McDonald, LC, Pepin, J & Wilcox, MH. 2010. Clinical Practice Guidelines for Clostridium Difficile Infection in Adults. *Infection Control Hospital Epidemiology* 31(5):431–455.

Compton, BR, Galaway, B & Cournoyer, BR. 2005. *Social Work processes*. 7th edition. Belmont: Brooks/Cole Publishers.

Covey, S. 1997: *The 7 Habits of Highly Effective Families*. [SI]: Allen & Unwin.

DeFur, PL, Evans, GW, Hubal, EAC, Kyle, AD & Morello-Frosch, RA. 2006. Vulnerability as a Function of Individual and Group Resources in Cumulative Risk Assessment.

Environmental Health Perspective 115(5):817–824.

Dictionary.com. [Sa]. <http://www.dictionary.com> (Accessed on 01/04/2016)

Distelberg, BJ, Martin, AS & Borieux, M. 2014. A deeper look at the Social Support Index: A Multi-Dimensional Assessment. *The American Journal of Family Therapy* 42(3):243–256.

Earvolino-Ramirez, M. 2007. Resilience: A Concept Analysis. *Nursing Forum* 42(2):73–82.

Ecological perspective and social work. [Sa]. <http://ecologicaltheory.trypod.com/> (Accessed by 02/11/2016).

Economic and Psychological Functions of the Family. [Sa].

<http://janidroohhsu4mu4m16m16a8a2.weebly.com/functions-of-the-family.html> (Accessed on 07/01/2017).

FAMILIES FIRST. [Sa]. *Keeping families together safely: A programme of the Michigan University*. Lansing: Department of Social Services in partnership with Private Child Welfare Agencies.

Framework for Social Welfare Services, 2013, see South Africa. Department of Social Development. 2013.

Generic Norms and Standards for Social Welfare Services, [Sa], see South Africa. Department of Social Development. [Sa].

Greef, AP. 2013. Aspects of Family Resilience in Various Groups of South African Families, in *Well-being Research in South Africa*, edited by MP Wissing. Dordrecht: Springer Science+Business Media.

Greene, RR. 1999. *Human Behaviour theory and Social Work Practice*. [SI]: Transaction Publishers.

Grobler, HD, Schenck, CJ & Du Toit, AS. 2003. *Person-centred communication: Theory and Practice*. 2nd edition. [SI]: Oxford University Press.

Guidelines for the Prevention of and Response to Child Exploitation: Communities creating safer environments for children and families, 2015, see South Africa. Department of Social Development. 2015.

Hatter, R. 2014. *Building Family Strengths: Reclaiming Children and Youth* 23(2):5. www.reclaimingjournal.com (Accessed on 02/10/2015).

Hepworth, DH, Rooney, RH & Larsen, JA. 2006. *Direct Social Work Practice: Theory and Skills*. 7th edition. Pacific Grove, CA: Brooks/Cole.

Howard, MO & Jenson, JM. 1999. Barriers to Development, Utilisation and Evaluation of Social Work Practice Guidelines: Toward an Action Plan for Social Work. *Research on Social Work Practice* 9(3):347–364.

Human Science Research Council (HSRC). 2004. *Describing the structure and needs of families in South African – Towards the development of a National Policy Framework for Families*. Pretoria: HSRC.

Inter-Ministerial Committee on Young People at Risk (IMC). 1998. *Report on the Pilot Projects: IMC Recommendations*. Cape Town: The Printing Press.

Kirk, SA. 1999. Good intentions are not enough: Practice Guidelines for Social Work. *Research on Social Work Practice* 9(3):302–310.

Lee, I, Lee, E, Hesook, SK, Park, YS, Song, M & Park, YH. 2004. *Concept development of family resilience: a study of Korean families with a chronically ill child*. Seoul National University, South Korea: Blackwell Publishing, Ltd.

Longress, JF. 2000. *Human behaviour in the social environment*. USA: Wadsworth/Thomson Learning.

Mahmoodabadi, HZ, Bahrami, F, Ahmadi, A, Etemadi, O & Zadeh, MSF. 2012. The Effectiveness of Retraining Attribution Styles (Cognitive Therapy) on Dimensions of Family Functioning in Divorce Applicant Couples. *International Journal of Psychological Studies* 4(2), June:257–263.

Manual on Families in Crisis, 2007, see South Africa, Department of Social Development. 2007.

Manual on Family Preservation Services, 2015, see South Africa, Department of Social Development. 2015.

Maslow's Hierarchy of Needs. [Sa]. <http://www.learning-theories.com/malows-hierarchy-of-needs.html> (Accessed on 09/04/2016).

Masten, AS. 2001. Ordinary Magic: Resilience Processes in Development. *American Psychologist*, 56(3):227–238.

McCubbin, HI & McCubbin, MA. 1988. Typologies of resilience families: Emerging roles of social class and ethnicity. *Family Relations* 37:247–252.

Moss, SM. 2010. *Exploring family resilience amongst South African social work clients*. MA(SW) dissertation, University of South Africa, Pretoria.

Norms and Standards for Services to Families, 2013, see South Africa. Department of Social Development. 2013.

Openshaw, KP. 2011. *The relationship between Family Functioning, Family Resilience, and Quality of life Among Vocational Rehabilitation Clients*. DPhil thesis, Utah State University, Utah.

Patterson, J.M. 2002b. Integrating Family Resilience and Family Stress Theory. *Journal of Marriage and Family* 64(5), May:349–360.

Peterson, R & Green, S. 2009. *Families First – Keys to successful family functioning: Family roles*. Petersburg: Department of Human Development, Virginia State University.

Procter, EK & Staudt, M. 2003. Targets of change and interventions in social work: An empirically based prototype for developing practice guidelines. *Research on Social Work Practice* 13(2):208–233.

Psychologist World. 2016. <http://www.psychologistworld.com/behaviour/erikson.php> (Accessed on 12/10/2016).

Report on a National Consultative Workshop towards the finalisation of Practice Guidelines for Social Workers to Foster and Sustain Family Resilience, 2015, see South Africa. Department of Social Development. 2015.

Rothman, J & Thomas, ED. 1994. *Intervention Research: Design and Development for Human Service*. [SI]: The Haworth Press, Inc.

Simon, JB, Murphy, JJ & Smith, SM. 2005. Understanding and fostering resilience: Counselling and therapy for couples and families. *The Family Journal* 13(4):427–236.

Smith, D. [Sa]. *Understanding the family as a system*.

<http://smith.soehd.csufresno.edu/system.html> (Accessed on 20/06/2016).

South Africa. 1996. Constitution of the Republic of South Africa, 1996. Pretoria: Government Printer.

South Africa. 2006. Children's Act 38 of 2005. Pretoria. Government Printer.

South Africa. Department of Social Development. [Sa]. Generic Norms and Standards for Social Welfare Services. [Sa]. Pretoria.

South Africa. Department of Social Development. 2013. Framework for Social Welfare Services. 2013. Pretoria.

South Africa. Department of Social Development. 2013. Norms and Standards for Services to Families. 2013. Pretoria.

South Africa. Department of Social Development. 2013. White Paper on Families in South Africa. 2013. Pretoria.

South Africa. Department of Social Development. 2015. Manual on Family Preservation Services. 2015. Pretoria.

Walsh, F. 1996. The concept of family resilience: Crisis and Challenge. *Family Process* 35(3):261–281.

Walsh, F. 2006. *Strengthening family resilience*. 2nd edition. New York: The Guildford Press.

Walsh, F. 2012. Family Resilience: Strengths forged through adversity, in *Normal Family Processes*, edited by F Walsh. 4th edition. New York: Guilford Press:399–427.

White Paper on Families in South Africa, 2013, see South Africa. Department of Social Development. 2013.

7.4 IMPLEMENTATION OF THE PRACTICE GUIDELINES FOR SOCIAL WORKERS TO FOSTER AND SUSTAIN FAMILY RESILIENCE TO STRENGTHEN AND PRESERVE FAMILIES

Various recommendations with regard to the implementation of “The Guidelines” have been made during the research study and these to be taken forward to assist with the proper implementation of “The Guidelines” namely:

- The Department of Social Development approved that if necessary “The Guidelines” should be redesigned in a more easily understandable format that would assist social workers to translate the theory into practice with a focus on new social workers with little experience in the social work field. “The Guidelines” will then be printed and be available for dissemination during capacity building on “The Guidelines”. This could be considered as a continuation of the IDD model, phase 6: Dissemination, although it would not form part of this research. It could however be considered for further research.
- Capacity building workshops for social workers on “The Guidelines” will be rolled-out in provinces after approval of “The Guidelines” by the top management of the Department of Social Development
- The implementation of family resilience interventions should be monitored and evaluated.
- An impact study on families that received family resilience interventions should be conducted to evaluate the impact of the programmes on the target group families. This should be considered for further research and included into the recommendations in chapter 8.

7.5 CONCLUSION

In this chapter, practice guidelines for social workers to foster and sustain family resilience have been presented. The content of the guidelines was based on the family resilience construct and processes.

The content of the guidelines was informed by the understanding, experiences and suggestions of social workers on family resilience interventions in Chapter 4 and 5, as well as the functional elements of family resilience as stipulated in Chapter 6.

The IDD model phase 4, step 1-3 of the IDD model was most useful in assisting with the development of “The Guidelines”.

Chapter 8 concludes the study and consists of a review of the study, conclusions and recommendations made, based on the findings, the research process and the guidelines developed.

CHAPTER 8

A REVIEW OF THE STUDY: CONCLUSIONS AND RECOMMENDATIONS

8.1 INTRODUCTION

This study has been about the development of guidelines for social workers to foster and sustain family resilience. This concluding chapter will review the study with a summary and conclusion of each of the chapters' contribution to reaching the goal, which was presented in chapter 7. This will culminate in recommendations on the methodology employed, the intervention developed and the possibilities for further research.

8.2 SUMMARIES AND CONCLUSIONS OF CHAPTERS

The summaries will provide an overview of each chapter of the study and the conclusions will indicate the contribution of the chapter towards reaching the research goal.

Chapters 1 and 3 cover the planned and implemented methodology. Chapters 2 and 6 are findings from literature reviews and chapters 4 and 5 findings from field research. Chapter 7, "The Guidelines" is a culminating "interpretation" of the findings.

8.2.1 Summary of Chapter 1: Introduction and general orientation to the research

This chapter provided a general orientation to the study, explained the research problem, stated the research questions, the goals and objectives and gave a description of the planned research methodology and interventions to build family resilience by developing guidelines to do so.

The research problem of this study was the lack of specific social work interventions that would foster and sustain family resilience. With the preceding as background, the following central research question was formulated:

How and by doing what can social workers foster and sustain family resilience to strengthen and preserve families?

Based on the above:

- What would the key elements be in practice guidelines for social workers to foster and sustain family resilience?
- How should the practice guidelines for social workers to foster and sustain family resilience be implemented?

In response, the development of practice guidelines for social workers to foster and sustain family resilience became the central goal of this study. To reach this goal the following questions were formulated namely:

- What is social workers' understanding of family resilience?
- What is social workers' understanding of fostering family resilience?
- What is social workers' understanding of sustaining family resilience?
- What is social workers' understanding of what fosters family resilience?
- What are social workers doing to sustain family resilience?
- What are social workers doing to foster family resilience?
- What suggestions do social workers have on fostering family resilience?
- What suggestions do social workers have on sustaining family resilience?

8.2.2 Conclusions on the contribution of Chapter 1 to “The Guidelines”

Based on the information in Chapter 1, the following conclusions can be reached as far as the research problem, research question, the goals and objectives of the study and research methodology are concerned:

- The introduction and problem statement introduced the topic and general purpose of the study, namely to develop practice guidelines for social workers to foster and sustain family resilience, as social workers' understanding of family resilience was unknown and its synergistic nature had not as yet been thoroughly introduced to social workers in South Africa. Also, although social workers render family preservation services to families that could include aspects of the strengthening of family resilience, they do not contextualise these services within a broader understanding of the family resilience construct and processes and implement their enhancement of family resilience unintentionally. A literature review confirmed that no literature exists that implies that family resilience interventions holistically address family resilience as construct and process.
- The research questions suggested the use of a qualitative approach with the use of an explorative, descriptive and contextual design to ascertain social workers' understanding and experience of family resilience and the use of the IDD model to develop practice guidelines. The consequently formulated goal and objectives provided direction to the study.

- Formulating the objectives as task objectives provided a finer focus on the research activities to be executed relating to the exploration and description of social workers' understanding of family resilience, social workers' experiences of interventions that foster and sustain family resilience and suggestions on interventions to foster and sustain family resilience.

8.2.3 Summary of Chapter 2: The theoretical framework for this study

The theoretical framework for this study includes theoretical approaches to enhance the understanding of “family”, “family members“ and “family resilience” and approaches to social work service delivery, social welfare service delivery principles applicable to interventions that would foster and sustain family resilience and a family resilience construct.

Family life cycle, individual life cycle, strengths-based family systems and ecological approaches increase understanding of the functioning of the family and family resilience. They explain how the family functions on a day-to-day basis and how family resilience develops as the family adjusts and adapts to overcome the challenges that the family is subjected to and restore “normality” balance and equilibrium in the family.

The approach to social work service delivery by DSD in South Africa is rights based, developmental and integrated or collaborative and describes the service delivery context for which guidelines for interventions to foster and sustain the resilience of families was developed.

Social welfare service delivery principles applicable to interventions to foster and sustain family resilience were described. These are:

- The best interest of the child as stipulated in the Children’s Act 38 of 2005 (South Africa, 2006)
- That families have ownership of their lives and should be encouraged to be self-determined, empowered and self-reliant and to recognise their own family capabilities and strengths
- Respect for service recipients/beneficiaries
- A non-judgemental approach
- The importance of a social service professional/service recipient relationship in which the service recipient feels safe

- Social welfare services that are appropriate and based on the specific needs of the particular family
- The active participation of the family in all stages of the intervention process

The discussion of the family resilience construct included a number of definitions of family resilience from which a comprehensive definition of family resilience was formulated, the history of the development of key family resilience concepts through research, the development of conceptual frameworks and models of family resilience, a discussion of concepts relating to family resilience and a family resilience process model.

The family resilience construct was described because there is no consensus how to conceptualise or assess family resilience. This is required as background for interventions to foster and sustain family resilience. Based on existing knowledge on family resilience, the researcher developed the following definition that is broad and inclusive of the various elements of family resilience:

Family resilience is “a dynamic change process of rebounding when the family, as a functional system, is faced with normative or non-normative challenges as risk factors. During family functioning, risk factors or demands interact with the protective factors or capabilities within each domain of family resilience (family processes in family functioning), that are in synergy with one another, to counterbalance the risk factors. Pathways of adjustment and adaptation are established during the crisis recovery process which leads to different levels of resilience reintegration outcomes”.

The family resilience concept was developed from:

- Research on the characteristics of individuals from adverse circumstances that informed the concept of individual and subsequently family resilience
- Research on family strengths and protective factors within the family unit that enhance family resilience
- Research on family functioning that identified family processes that enhance family resilience. These processes are later referred to as domains of family resilience
- Research on the dynamic adjustment and adaptation (change) process over time and during crisis that renders families resilient

Family resilience is based on a particular understanding of key concepts to illuminate family resilience. These concepts are:

- The family as system, as functional unit and the family processes in family functioning
- The domains of family resilience as the family processes in family functioning
- Family resilience, risk factors and family strengths and protective factors
- The reciprocal influence of individual and family resilience

A Family Resilience Process model (a type of diagram which shows a set of relationships between factors) was developed to be used in the guidelines. Models and frameworks utilised for this study were:

- Family Adjustment and Adaptation Response (FAAR) model 11 (Chapter 2, section 2.4.4.1).
- The Resiliency Model (Chapter 2, section, 2.4.4.2).
- Family Resilience Framework of Walsh (1998). (Chapter 2, section 2.4.4.3).
- Resilience Enhancing Model (REM) model of Greene (2007) (Chapter 2, section 2.4.4.4).
- Conceptual Framework of Family Resilience of Moss (2010) (Chapter 2, section 2.4.4.5).

The Family Resilience Process model integrates knowledge from all the above sources. The model explains that family resilience is a change process that occurs over time; it is adjustments when the family is confronted by challenges of daily life, a series of adjustments and adaptations, a crisis recovery period when confronted by crisis, pile-up of stresses and adversity and which leads to a particular result or family resilience outcome at different levels of resilience reintegration. Four time zones represent the family resilience process over time (Chapter 2, Diagram 2.4). The levels of family resilience in the four different zones, A, B, C and D, eventually lead to family resilience outcomes on different levels of resilience reintegration on four levels namely dysfunctional reintegration, maladaptive reintegration, homeostatic reintegration and resilience reintegration (Chapter 2, diagram 2.4, axis P-Q). A resilience reintegration outcome will lead to family well-being as outcome of effective family functioning and family resilience whilst dysfunctional reintegration will lead to vulnerability as outcome of family functioning where the family is not able to rebound after adversity.

8.2.4 Conclusions on the contribution of Chapter 2 to “The Guidelines”

Based on the information in Chapter 2, the following conclusions can be reached with regard to the theoretical framework for this study.

- The discussed theoretical approaches in social work, as guide for interventions by social workers, are useful to explain human behaviour related to family resilience and are included in the guidelines so as to be taken into consideration when rendering a family resilience intervention.
- The information from research was useful for a clear understanding of what family resilience entails and to develop a comprehensive definition of family resilience. The information on conceptual frameworks and models on family resilience provided insight into the complexity of family resilience as construct and process.
- Research findings and conceptual information on family resilience, as well as the researcher's previous research led to the development of the researcher of a Family Resilience Process model in order to illustrate family resilience as a change process leading to different level of resilience reintegration outcomes.

8.2.5 Summary of Chapter 3: Application of the research methodology in the development of guidelines for social workers to foster and sustain family resilience to strengthen and preserve families

A "thick" description of the research methodology was presented in chapter 3. The qualitative research approach was used since social workers' understanding of the family resilience construct and how family resilience operates was not known and needed to be explored and described as background to developing guidelines. The Intervention Design and Development (IDD) model of Rothman and Thomas (1994) was adapted and the following employed: Phase 1, 2, 3 (Step 2 only) and Phase 4. This was done in order to develop the guidelines for social workers to foster and sustain family resilience within the South African context. The following is a summary of the use of the IDD model to develop the practice guidelines for social workers to foster and sustain family resilience:

Phase 1 of the IDD model consists of **problem analysis and project planning**. All the steps were followed but adapted. They mostly ran parallel or in changed sequence.

❖ Phase 1, Step 1: Identifying and involving clients

The target group population was social workers from DSD and NGO's involved in rendering, either directly or indirectly, services to families in Limpopo, Gauteng and the North West provinces. The researcher used purposive and snowball sampling to select the sample groups of social workers who met specific criteria. The sample size was determined by data saturation.

❖ Phase 1, Step 2: Gaining entry and cooperation from settings

As an official of the National Department of Social Development, the researcher gained permission to access the target population group social workers through the management structures of the Department and the Directors of the Head Offices of FAMSA and the SAVF. The managers of the different offices assisted the researcher to identify social workers who were willing and who agreed to participate in the research. Prior to participating in the research these social workers were provided with invitation letters, consent forms to sign and the interview guide with questions for discussion in the focus groups and face-to-face semi-structured interviews.

❖ Phase 1, Step 3: Identifying concerns of the sample population of social workers

The researcher used a qualitative approach with an exploratory, descriptive and contextual design to collect data from social workers in focus groups as well as face-to-face semi-structured interviews. The questions of the interview guide focussed on the **social workers' understanding and experiences of family resilience** and their input as **social workers on social work interventions to foster and sustain family resilience**. The interview guide was amended after almost each interview to gather more focussed and specific information.

- During the focus group discussions data was recorded by means of video recordings and notes on flipcharts. Digital voice recordings were used for the face-to-face semi-structured interviews. These recordings were later transcribed for coding and analysis.
- The use of focus groups provided the research participants with plenty of scope to brainstorm, thus providing thick and rich in-depth data material for analysis.

❖ Phase 1, Step 4: Analysing the identified concerns and data collected

The researcher analysed the transcripts, using Tesch's cited by Creswell (2009:186) framework for data analysis for qualitative research to ensure a systematic analysis of the data. For data verification Guba's model cited in Krefting (1991:214-222) was followed to describe criteria of trustworthiness that included truth value, applicability, consistency and neutrality.

❖ **Phase 1, Step 5: Setting goals and objectives of “The guidelines”**

The goal and objectives for developing guidelines for social workers to foster and sustain family resilience were informed by the research question that refers to the provision to social workers within the South African welfare context with systematically developed statements on how to guide them to implement interventions with the outcome of family resilience.

The formulation of the objectives was however only finalised after a two-day national consultative workshop with 37 delegates from seven provinces, conducted during phase 4 step 2 - conducting a pilot test. Phase 1, Step 5 was only then finalised.

Phase 2 of the IDD model entails **information gathering and synthesis** of existing knowledge. This was executed in three steps:

❖ **Phase 2, Step 1: Using existing information sources**

Review of existing literature on the family resilience construct to be utilised in the design and development of “The Guidelines” has been continual in this study. The literature review commenced with the research proposal and is included in the introduction of the study as described in Chapter 1. For chapter 2 literature was reviewed for the theoretical framework of the family resilience construct and the Family Resilience Process model, for inclusion in “The Guidelines”. For chapter 4 and 5 existing literature on family resilience and programmes was utilised as literature control for comparison with research findings and for chapter 6 the literature was reviewed to identify the functional elements in family resilience interventions that could also assist in the design and layout of “The Guidelines”.

❖ **Phase 2, Step 2: Studying natural examples of interventions**

As was previously mentioned, steps were not necessarily implemented sequentially and literature review was continual in different phases and steps. Similarly, Phase 1, Step 3 was a separate step but part of Phase 2, Step 2. In the focus group interviews, simultaneous with exploring social workers understanding of family resilience, they shared examples of how they had assisted clients to overcome daily stresses, crisis, adversities and challenges, fostering family resilience. Information gathered from these natural examples was presented in Chapter 4 and 5.

❖ **Phase 2, Step 3: Identifying functional elements of successful models of fostering and sustaining family resilience**

Functional elements for “The Guidelines” were identified from services and programmes in the South African social welfare sector that have specific bearing on families, international programmes and models to foster and sustain family resilience and family resilience interventions with specific target groups and outcomes. These were evaluated and suitable functional elements to be included in “The Guidelines” were identified. Possible formats for “The Guidelines” were also established during this step.

Phase 3 of the IDD model entails **the design of human technology for “The Guidelines”**. This phase comprises two steps, but in the study only Step 2: *specifying the procedural elements of the intervention* were followed which involved the development of “The Guidelines”.

❖ **Phase 3, Step 2: Specifying the procedural elements of the intervention**

The intervention is “Practice guidelines for social workers to foster and sustain family resilience”. These guidelines, designed from a social work perspective, attempt to provide a conceptual framework for fostering and sustaining family resilience in social work service rendering within the South African context.

The content of the guidelines include an introduction, social welfare service delivery principles applicable to interventions to foster and sustain family resilience, approaches of service delivery to families and the legislative and policy framework for services to families. Section 1 provides a conceptual framework of family resilience and how it operates and section 2 outlines, in question and answer format specific guidelines for implementing family resilience interventions using social work practice with examples.

Phase 4 Early Development and the Pilot testing consists of three steps that will be discussed below. The researcher found it difficult to separate phases 3 and 4 but did cover the necessary steps, however not necessarily in the indicated order.

❖ **Phase 4, Step 1: Developing a prototype of “The Guidelines”**

The format chosen for the prototype guidelines was a question and answer format derived from the Guidelines for the Prevention of and Response to Child Exploitation (2015) developed by the Department of Social Development in collaboration with UNICEF. The prototype guidelines were divided in two sections. The first section contained information on “the family” and on defining and describing “family resilience” as construct and process. The second section provided information focussed on how social workers could foster and

sustain family resilience through the social work process and intervention strategies in accordance with the basket of services addressing the needs of families on all levels of service delivery (Framework on Social Welfare Services, 2013).

❖ **Phase 4, Step 2: Conducting a pilot test**

A pilot test was done through convening a two day national consultative workshop through the National Department for Social Development with 37 social workers from 7 different provinces and with representatives from both the Department of Social Development and the NGO sector. The prototype guidelines were used as baseline information at the workshop. Small group discussions were facilitated to maximise the input from the workshop delegates on the prototype guidelines. A workshop report was written and this was used as the input collated into the final guidelines in Chapter 7.

❖ **Phase 4, Step 3: Applying designing criteria to the prototype of “The Guidelines”**

The “Practice Guidelines for social workers to foster and sustain family resilience” was evaluated according to the following questions used as design criteria:

- Do the draft guidelines provide effective scope for the development of interventions to foster and sustain family resilience?
- Do the guidelines provide guidance to social workers on how to develop family resilience interventions that will be effective?
- Are the guidelines practical to use?
- Do the guidelines give enough support to ensure that the family resilience interventions developed are adaptable to various contexts?

The social work delegates evaluated the prototype guidelines after the workshop through evaluation questionnaires. These were collated into the workshop report and taken into consideration in developing Chapter 7.

Phase 5: Evaluation and advanced development and **Phase 6: Dissemination** were not implemented in this study. In Chapter 3, the research ethics and the limitations of the study were described.

8.2.6 Conclusions on the contribution of chapter 3 to “The Guidelines”

The researcher reached the following conclusions as far as the research methodology is concerned:

- The qualitative research approach and designs used for collecting data enabled the researcher to understand the social workers' understanding of family resilience, their experiences of enhancing family resilience with social work clients and their suggestions for effective guidelines that would empower them to develop and implement family resilience interventions that would foster and sustain family resilience.
- Tesch's framework for data analysis cited by Creswell (2009:186) was useful for systematic data analysis.
- Data verification was ensured by using Guba's model cited by Krefting (1991:214-222) describing four criteria, namely trustworthiness, applicability, consistency and neutrality.
- The IDD model of Rothman and Thomas (1994) provided an appropriate strategy for reaching the goal of this study as it did provide a clear guideline for the design and development of "The Guidelines". It was used in adapted form as not all steps were included and it was also not possible for it to be sequentially and systematically followed. The implementation of the model was time consuming, labour intensive and complex, demanding a variety of research and intervention skills (Fawcett et al 1994:50).
- The selected research methods used to identify the concerns of the sample population social workers were effective. The selection of the sample group through purposive and snowball sampling methods was also effective as the relevant information was obtained and data saturation could be reached.

8.2.7 Summary of chapter 4: Research findings on social workers' understanding and experiences of family resilience

Two sets of data were obtained from focus group and face-to face semi-structured interviews with samples of social workers. A separate group of social workers was involved in a consultative workshop to pilot the prototype "Practice guidelines for social workers to foster and sustain family resilience to strengthen and preserve families".

- **Biographical data of social workers**

The biographical details of research participants are depicted in Table 4.1. In total the number of participants was 35, the majority of whom were female and had between 6 and 10 or more years' experience as social workers. These social workers were employed by the Department of Social Development and the two NGOs, namely FAMSA and SAVF.

Thirty seven social workers from 7 provinces attended the consultative workshop of which 26 were from the Department of Social Development and 11 from the civil society sector.

- **A summary of the findings of the research**

Two themes with various sub-themes, categories and sub-categories emerged from the understanding and experiences of social workers of family resilience (Chapter 4, Table 4.2). The themes and sub-themes are summarised in the table below:

Table 8.2 A summary of the themes and sub-themes which emerged from exploring and describing social workers' understanding and experiences of family resilience

THEMES	SUB-THEMES
Theme 1: Social workers have an understanding of 'family' and 'crisis'	Sub-theme 1.1: Families are characterized by relationships and interactions and function as a system (the family) which consists of sub-systems (the family members); families have different structures ; all families execute similar family functions referred to as "what" families do whilst family functioning is "how" families execute these functions; all families have strengths , whilst all families at times experience adversity in the form of stressors, crisis , challenges and vulnerability.
	Sub-theme 1.2: Family crisis can be triggered by different events and can be expected or unexpected by the family; crisis is accompanied by fluctuating thoughts and feelings , disrupts the normality of family life and implies the necessity for change ; creates pressure, a sense of urgency for resolution and restoring balance which is influenced by the availability or not of internal and external family support systems that would mitigate the effect of crisis resolution; family crisis can have a positive or negative impact on the family depending on the family's ability to adjust and adapt and to find a sense of normalcy or to define a new normalcy after adversity.

<p>Theme 2: Social workers have an understanding of family resilience</p>	<p>Sub-theme 2.1: Individual resilience and family resilience are different; individual resilience is individual strengths; individual resilience and family resilience are reciprocal; individual resilience strengthens the family unit whilst the family unit provides a support system to the individual family members.</p>
	<p>Sub-theme 2.2: Include words used to explain family resilience: family's ability to cope with its day to day living and crisis situations; family's inclination to adapt and rebound after dealing with adversities and challenges; family resilience is relational and built on sound mutual relationships; family resilience is the strength of the family to change and rebound and function effectively by learning and growing from previous experiences as well as the skilful use of resources.</p>
	<p>Sub-theme 2.3: family resilience is an active change process with specific steps that lead to an end result; not static, but dynamic; it evolves over time; it is a process of rebounding and recovering to sustain equilibrium or regain balance to normalise the situation after a disruption; depending on the family's ability and capability to recover from adversity, the family could stabilise at a level of functioning and family resilience that is lower or higher compared with before the crisis</p>
	<p>Sub-theme 2.4: Family resilience entails five family processes in family functioning as domains of family resilience; the conceptual framework of family resilience with 5 domains (Moss 2010) refers to the important family processes in family functioning that render families more or less resilient; family processes are usually not visible during the day to day functioning of the family, but become visible at times of crisis; the processes are: 1) Organisational processes, 2) Adaptability processes 3) Protective processes 4) Communication processes 5) Family belief system processes</p>
	<p>Sub-theme 2.5: The five family processes are interconnected and in synergy and impact on one another.</p>

8.2.8 Conclusions on the contribution of Chapter 4 to “The Guidelines”

In the discussions of Chapter 4, the researcher found it useful to give meaning to the themes which emerged from the data and also link them to the theoretical framework for the study as discussed in Chapter 2, that includes a discussion on the family resilience construct and the Family Resilience Process model on how family resilience operates.

- Social Workers have the understanding that how the family is executing its functions in family functioning and family resilience as a process.
- All families have strengths and adversities that they are confronted with on a day-to-day basis or when confronted with an expected or unexpected crisis, trauma, build-up of stresses or vulnerability.
- The family's ability to adjust and/or adapt to changed circumstances by utilising the family's internal and external support systems (protective factors) and their striving for normalcy are the driving forces that lead the family to different levels of resilience reintegration outcomes.
- Crisis creates pressure for resolution and lets the family focus on their support systems and resources on different levels to assist them with **the changes they have to make**. This is one of the points at which social work interventions can assist in fostering and sustaining family resilience.
- Although individual and family resilience are different, they are closely linked. They have direct and reciprocal impact as supported by the family systems, ecological and family and individual life cycle approaches. Both individual and family resilience can serve as a protective factor and support system or risk factor to each other.
- Social workers understand the family resilience construct and family resilience as a process brought together in the conceptual framework of Moss (2010) revised by the researcher as five domains of family resilience.
- The protective processes identified as one of the domains of family resilience refer to the interactive processes between family strengths and protective factors and risk factors found within each domain and within each system on individual, family, community and broader society level.
- The adaptability processes as change processes also refer to both how family resilience operates over time and how the family balance family demands and family capabilities.
- Organisational, communication and family belief system processes can be considered as those processes that, if they work well and effectively, will assist the family to reach their goal of being a well-functioning family.

8.2.9 Summary of Chapter 5: Research findings on social workers' inputs on social work interventions to foster and sustain family resilience

Drawing on their own experiences, social workers made suggestions on interventions to foster and sustain family resilience in accordance with the DSD basket of services. They made suggestions on their anticipation of enabling factors and obstacles in rendering family

preservation services that also apply to fostering and sustaining family resilience. They made explicit and implied suggestions on the elements for family resilience interventions to be included in “The Guidelines” and made suggestions on how to implement family resilience interventions (Chapter 5, Table 5.1). These themes and sub-themes are summarised in the table below:

Table 8.3 A summary of the themes and sub-themes which emerged from social workers’ input on interventions to foster and sustain family resilience

THEME	SUB-THEMES
<p>Theme 3: Social workers’ suggestions of interventions to foster and sustain family resilience in accordance with the DSD basket of services</p>	<p>Sub-theme 3.1: Social workers suggest that preventative and promotional interventions focus on sustaining family resilience to reduce the likelihood of vulnerability, reducing risk factors and strengthening protective factors. Services include educational initiatives such as awareness raising in communities on aspects of family resilience and family processes in family functioning; promotion of effective family functioning to be able to deal with challenges of daily life for individual and family well-being; effective coping mechanisms so as to foster and sustain family resilience; awareness of individual and family strengths and individual and family risk factors; various aspects of prevention and promotion to be included in “The Guidelines” and be rolled-out in the form of programmes.</p>
	<p>Sub-theme 3.2: Social workers suggest that social support services should follow an ecological approach in fostering and sustaining family resilience aimed at enhancing, strengthening and stabilising individual, family and community life. These services should strengthen the informal and formal support systems for individual and family resilience as protective factors to one another. Social support services be rendered to the family as a system; should be planned with the family. Community level interventions focus on the provision of necessary resources and services within communities and building of social cohesion as family protective factors. Rendering social support services requires a collaborative approach as the needs of families are diverse. These services should be rendered on all levels of service delivery.</p>

	<p>Sub-theme 3.3: Developmental, therapeutic or counselling services, as well as mediation services which do not have a therapeutic or counselling element, aim at restoring the social functioning of vulnerable families whose social functioning has been impaired and family resilience has been compromised; early identification of vulnerable families or families at risk for early intervention services necessarily links families at risk, in transition or in crisis with the family resilience process of adjustment and adaptation; services on an early intervention should be rendered from a strengths perspective; therapeutic counselling services are rendered to strengthen family relationships and communication within the family; mediation services, with family group conferencing as mediation option involves the protective processes of family resilience.</p>
	<p>Sub-theme 3.4: Protective services that could evolve into statutory intervention are aimed at legally safeguarding the rights and well-being of individuals and families; statutory action is necessary if early intervention services are not successful; removal or restriction of a family member/s creates a serious crisis to families; Court intervention could start the process of adjustment and adaptation to rebound and reintegrate to a level of family resilience; where family members are not safe is a risk factor to individual family members; early identification of such families is needed and protection services should be rendered</p>
	<p>Sub-theme 3.5: After statutory intervention, reunification and after care services should be rendered; after the crisis that the removal or out-of-home placement of a family member/s brings about, a change process commences for the family to adjust and adapt to the changed family situation; the family needs to address risk factors within the family and the strengthening of protective factors to regain balance and equilibrium and to provide a safe environment for the family; after reunification the family will again go through an adjustment and adaptation recovery process to reintegrate to a resilience reintegration outcome.</p>

THEME	SUB-THEMES
<p>Theme 4: Social workers' experience and anticipation of enabling factors and obstacles in family preservation services that also apply to fostering and sustaining family resilience</p>	<p>Sub-theme 4.1: Common enabling factors influence the effectiveness of all social work interventions such as the willingness of the families to be educated on coping mechanisms that would improve the effectiveness of family processes in family functioning; motivating families to be self-determining and not become dependent on the social worker; social workers to believe in the self-reliance of families and their inclination to make the best of their abilities; build a positive social worker and client relationship; both social workers and families to be flexible to change; social workers not to impose preconceived ideas on the family and to have knowledge on families and family resilience; social workers to work in collaboration with other stakeholders to address the diverse needs of the family and to refer the family when appropriate to change focus and include other domains of family resilience. During the social work family resilience intervention process the social worker should embrace the importance and value of the family; the ecological perspective of family members, family, community and broader society containing the support networks and resources that the family needs; working from a strengths perspective; ensuring the active participation of the families; social workers should have a solid background on the prescripts of family law and honour and respect the culture and beliefs of the family, however no against the prescriptions of the law.</p> <p>Sub-theme 4.2: Important obstacles that could hamper a family resilience intervention are infrastructure and resource limitations in communities; poor caseload management by the social worker and a lack of resources; available resources in communities are not utilised due to safety issues; cultural practices and beliefs of the family that are harmful and not in the best interest of the family members.</p>

THEME	SUB-THEMES
<p>Theme 5: Social workers' explicit and implied suggestions on the elements for a family resilience intervention to be included in "The Guidelines"</p>	<p>Sub-theme 5.1: Existing legislation that impacts on families must be included to form the foundation of fostering and sustaining family resilience.</p>
	<p>Sub-theme 5.2: Family resilience interventions should have a clear theoretical framework to translate theory into practice; the theoretical framework as base and guide for their interventions such as a developmental approach; an integrated collaborative/multi-disciplinary approach; a client- or person-centred approach; Maslow's Hierarchy of needs; the family systems approach; the ecological approach and the strengths-based approach; crisis intervention and trauma support and trauma debriefing to be included in "The Guidelines". Furthermore social workers should view families as diverse and having basic family functions that they have to execute.</p>
	<p>Sub-theme 5.3: Family preservation services that include family resilience interventions must have as first option a preventative focus and as last option statutory intervention.</p>
	<p>Sub-theme 5.4: Individual resilience should be utilised in fostering and sustaining family resilience and should a family resilience intervention include assessing the individual resilience of family members.</p>
	<p>Sub-theme 5.5: Family resilience interventions should be developed based on the domains of family resilience as it gives the opportunity for addressing family resilience holistically; as a change process those domains that most urgently require change should be prioritised bearing in mind the synergistic interactions of the domains; domains of family resilience need to be unpacked as each domain is a collective for various elements grouped together.</p>

	<p>Sub-theme 5.6: Family resilience interventions in “The Guidelines” should develop around the family’s strengths, protective factors and resources; family strengths and protective factors are found in each domain of family resilience; family resources are found in the family, community and broader society; a direct link exists between empowering families and family resilience; in assisting families, the basic needs of the family should receive priority in accordance with Maslow’s Hierarchy of needs; family resources or social support systems such as the extended family would be a strong support to families to fulfil its functions; external resources within the community and broader society also contribute to fostering and sustaining family resilience.</p>
	<p>Sub-theme 5.7: A family resilience intervention should keep the risk factors of the family in consideration; working from a strengths perspective implies identifying the risk factors to guide the family resilience intervention; protective processes of family resilience refer to the interactive process between the family risk factors and family strengths and protective factors; should the risk factors be overpowering the strengths and protective factors, the family would be less resilient than before.</p>
	<p>Sub-theme 5.8: When appropriate, prior learning from crises overcome in the past should be drawn upon during the family resilience intervention; one learns from previous experiences how to cope and overcome challenges; social workers to take old patterns of family functioning into consideration as it could influence the way families are dealing with their present situation; failed coping skills should be replaced with adaptive coping skills.</p>

THEME	SUB-THEMES
<p>Theme 6: Social workers' suggestions on how to implement a family resilience intervention</p>	<p>Sub-theme 6.1: Engagement as first point of entry requires the establishment of rapport and the building of a trusting service provider/client family relationship; mutual trust and respect for one another is important; client families to view themselves as partners in the relationship to ensure their full participation in the intervention.</p>
	<p>Sub-theme 6.2: Thereafter a family developmental assessment needs to be conducted as process through which information is gathered, analysed and synthesized for a concise picture of the client family; a family developmental assessment entails a risk, as well as strengths assessment of both the family and its members; The risk assessment needs to establish if the safety of family members is not compromised; the strengths assessment is often difficult as families in crisis struggle to identify own strengths and protective factors; risk factors and strengths and protective factors are found in each of the domains of family resilience and in systems at multi-levels (individual, family, community and broader society); protective factors include support systems and resources of the family; the family should be taken as the unit of analysis; in accordance with the Family Resilience Process model an assessment should take place at various stages during the family resilience recovery process</p>
	<p>Sub-theme 6.3: The development of a family developmental plan is informed by the family development assessment; the family developmental assessment will reflect the level of resilience of the family and the individual resilience of each family member at that given time; this will ensure appropriate planned interventions that would address the needs of the family</p>

	<p>and its members at that time; the goal of a family resilience intervention should focus on the family to rebound from crisis and to become self-reliant, independent and empowerment; the goal and formulated objectives to be driving force of the intervention process; a family resilience intervention needs to empower the family to handle follow-up crises; in the , tasks or activities to be executed so as to achieve the specific objectives need to be identified; the allocation of tasks to the family members and to all those involved in executing the family developmental plan, with clear timelines, is necessary.</p>
	<p>Sub-theme 6.4: A social work family resilience intervention should empower the family utilise their available resources and support networks as part of coping, focus on building the coping mechanisms within the domains of family resilience, identify and link families with resources on multi-levels. Education on all aspects of family life, including the family resilience construct and the how family resilience operates is an important element in fostering and sustaining family resilience. Due to the complexity of major crisis or stressors a single coping response will not be able to address these challenges. Family resilience interventions should focus on relevant coping mechanisms to encourage change. A family system approach to holistically render services to the member and the family should be adopted. A family resilience intervention should bring balance between the domains of family resilience; overemphasising one domain could bring imbalance and would not accommodate the continuous shifts in stability and flexibility brought about by change due to disruptive challenges.</p>

	<p>Sub-theme 6.5: Monitoring and Evaluation is a necessary element of the intervention process and its implementation; the implementation process should be monitored on a continuous basis utilising a monitoring tool to determine if the goals and objectives of the intervention were achieved; if achieved the service is terminated; if not, revision of the family developmental plan should take place; if deemed necessary the family should be referred to the most appropriate service provider.</p>
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8.2.10 Conclusions on the contribution of Chapter 5 to “The Guidelines”:

The following conclusions on Themes 3, 4, 5 and 6 were made:

- The basket of services that stretches over four levels of intervention namely prevention and promotion, early intervention, statutory intervention and protection, and reunification and after care in accordance with the Framework on Social Welfare Services (2013) is easily understandable to guide interventions rendered in accordance with the needs of families (Norms and Standards for Services to Families, 2013).
- The theoretical framework, the family resilience construct and the understanding of how family resilience operates should be incorporated in family resilience interventions (Chapter 2).
- Social workers need to be flexible in their approach to families and need to follow a strengths-based approach so as to identify internal and external support systems and resources as protective factors to be strengthened in a family resilience intervention.
- Education and knowledge on family functions, family functioning and family resilience empower both service providers to render effective family resilience interventions and beneficiaries to optimally benefit from family resilience interventions.
- Existing legislation should be included as foundation in the theoretical framework for the interventions.
- The needs of families should be prioritised keeping Maslow’s Hierarchy of Needs in mind.

- Crisis intervention models such as crisis intervention, trauma support and trauma debriefing need to be part of the family resilience intervention.
- Similar to family preservation services, family resilience interventions should have a prevention option as first option and statutory intervention as last option. This is in line with the White Paper on Families (2013), the Manual on Family Preservation Services (2015) and the Children's Act (No 38) of 2005.
- Individual resilience of family members could either be a protective factor or risk factor to the family. A family developmental assessment thus should also include the assessment of individual family members to be included in the family developmental plan.
- A family resilience intervention should be developed based on the domains of family resilience and thus should utilise the family resilience framework as frame of reference.
- Family resilience interventions could lead the family to recover even stronger than before. However, should families still be vulnerable after the recovery process, referral to the most appropriate service provider should take place and will the crisis recovery process commence again.
- The social work intervention process with a specific focus on engagement, a family developmental assessment and the develop of a family developmental plan that will inform the family resilience interventions need to be followed.
- Monitoring and evaluating of the family resilience intervention should be guided by the goals and objectives formulated during the development of the family developmental plan for the intervention.

8.2.11 Summary of Chapter 6: Possible functional elements for practice guidelines for social workers to foster and sustain family resilience

The researcher identified possible functional elements from family resilience literature including existing programmes and interventions with the aim of building family resilience. The researcher also recognised other studies in the form of dissertations and theses that could add value and could also provide possible functional elements to be accommodated in "The Guidelines".

The exploration of possible functional elements provided valuable input on how a family resilience intervention could be target-group specific and how the domains of family resilience (the family processes in family functioning) that include the interactive processes between the risk and protective factors as protective processes and the adaptability

processes could be utilised as framework to holistically address the needs of families. Education on all these elements for both the families and the service providers are necessary.

8.2.12 Conclusions on the contribution of chapter 6 to “The Guidelines”

The following conclusions were made on the possible functional elements of the “The Guidelines”:

- Family resilience intervention programmes should be guided by the family resilience construct in order to holistically address the levels of family resilience in families. Programmes such as the Wisconsin: Family Living Community Programme’ and the CorStone: Parenting skills programmes only focused on isolated elements of family resilience. The Ambiguous Loss Model of Boss (2006) only concentrated on the family resilience framework of Walsh with its three domains of belief systems, communication processes and organisation patterns (Walsh, 1998) but omitted the recovery process of adjustment and adaptation that follows the crisis, an adversity or a pile-up of stressors.
- Professionals dealing with families that experienced a similar crisis that they as professionals needed to deal with in the past, often need support to deal with their own feelings first, prior to rendering their professional services. Boss (2006) recommends that a “care for the carer” element be developed.
- Two additional stress factors not often recognised were identified namely families that experience ambiguous loss and immigrant families. These could be target groups for family resilience intervention.
- Family resilience interventions need to be built utilising a strong theoretical framework for service providers to work from and the diversity and uniqueness of families should be recognised in rendering services.
- The format layout of the Guidelines for the Prevention and Response to Child Exploitation (2015) with adaptations, was found the most suitable for the Practice Guidelines for social workers to foster and sustain family resilience.

8.2.13 Summary of Chapter 7: Practice Guidelines for Social Workers to Foster and Sustain Family Resilience to Strengthen and Preserve Families

The purpose of the research was to formulate guidelines to capacitate social workers on family resilience and on how to develop and implement family resilience interventions. This goal is reached in the guidelines formulated in chapter 7 which synthesises the theoretical framework appropriate for family resilience interventions (chapter 2), the inputs from social workers on their understanding of family resilience and family resilience interventions

(chapters 4 and 5), the functional elements from existing interventions (chapter 6) and the feedback from the piloting of the intervention in the two day consultative workshop.

The objectives of “The Guidelines” were formulated as follows:

- (1) To empower families to deal with life’s stresses and challenges.
- (2) To build, foster and sustain family resilience and family well-being.
- (3) To guide families to independence and self-reliance.
- (4) To educate social workers to have a clear understanding of the family resilience construct and how family resilience operates so as to be able to develop interventions that would foster and sustain family resilience.

“The Guidelines” were developed and structured as an introduction and two sections, as suggested by the delegates at the national consultative workshop.

The introduction of “The Guidelines” contains the social worker service delivery principles applicable to interventions that would foster and sustain family resilience. This is followed by the theoretical approaches of service delivery to families divided into approaches to enhance the understanding of “family”, “family members” and “family resilience” and approaches to social work service delivery. The legislative and policy framework for services to families that underpin a family resilience intervention is discussed.

Section one provides information on the family resilience construct in narrative form. As part of section 1 the following are discussed:

- Individual resilience
- How to define family resilience
- Features and characteristics of the resilient family
- The characteristics of family resilience as risk factors, family strengths and protective factors in interaction with one another within each system. There are family members within the family, within the community and the broader society. Family resilience is described as a process of family adjustment and adaptation, firstly when confronted only with the normal day to day challenges and only as an adjustment process with minimal impact upon the family and secondly, when the family is confronted with crisis or adversity, as an adjustment and adaptation process as it would require a change in family functioning.

- Family resilience is based on an understanding of 'family'. Family resilience is an interplay of five domains of family resilience as family processes in family functioning. These domains are organisational processes, adaptability processes, protective processes, communication processes and family belief system processes. Risk factors, family strengths and protective factors are also found also within each of these domains.
- The conceptual framework on family resilience with the five domains.
- Family Resilience Process Model (How family resilience operates)

Section two provides practice guidance for social workers to implement family resilience interventions and is discussed in a question and answer format under the following headings:

- Guidelines on families that should receive family resilience interventions
- Guidelines on taking cognisance of individual resilience during the family resilience intervention
- Guidelines on a family resilience intervention following the social work intervention process namely intake, developmental assessment utilising a family resilience assessment tool, family developmental plan, intervention strategies in accordance with the basket of services and monitoring and evaluation
- Guidelines on how social workers should integrate/incorporate family processes and the domains of family resilience when rendering family resilience interventions
- Guidelines on how education on all aspects of family life forms an important element in fostering and sustaining family resilience
- Guidelines on the multi-dimensional aspects for interventions to foster and sustain family resilience
- Guidelines on a family resilience programme/intervention when the safety of a family member is seriously compromised and there is an imminent risk of the removal of such a family member.
- Guidelines on how to 'care for the carers' - those social workers rendering family preservation services including family resilience interventions

8.2.13 Conclusion on Chapter 7

"The Guidelines" were developed to fill the gap on existing knowledge on the family resilience construct and process and the lack of guidance to social workers to be able to foster and sustain family resilience as identified in the problem statement in chapter 1.

“The Guidelines” were developed systematically by using an adapted form of the IDD model of Thomas and Rothman (1994) as described in chapter 3. The following were significant in the completion of the guidelines:

- ❖ The Conceptual Framework on Family Resilience and the Family Resilience Process Model provided a synthesis/summary of valuable information for the understanding of family resilience as construct and process. This information could be used in the development of guidelines for social workers to develop family resilience interventions that should be able to address the specific and unique needs of all families at a specific time in the life cycle and circumstances of the family
- ❖ Developing a prototype “Practice Guideline” as baseline information that was discussed at the national consultative workshop with social work delegates from different provinces as a pilot study, significantly contributed to the development of guidelines that address the needs of social workers. The workshop delegates provided meaningful input that was incorporated into “The Guidelines”

“The Guidelines” answer the research question “how and by doing what, can social workers foster and sustain family resilience to strengthen and preserve families”.

8.3 RECOMMENDATIONS

Based on the aforementioned summaries and conclusions of the different chapters, as well as suggestions made by social workers, recommendations can be made which are divided into the following categories.

- Recommendations relating to the research methodology employed in this study
- Recommendations regarding the practice guidelines for social workers to foster and sustain family resilience
- Recommendations relating to future research

8.3.1 Recommendations related to the research methodology employed

Using a qualitative research method and the IDD model of intervention research, the researcher realised that for developing practice guidelines, this form of applied research brought the best results.

- Making use of focus group interviews was rewarding as thick and rich in-depth data material was obtained. It is however recommended that a researcher should ensure that these interviews are done with the assistance of a co-facilitator due to the complexity of the interview process.

- Making use of the IDD model is a complex process and the researcher must be prepared, at times, for the phases and steps of the IDD model to run parallel and not always follow the sequential steps stipulated in the IDD model. It is recommended that the formulation of the goals and objectives for the intervention (Phase 1, step 5) should be considered even earlier than the IDD model indicates. Goals and objectives should serve as a 'golden thread' and provide a strong focus throughout the IDD process.

8.3.2 Recommendations regarding the practice guidelines for social workers to foster and sustain family resilience

From the above summaries and conclusions and suggestions made by the social workers and the top structure of the Department of Social Development the following recommendations relating to "The Guidelines" can be made:

- In this study, the researcher only implemented Phase 1, Phase 2, Phase 3, Step 2 and Phase 4 of the IDD model. As the next step the researcher, as per agreement with the Department of Social Development, will be rolling out capacity building workshops on "The Guidelines" in the provinces. This will be done in accordance with Phase 6, dissemination, but will not form part of this study. The expectation will be that these social workers, after being capacitated on "The Guidelines", will further roll-out family resilience interventions in the provinces.
- The implementation of family resilience interventions should be monitored and evaluated.
- The "The Guidelines" should after a predetermined period of implementation be evaluated as to whether they meet the criteria of being user friendly, easily understandable and assisting social workers to translate the family resilience theory into practice.
- The family resilience construct, as well as the Family Resilience Process Model developed by the researcher, is new information specifically developed for the South African context. However introducing the information to an international audience could be to the benefit of future developments in the family resilience arena.
- Consideration should be given to the integration of the Guidelines for Social Workers to foster and sustain family resilience into the curriculum of the graduate social worker courses at tertiary institutions.

8.3.3 Recommendations for further research

The following can be recommended for future research:

- Further research could be conducted as an impact study on those families that were subjected to a family resilience intervention. Much would be learnt from such a study and such knowledge could inform proper implementation of a family resilience intervention and the impact of the programme on the target group families.
- Evaluation research, after a predetermined period of implementing “The Guidelines”, could assist in identifying gaps to be addressed in family resilience interventions.

8.4 CONCLUSION

This last chapter on the study provided a summary and conclusion on:

- (1) The research problem, research question, goals and objectives of the study
- (2) The research methodology implemented
- (3) The research findings
- (4) Possible functional elements for “The Guidelines”
- (5) The “Practice Guidelines for Social workers to foster and sustain family resilience” within the South African context.

The chapter was concluded with recommendations relating to the research methodology employed in this study, to practice guidelines for social workers to be able to foster and sustain family resilience and recommendations for further research.

Through this study, the researcher has contributed to the knowledge on the understanding of the family resilience construct and process and by developing guidelines for application in social work practice contributed to filling a gap on how family resilience interventions should be implemented within the South African context for optimal well-being and resilience of families.

BIBLIOGRAPHY

About your family structure. [Sa]. <http://sfhelp.org/fam/pop/structure.htm> (Accessed on 21/06/2016).

Adaptability and flexibility. [Sa]. University of Kent. <https://www.kent.ac.uk/careers/sk/adaptability> (Accessed on 23/01/2017).

African Union. 2004. *Plan of Action for the Family in Africa*. Addis Ababa, Ethiopia.

Akintoye, A. 2015. Developing Theoretical and Conceptual Frameworks. *Research Workshop, OAU, Ile Ife, Nigeria*.

Alston, M & Bowles, W. 2003. *Research for social workers: An introduction to methods*. 2nd edition. London: Routledge.

Amatea, ES, Smith-Adcock, SS & Villares, E. 2006. From family deficit to family strength: Viewing families' contributions to children learning from a family resilience perspective. *American School Counselling Association (ASCA)* 9(3):177–187.

American Psychological Association. [Sa] *Human Rights*. www.apa.org/topics/human-rights/ (Accessed on 29/10/2016).

Amoateng, A, Richter, L, Makiwane, M & Rama, S. 2004. *Describing the structure and needs of families in South Africa: towards the development of a national policy framework for Families*. Pretoria: HSRC.

Amstrong, N. 2012. The Importance of Extended Families in the African American Community: A Qualitative Analysis using Social Learning Theory. *National Conference on Undergraduate Research (NCUR)*, 29–31 March, Utah: Weber State University.

Annual Report of the Department of Social Development, 2016, see South Africa. Department of Social Development. 2016.

Arditti, JA. 2015. *Family problems: Stress, Risk and Resilience*. 1st edition. [SI]: John Wiley & Sons, Inc.

Arise: Raise awareness. 2016. <http://ariseprogram.org/en/what-we-do/improve-education-opportunity> (Accessed on 13/05/2016).

Assay, SM & DeFrain, J. 2012. The International World Family Strengths Model. *Selected Abstracts World Congress of Families, 25–27 May, Madrid*: [sn].

Assessment Tool for Children in Alternative Care: Assessment Tool and Training Guide, 2012, see South Africa. Department of Social Development. 2012.

Australian Centre for Posttraumatic Mental Health. [Sa]. *Looking after yourself and your family after a disaster*. www.redcross.org.au/.../looking-after-yourself-and-your-family-after-a-disaster (Accessed on 26/06/2016).

Australian Government: Department of Social Services. 2015. *Review of Australian's welfare system*. https://www.dss.gov.au/our-responsibilities/review-of-australias-welfare-system_ (Accessed on 14/09/2015).

Australian Psychological Society (APS). 2005. *The resilient child*. <http://www.pshychology.org.au/publications/inpsych/resilient/> (Accessed on 29/07/2016).

Babbie, E & Mouton, J. 2001. *The practice of social research*. Oxford: Oxford University.

Babbie, E. 2010. *The practice of social research*. 12th edition. [SI]: Wadsworth, Cengage Learning.

Badenhorst, C. 2008. *Dissertation writing: A research journey*. Pretoria: Van Schaik Publishers.

Bandura, A, Caprara, GV, Barbaranelli, C, Regalia, C & Scabini, E. 2011. Impact of Family Efficacy Beliefs on Quality of Family Functioning and Satisfaction with Family Life. *Applied Psychology: An International Review* 60(3):421–448.

Be resilient: s-t-r-e-t-c-h, bounce back and roll forward. 2011. <https://fyi.uwex.edu/familyresiliency/> (Accessed on 22/06/2016).

Benard, B. 2006. Using strengths-based practice to tap the resilience of families, in *Strengths Perspective in Social Work Practice*, edited by Saleebey. 4th edition. Boston: Allyn & Bacon: 197–220.

Bender, CJG. 2007. *Intervention research: design and development of the life skills programme*. MA(SW) dissertation, University of Pretoria, Pretoria.

Benzies, K & Mychasiuk, R. 2009. Fostering family resiliency: a review of the key protective factors. *Child and Family Social Work* 14:103–114.

Berger-Schmitt, R. 2000. *Social Cohesion as an Aspect of the Quality of Societies: Concept and Measurement*. *EU Reporting Working Paper, no 14*. Mannheim: Social Indicators Department.

Bernard, C. 1999. *Resilience Guide: A Collection of Resources on Resilience in Children and Families*. Eric Clearinghouse on Elementary and Early Education.

<http://ceep.crc.uiuc.edu/ecearchive/resguide.html> (Accessed on 03/05/2012).

Bester, C. 2009. *An intervention programme for families with a parent living with major depressive disorder*. DPhil thesis, University of Stellenbosch, Stellenbosch.

Bhana, A. 2011. The determinants of family resilience among families in low- and middle-income contexts: a systematic literature review. *South African Journal of Psychology* 41(2):131–139.

- Black, K & Lebo, M. 2008. A Conceptual Review of Family Resilience Factors. *Journal of Family Nursing* 14(33):33–55.
- Blair, RG. 2003. Understanding and fostering family resilience. *Journal of Family Strengths* 7(1):42–56.
- Bless, C, Higson-Smith, C & Sithole, SL. 2013. *Fundamentals of social research methods: an African perspective*. 5th edition. Cape Town: Juta & Company Ltd.
- Bloomberg, LD & Volpe, M. 2012. *Completing your qualitative dissertation: A road map from beginning to end*. [SI]: Sage Publications, Inc.
- Board of Regents of the University of Wisconsin System. 2009. *Family Living Programmes*. <http://www.uwex.edu/ces/flp/> (Accessed on 02/05/2012).
- Boss, P. 2006. *Loss, Trauma and Resilience: Therapeutic Work with Ambiguous Loss*. New York: W.W. Northon & Company, Inc.
- Botha, P. 2013. *An online self-coaching programme for support of Social Work students within an ODL context*. DPhil thesis, University of South Africa, Pretoria.
- Brause, RS. 2000. *Writing your doctoral dissertation*. London: Falmer Press.
- Braverman, MT. 2001. *Applying Resilience Theory to the Prevention of Adolescent Substance Abuse*. [SI]: Center for Youth Development, University of California.
- Brendtro, LK. 2009. *The Circle of Courage and RAP Training: The evidence base*. www.acwa.asn.au (Accessed on 14/03/2015).
- Broderick, CB. 1993. *Understanding family process: Basics on Family System Theory*. California: Sage Publications, Inc.
- Bromfield, L, Sutherland, K & Parker, R. 2012. *Families with multiple and complex needs: best interest case practice model. Specialist practice resource*. Melbourne, Australia: Victorian Government Department of Human Services.
- Browne, CH. 2014. *The Strengthening Families Approach and Protective Factors Framework: Branching Out and Reaching Deeper*. Washington, DC: Center for the Study of Social Policy.
- Building Family Strengths: Resiliency*. 2009. Clemson University. <http://www.clemson.edu/fyd/resiliency.htm> (Accessed 03/05/2012).
- Bulpitt, H & Martin, PJ. 2010. Who am I and what am I doing? Becoming a qualitative research interviewer. *Researcher* 17(3):10.
- Burham, HL. 2008. The experimental and theoretical issues on Empowerment of Family and Family Resilience (A Case Study in Bangladesh and Indonesia). *Technical report series monograph, no 114*. Jakarta: National Family Planning Coordinating Board.
- Burr, WR & Klein, SR. 1994. *Re-examining Family Stress: New theory and research*. [SI]: Sage Publications, Inc.

Business dictionary. 2015. <http://www.businessdictionary.com/html> (Accessed on 23/07/2016).

Business English. 2009. <http://www.learn-english-today.com/business-english/presentations-vocabulary.html> (Accessed on 12/05/2015).

Calitz, WC. 2009. *Pilot study*.
<http://uir.unisa.ac.za/bitstream/handle/10500/1648/06chapter5.pdf> (Accessed on 02/01/2017).

Cambridge English dictionary. 2016. <http://dictionary.cambridge.org/dictionary/english/> (Accessed on 19/07/2016).

Capra, F. 1997. *Creativity and leadership in learning communities*. Berkeley, CA: Center for Ecoliteracy.

Carey, M. 2012. *Qualitative research skills for social work: Theory and Practice*. England: Ashgate Publishing Limited.

Carter, B & McGoldrick, M. 1998. *The changing family life cycle: A framework for family therapy*. 2nd edition. Needham Heights, MA: Allyn and Bacon.

Carter, B & McGoldrick, M. 2005. *The Expanded Family Life Cycle: Individual, Family and Social perspectives*. 3rd edition. Boston: Allyn & Beacon Classics.

Carter, CJ. 2013. Better understanding Parents in Poverty: Meeting Basic Needs First. *Huffpost newsletters*. <http://www.huffingtonpost.com/carol-j-carter/better-understanding-parents-in-poverty> (Accessed on 03/01/2016).

Center for the Study of Social Policies. *Strengthening families: A protective factors framework*. <http://www.cssp.org/reform/strengthening-families/basic-one-pagers/Strengthening-Families-Protective-Factors.pdf> (Accessed on 20/05/2015).

Cherry, K. 2016. *What is a crisis?* <https://www.verywell.com/what-is-a-crisis-2795061> (Accessed on 26/06/2016).

Children's Institute. 2014. *South African Child Gauge*. Cape Town: University of Cape Town.

Clemson Extension. 2009. *HE leaflet 70: Lesson 50*. <https://www.c.emson.ecu/fyd/.../tcct-from-family-stress-to-family-strengths.pdf> (Accessed on 25/06/2016).

Clemson University. 2009. *Building Family Strengths: Resiliency*. <http://www.clemson.edu/fyd/resiliency.htm> (Accessed on 04/05/2012).

Cohen, SM, Gerding, DN, Johnson, S, Kelly, CP, Loo, VG, McDonald, LC, Pepin, J & Wilcox, MH. 2010. Clinical Practice Guidelines for Clostridium Difficile Infection in Adults. *Infection Control Hospital Epidemiology* 31(5):431–455.

Cole, E & Duva, J. 1990. *Family Preservation: An orientation for Administrators and Practitioners*. Child Welfare League of America, Washington: Edna McConnell Clark Foundation.

Collins English dictionary. 2012. <http://dictionary.reference.com/browse/crisis> (Accessed on 18/02/2016).

Colorado Foundation for Families and Children. 2003. What Counts: Measuring Indicators of Family Well-being. *Executive Summary Report*. WWW.COLORADOFUNDATION.ORG (Accessed on 18/06/2016).

Comer, E, Meier, A & Galinsky, MJ. 2004. Development of Innovative Group Work Practice using the Intervention Research Paradigm. *Social Work* 49(2):250-260.

Compton, BR, Galaway, B & Cournoyer, BR. 2005. *Social Work processes*. 7th edition. Belmont: Brooks/Cole Publishers.

Conceptual research. [Sa] <http://www.enogo.com/academy/conceptual-vs-empirical> (Accessed on 03/01/2017).

Conger, RD & Conger, KJ. 2002. Resilience in Midwestern Families: Selected findings from the first decade of a prospective longitudinal study. *Journal of Marriage and Family* 64(2):361–373.

Consolidated Strategy and Guidelines on the Statutory Services to Child-Headed Households, [Sa], see South Africa. Department of Social Development. [Sa].

Corcoran, J & Nichols-Casebolt, A. 2004. Risk and Resilience Ecological Framework for Assessment and Goal Formulation. *Child and Adolescent Social Work Journal* 21(3):211–235. <http://www.iupui.edu/~mswd/S513/multimedia/PDF> (Accessed on 14/06/2014).

Corcoran, J. 2000. *Evidence-based Social Work Practice with Families: A life span approach*. New York: Springer Publishing Company.

CorStone. 2012. *Fostering emotional resilience for challenge, conflict or crisis*. <http://www.corstone.org/html/solutions/index.cfm> (Accessed on 05/01/2015).

Council on Social Work Education. 2012. *Advanced social work practice in trauma*. USA: [sn].

Covey, S. 1997. *The 7 Habits of Highly Effective Families*. [SI]: Allen & Unwin.

Cowan, PA, Cowan, CP & Schulz, MS. 1996. Thinking about Risk and Resilience in Families, in *Stress, coping and resiliency in children and families*, edited by Hetherington, EM & Blechman, EA. New Jersey: Lawrence Erlbaum Associates: 1–39.

Coyle, JP, Nochajski, T, Safyer, A, DeWit, D & MacDonald, S. 2009. An Exploratory Study of the Nature of Family Resilience in Families Affected by Parental Alcohol Abuse. *Journal of Family Issues* 30(12):1606–1623.

- Coyle, JP. 2011. Resilient families help make resilient children. *Journal of Family Strengths* 11(1). <http://digitalcommons.library.tmc.edu/jfs/vol11/iss1/5> (Accessed on 15/10/2014).
- Coyle, PJP. 2006. *An Exploratory Study of the Nature of Family Resilience*. New York: The State University of New York at Buffalo.
- Creswell, JW. 1998. *Qualitative Inquiry and Research Design: Choosing among five traditions*. Thousand Oaks, California: Sage Publications, Inc.
- Creswell, JW. 2003. *Research design: qualitative, quantitative and mixed method approaches*. 2nd edition. Thousand Oaks, California: Sage Publications, Inc.
- Creswell, JW. 2009. *Research design: Qualitative, quantitative and mixed method approaches*. 3rd edition. Thousand Oaks, California: Sage Publications, Inc.
- Crisis Trauma CEU Course*. [Sa]. http://www.ceunit.com/continuing_education/crisis-trauma-continuing-education.htm (Accessed on 04/11/2016).
- Crisis Trauma Counseling*. [Sa]. <http://www.ceunit.com/ceus-CrisisTraumaCounseling> (Accessed on 11/04/2016).
- D'Arcy, K, Dhaliwal, S, Thomas, R, Brodie, I & Pearce, J. 2015. Families and communities against child sexual exploitation (FCASE). *Final evaluation report*. Luton: University of Bedfordshire International Centre.
- Dai, L & Wang, L. 2015. Review of family functioning. *Open Journal of Social Sciences* (3):134–141.
- Davis, JA. 2013. *Critical Incident Stress Debriefing from a traumatic event* <https://www.psychologytoday.com/blog/crimes-and-miscemeanors/2013/12/04/2016> (Accessed on 12/04/2016).
- De Goede, C. 2012. *Family routines during the adjustment and adaptation process of the transition to parenthood*. MA(Psychology) dissertation, University of Stellenbosch: Stellenbosch.
- De Vos, AS & Strydom, H. 2011. Intervention Research, in *Research at Grassroots*, edited by AS de Vos, H Strydom, CB Fouché & CSL Delpont. 4th edition. Pretoria: Van Schaik Publishers: 473–490.
- Defining parenting*. [Sa]. [www.hkjpae.org/pdf/2004:182–184.pdf](http://www.hkjpae.org/pdf/2004:182-184.pdf) (Accessed on 18/03/2016).
- DeFrain, J & Asay, S. 2007. *Strong families around the world: Strengths-based research and perspectives*. [SI]: The Haworth Press, Inc.
- DeFrain, J. 1999. Strong families around the world. *Family Matters* 53:6–13.

- DeFur, PL, Evans, GW, Hubal, EAC, Kyle, AD & Morello-Frosch, RA. 2006. Vulnerability as a Function of Individual and Group Resources in Cumulative Risk Assessment. *Environmental Health Perspective* 115(5):817–824.
- DeHaan, LG, Hawley, DR & Deal, JE. 2002. Operationalizing Resilience: A methodological strategy. *The American Journal of Family Therapy* 30:275–291.
- DeHaan, LG, Hawley, DR & Deal, JE. 2013. Operationalizing Family Resilience as a Process: Proposed Methodological Strategies, in *Handbook of Family Resilience*, edited by DS Becvar. New York: Springer Science + Business Media:17–31.
- Delpont, CSL & De Vos, AS. 2011. Professional research and professional practice, in *Research at Grassroots*, edited by AS de Vos, H Strydom, CB Fouché & CSL Delpont, 4th edition. Pretoria: Van Schaik Publishers:45– 60.
- Denzin, NJ & Lincoln, YS. 2005. *The SAGE handbook of Qualitative research*, 3rd edition. California: Sage Publications, Inc.
- Denzin, NK & Lincoln, YS. 2000. *Handbook of Qualitative Research*, 2nd edition. California: Sage Publications, Inc.
- Dictionary.com*. [Sa]. <http://www.dictionary.com> (Accessed on 01/04/2016).
- Distelberg, BJ, Martin, AS & Borieux, M. 2014. A deeper look at the Social Support Index: A Multi-Dimensional Assessment. *The American Journal of Family Therapy* 42(3):243–256.
- Dolan, P. 2008. Prospective Possibilities for Building Resilience in Children, their Families and Communities. *Child Care in Practice* 14(1):83–91.
- Donalek, JG & Soldwisch, S. 2004. An introduction of qualitative research methods. *Urologic Nursing* 24(4):356–357.
- Dunn, WN. 1994. Problem-centred intervention research – methods of the second type, in *Intervention Research: Design and Development for Human Service*, edited by J Rothman, J & EJ Thomas. [SI]: The Haworth Press, Inc.
- Earvolino-Ramirez, M. 2007. Resilience: A Concept Analysis. *Nursing Forum* 42(2):73–82.
- Ebersohn, S & Bouwer, C. 2013. An exploratory study on the utilisation of resilience by middle adolescents in reconstituted families following divorce. *South African Journal of Education* 33(2).
- Ecological perspective and social work*. [Sa]. <http://ecologicaltheory.trypod.com/> (Accessed by 02/11/2016).

Economic and Psychological Functions of the Family. [Sa].

<http://janidroohhsu4mu4m16m16a8a2.weebly.com/functions-of-the-family.html> (Accessed on 07/01/2017).

Education for Resilience. 2003. www.enablingchange.com.au (Accessed on 04/02/2017).

Encyclopaedia of Chicago. [Sa]. www.encyclopedia.chicagohistory.org/pages/1160.html (Accessed on 01/12/2016).

Encyclopaedia of Social Work 2016. National association of social workers press and Oxford University Press.

Encyclopaedia of Social Work. 2016.

<http://socialwork.oxfordre.com/view/10.1093/acrefore/9780199975839.001.0001/acrefore-978019997> (Accessed on 12/09/2016).

Encyclopaedia.com. 2016. <http://www.encyclopaedia.com> (Accessed on 06/09/2016).

Encyclopedia.com. 2003. www.encyclopedia.com/reference/encyclopedias-almanacs-transcripts.../family-strengths (Accessed on 07/01/2017).

Enrique, JA, Howk, H & Huitt, W. 2007. An Overview of Family Development. *Educational Psychology Interactive*. <http://www.edup.sycinteractive.org/papers/family.pdf> (Accessed on 14/07/2016).

Epstein, NB, Bishop, DS & Levin, S. 1978. The McMaster Model of Family Functioning. *Journal of Marriage and Family Functioning* Oct 4(4):19–31.

Executive Summary Report: The Colorado Foundation for Families and Children. 2003. *What counts: Measuring Indicators of Family Well-being*. <http://www.coloradofoundation.org> (Accessed on 11/11/2015).

Fahey, T, Keilthy, P & Polek, E. 2012. *Family Relationships and Family Well-being: A Study of the Families of Nine Year-Olds in Ireland*. Dublin: University College Dublin and the Family Support Agency.

FAMILIES FIRST. [Sa]. *Keeping families together safely: A programme of the Michigan University*. Lansing: Department of Social Services in partnership with Private Child Welfare Agencies.

Families in Crisis, 2007, see South Africa. Department of Social Development. 2007.

Family Group Conference Forum. 2011. *Resource Materials for Awareness Raising and Training on Family Group conference practice in Northern Ireland*. Ireland: Family Group Conference Forum.

Family Life: Work-family linkages. [Sa].

<http://www.psi.org.uk/publications/achievepdfs/flexible%20work/AGF4pdf> (Accessed on 15/05/2016).



Family Living Programme. 2009. The University of Wisconsin.
<http://www.uwex.edu/ces/flp/> (Accessed on 20/07/2015).

Family Living Programme. 2012. <http://www.uwex.edu/ces/flp/> (Accessed on 19/12/2013).

Family Resiliency Center. 2012. *Strengthening families for life's challenges*.
<http://familyresiliency.illinois.edu/themes/index.html> (Accessed on 02/05/2012).

Family strengths – The family strengths perspective, the qualities of strong families, family strengths and universal values. [Sa]. <http://family.jrank.org/pages/596/Families-Strengths.html> (Accessed on 13/07/2016).

Family Support Services: Operational Framework, 2012, see Tasmania. Department of Health and Human Services. 2012.

Family Systems Theory. [Sa].
faculty.riohondo.edu/~delark/Huser%20126/family%Systems%Theory.ppt (Accessed on 14/09/2016).

Farlex, 2016. *Free Dictionary*. <http://en.wikipedia.org/wiki/thefreedictionary.com>
 (Accessed on 29/05/2016).

Fawcett, SB, Suarez-Balcazar, Y, Balcazar, FE, White, GW, Paine, AL, Blanchard, KA & Embree, MG. 1994. Conducting Intervention Research – The Design and Development Process, in *Intervention Research: Design and Development for Human Service*, edited by J Rothman & EJ Thomas. [SI]: The Haworth Press, Inc:25–56.

Ferguson, C, Harms, C, Pooley, JA & Cohen, L. 2012. *Crime prevention: the role of individual resilience within the family*. Western Australia: Edith Cowan University.

Fergusson, DM & Horwood, LJ. 2003. Resilience to childhood adversity: Results of a 21 year study, in *Resilience and vulnerability: Adaptation in the context of Childhood Adversities*, edited by SS Luther. New Zealand: Cambridge University:130–155.

Fergusson, DM & Lynskey, MT. 1996. Adolescent Resiliency to Family Adversity. *Journal of Child Psychology and Psychiatry* 37(3), March:281–292.

Flick, U. 2002. *An Introduction to Qualitative research*. 2nd edition. London: Sage Publications, Ltd.

Forte, JA. 2007. *Human Behaviour and the Social Environment: Models, Metaphors, and Maps for Applying Theoretical Perspectives to Practice*. Belmont: Thomson Brooks/Cole.

Fossey, E, Harvey, C, McDermott, F & Davidson, L. 2002. Understanding and evaluating qualitative research. *Australian and New Zealand Journal of Psychiatry* 36:717–732.

Fouché, CB & De Vos, AS. 2011. Formal Formulations, in *Research at grass roots: for the social sciences and human services professions*, edited by AS de Vos, H Strydom, CB Fouché & CSL Delpont. 4rd edition:89–101.

Fouché, CB & Schurink, W. 2011. Qualitative Research Designs, in *Research at grass roots: for the social sciences and human services professions*, edited by AS de Vos, H Strydom, CB Fouché & CSL Delpont. 4rd edition:307–328.

Fox, W & Bayat, MS. 2007. *A guide to managing research*. Cape Town: Juta & Co Ltd. Framework for Social Welfare Services, 2013, see South Africa. Department of Social Development. 2013.

Framework on Mediation for Social Service Professionals mediating Family Matters, 2012, see South Africa. Department of Social Development. 2012.

Fraser, MW & Galinsky, MJ. 2010. Steps in Intervention Research: Designing and Developing Social Programmes. *Research on Social Work Practice* 20(5):459–466.

Fraser, MW, Galinsky, MJ, Richman, JM & Day, SH. 2009. *Intervention Research: Developing Social Programmes*. [SI]: Oxford University Press.

Fraser, MW, Pecora, PJ & Haapala, DA. 1991. *Families in Crisis: The impact of intensive family preservation services*. New York: Walter de Gruyter.

Functionalism and Parsons. 2002. <http://uregina.ca/~gingrich/n2202.htm> (Accessed on 21/05/2016).

Fusch, PI & Ness, LL. 2015. Are we there yet? Data Saturation in Qualitative Research. *The Qualitative Report*, 20(9):1408–1416. <http://www.nova.edu/ssss/QR/QR20/9/fusch1.pdf> (Accessed on 20/07/2016).

Gardner, R. 2003. *Supporting families: Child Protection in the community*. England: John Wiley and Sons, Ltd.

Garmezy, N. 1991. Resiliency and vulnerability to adverse developmental outcomes associated with poverty. *American Behavioural Scientist* 34(4):416–430.

Geggie, J, DeFrain, J, Hitchcock, S & Silberberg, S. 2000. *Family Strengths Research Project*. Australia: Family Action Centre, University of New Castle. <http://www.info.newcastle.edu.au> (Accessed on 10/10/2009).

Gelo, O, Braakmann, D & Benetka, G. 2008. Quantitative and qualitative research: Beyond the debate. *Integrative Psychological & Behavioural Science* 42:266–290.

Generic Norms and Standards for Social Welfare Services, [Sa], see South Africa. Department of Social Development. [Sa].

Gilgun, JF & Sands, RG. 2012. The contribution of qualitative approaches to developmental intervention research. *Qualitative Social Work* 11(4):349–361.

Gill, P, Stewart, K, Treasure, E & Chadwick, B. 2008. Methods of data collection in qualitative research: interviews and focus groups. *British Dental Journal* 204:291–295.

Gomm, R. 2009. *Key Concepts in Social Research Methods*. United Kingdom: Palgrave MacMillan.

Graybeal, C. Strengths-based Social Work Assessment: Transforming the Dominant Paradigm. *Families in Society: The Journal of Contemporary Human Services* 82(3), May/June:233–241.

Greef, AP, Vansteenwegen, A & Ide, M. 2006. Resiliency in families with a member with a psychological disorder. *The American Journal of Family Therapy* 34(4):285–300.

Greef, AP. 2013. Aspects of Family Resilience in Various Groups of South African Families, in *Well-being Research in South Africa*, edited by MP Wissing. Dordrecht: Springer Science+Business Media.

Greeff, M. 2011. Information Collection: Interviewing, in *Research at grass roots: for the social sciences and human service professions*, edited by AS de Vos, H Strydom, CB Fouché, & CSL Delport. 4th edition: 341–375.

Green Paper on Families, 2011, see South Africa. Department of Social Development. 2011.

Greene, RR. 1999. *Human Behaviour theory and Social Work Practice*. [SI]: Transaction Publishers.

Greene, RR. 2007. *Social Work Practice: A Risk and Resilience Perspective*. United States of America: Thomson Brooks/Cole.

Greene, RR. 2011. *Human Behaviour Theory and Social Work Practice*. 3rd edition. New Jersey: Transaction Publishers.

Greener, I. 2011. *Designing social research: A guide for the bewildered*. London: SAGE Publications, Inc.

Grobler, HD, Schenck, CJ & Du Toit, AS. 2003. *Person-centred communication: Theory and Practice*. 2nd edition. [SI]: Oxford University Press.

Guest, G, Namey, EF & Mitchell, LM. 2013. *Collecting Qualitative Data: A Field Manual for Applied Research*. http://www.sagepub.com/ump-data/48453_ch_1.pdf (Accessed by 27/08/2015).

Guidelines for Service Providers to Victims of Trafficking in Persons in South Africa, [Sa], see South Africa. Department of Social Development. [Sa].

Guidelines for the Prevention of and Response to Child Exploitation: Communities creating safer environments for children and families, 2015, see South Africa. Department of Social Development. 2015.

Hall, DK & Pearson, J. 2003. *Penn Resilience Programme (PRP) for school-age children and adolescents and the Reaching IN ... Reaching OUT project in Toronto*.
<http://www.voicesforchildren.ca/report-Nov2003-1.htm> (Accessed on 17/11/2015).

Hansen, MJ & Lynch, EW. 2004. *Understanding families: Approaches to Diversity, Disability and Risk*. Pennsylvania: Paul Brooks Publishing Co.

Harris, SR. 2008. What is Family Diversity? Objective and Interpretive Approaches. *Journal of Family Issues* 29(11).
<http://journals.sagepub.com/doi/pdf/10.1177/0192513x08318841> (Accessed on 19/11/2016).

Hatter, R. 2014. *Building Family Strengths: Reclaiming Children and Youth* 23(2):5.
www.reclaimingjournal.com (Accessed on 02/10/2015).

Hawkins, C. 2015. Most SA households run by single moms. *SA Breaking News*.
<http://www.breakingnews.co.za/category/top-news/> (Accessed on 14/09/2015).

Hayley, DR & DeHaan, L. 1996. Toward a definition of Family Resilience: Integrating life-span and Family Perspectives. *Family Process* 35:283–298.

Hepworth, DH, Rooney, RH & Larsen, JA. 2006. *Direct Social Work Practice: Theory and Skills*. 7th edition. Pacific Grove, CA: Brooks/Cole.

Hetherington, EM & Blechman, EA. 1996. *Stress, Coping and Resiliency in Children and Families*. New Jersey: Lawrence Erlbaum Associates, Inc.

Hill, CE. 2012. *Consensual Qualitative research: A Practical Resource for Investigating Social Phenomena*. Washington DC: American Psychological Association.

Hindle, A. 2015. *How to write about your study limitations without limiting your impact*.
<https://www.edanzediting.com/blogs/how-to-write-about-your-study-limitations> (Accessed on 23/01/2017).

Hoftstee, E. 2006. *Constructing a good dissertation*. Standton: EPE Press.

Holloway, I & Wheeler, S. 2010. *Qualitative Research in Nursing and Healthcare*. 3rd edition. Chichester: Wiley-Blackwell.

Holtzblatt, K & Beyer, KR. 2002. *Contextual design*. <https://www.interaction-design.org/literature/book/the-encyclopedia-of-human-computer-interaction> (Accessed on 05/01/2016).

Hope, RI. [Sa]. *Resilience*. SAMHSA Disaster Behavioural Health Information Series.
<http://www.rihope.ir.gov/documents/pdf/Resilience/pdf> (Accessed on 05/04/2016).

Howard, MO & Jenson, JM. 1999. Barriers to Development, Utilisation and Evaluation of Social Work Practice Guidelines: Toward an Action Plan for Social Work. *Research on Social Work Practice* 9(3):347–364.

Human Science Research Council (HSRC). 2004. *Describing the structure and needs of families in South African – Towards the development of a National Policy Framework for Families*. Pretoria: HSRC.

Implementation Guidelines for the Substance Abuse Policy, [Sa], see South Africa. Department of Social Development. [Sa].

Integrated Parenting Framework, 2012, see South Africa. Department of Social Development. 2012.

Integrated Service Delivery Model (ISDM), 2007, see South Africa. Department of Social Development, 2007.

Inter-Ministerial Committee on Young People at Risk (IMC). 1998. *Report on the Pilot Projects: IMC Recommendations*. Cape Town: The Printing Press.

International Federation of Red Cross and Red Crescent Societies. [Sa]. *Disaster Management*. <http://www.ifrc.org/en/what-we-do/disaster-management> (Accessed on 16/02/2016).

International Federation of Social Work. 2014. *Global Definition of Social Work*. <http://www.fsw.org/get-involved/global-definition-of-social-work/> (Accessed on 27/11/2016).

Ixon, J. 2005. *Focus Group Facilitation Guidelines*. [SI]: Centre for Higher Education Monash University.

Janesick, VJ. 2011. *Stretching exercises for qualitative researchers*. 3rd edition. California: Sage Publications, Inc.

Jenson, JM & Fraser, MW. 2006. *Social Policy for Children and Families: A Risk and Resilience Perspective*. California: Sage Publications, Inc.

Johnson, RB. 1997. Examining the validity structure of qualitative research. *Education* 118(2), Winter:282–292.

Jonsson, U. 2003. *A human rights approach to developmental programming*. https://www.unicef.org/rightsresults/files/HRBDP_Urban_Jonsson_April_2003.pdf (Accessed on 02/11/2016).

Khoza, S. 2011. *Application of a Developmental Assessment Tool by Social Workers Practicing Foster Care in the far East Rand, Ekurhuleni*. MA(SW) dissertation, University of the Witwatersrand, Johannesburg.

King, N & Horrocks, C. 2010. *Interviews in qualitative research*. [SI]: Sage Publications, Inc.

Kirk, SA. 1999. Good intentions are not enough: Practice Guidelines for Social Work. *Research on Social Work Practice* 9(3):302–310.

Kiser, JL, Nurse, W, Lucksted, A & Collins, KS. 2008. Understanding the impact of trauma on family life from the viewpoint of female caregivers living in urban poverty. *Traumatology* 14(3):77–90.

Klosowski, T. 2014. *The importance of self-awareness and how to become more self-aware*. <http://www.lifehacker.com/the-importance-of-self-awareness-and-how-to-become-more-162> (Accessed on 02/07/2016).

Knowledge of Conceptual Frameworks for Practice. 1994. http://www7.cityu.edu.hk/sspltr/pl/preparation/1st_integ/tp2-2D-0content.htm (Accessed on 04/05/2016).

Koltko-Rivera, ME. 2006. Rediscovering the later version of Maslow's Hierarchy of Needs: Self-transcendence and opportunities for theory. *Review of General Psychology* 10(4):302–317.

Krefting, L. 1991. Rigor in qualitative research: The assessment of trustworthiness. *The American Journal of Occupational Therapy* 45(3):214–222.

Krueger, R.A. 2002. *Designing and Conducting Focus Group Interviews*. St Paul, MN: University of Minnesota.

Kumar, R. 2005. *Research methodology: A step-by-step guide for beginners*. 2nd edition. London: SAGE.

Kumpfer, KL. 1999. Factors and processes contributing to resilience: The Resilience Framework, in *Resilience and Development: Positive Life Adaptations*, edited by MD Glanz & JL Johnson. New York: Kluwer Academic/Plenum Publishers.

Kvale, S. 1996. *Interviews: An introduction to qualitative research interviewing*. California: Sage Publications, Inc.

Landy, S & Menna, R. 2006. *Early intervention with multi-risk families: An integrated approach*. Baltimore: Paul H. Brooks Publishing.

Lebow, JL. 2012. Common factors, shared themes, and Resilience in Family and Family Therapy. *Family Process* 51(2):159–162.

Lee, I, Lee, E, Hesook, SK, Park, YS, Song, M & Park, YH. 2004. *Concept development of family resilience: a study of Korean families with a chronically ill child*. Seoul National University, South Korea: Blackwell Publishing, Ltd.

Leedy, PD & Ormrod, JE. 2005. *Practical research: Planning and designing*. 8th edition. New Jersey: Pearson Education International.

Lee-Treweek, G & Linkogle, S. 2000. *Danger in the field: Risk and Ethics in Social Research*. London: Routledge.

Legal Dictionary. [Sa]. <http://legal-dictionary.thefreedictionary.com> (Accessed on 11/10/2016).

Levine, D. 2012. *Navigating Change: Conflict, Family Crises, and Crisis Management*. <http://www.debilevine.ocm/?p=872> (Accessed on 02/07/2016).

Longress, JF. 2000. *Human behaviour in the social environment*. USA: Wadsworth/Thomson Learning.

Lum, C. 2008. *The Development of Family Resilience: Exploratory Investigation of a Resilience Program for Families Impacted by Chemical Dependency*. MA(SW) dissertation, San Jose State University, USA.

Luthar, SS, Cicchetti, D & Becker, B. 2000. The construct of resilience: A critical evaluation and guidelines for future work. *Child Development* 71(3):543–562.

MacDonald, J, Glade, J & Wien, F. 2005. Respecting Aboriginal Families: Pathways to Resilience in Custom Adaption and Family Group Conferencing, in *Handbook for working with children and youth: Pathways to resilience across cultures and contexts*, edited by M Ungar. London: SAGE Publications:357–370.

Mackay, R. 2003. Family resilience and good child outcomes: an overview of the research literature. *Social Policy Journal of New Zealand* June:01–12. <http://www.msd.govt.nz/about-msd-and-our-work/publication-resources> (Accessed on March 2010).

Maenhout, H, Rober, P & Greef A.P. 2014. Communication between spouses as a resilience factor in families in which a parent has depression: A condensed report. *American Journal of Family Therapy* 42(4):304–312.

Mahmoodabadi, HZ, Bahrami, F, Ahmadi, A, Etemadi, O & Zadeh, MSF. 2012. The Effectiveness of Retraining Attribution Styles (Cognitive Therapy) on Dimensions of Family Functioning in Divorce Applicant Couples. *International Journal of Psychological Studies* 4(2), June:257–263.

Manual on Families in Crisis, 2007, see South Africa, Department of Social Development. 2007.

Manual on Family Preservation Services, 2015, see South Africa, Department of Social Development. 2015.

Maslow's Hierarchy of Needs. [Sa]. <http://www.learning-theories.com/malows-hierarchy-of-needs.html> (Accessed on 09/04/2016).

Masten, AS. 2001. Ordinary Magic: Resilience Processes in Development. *American Psychologist*, 56(3):227–238.

- Maton, KL, Schellenback, J, Leadbeater, J & Solarz, AL. 2004. *Investing in Children Youth, Families and Communities: Strengths-based Research and Policy*. Washington: American Psychological Association.
- Maxwell, JA. 2005. *Qualitative research design: An interactive approach*. Applied Social Research Methods Series, 41. CA Thousand Oaks: Sage Publications, Inc.
- McCubbin, D & McCubbin, IM. 2005. Culture and Ethnic Identity in Family Resilience: Dynamic Processes in Trauma and Transformation of Indigenous People, in *Handbook for working with children and youth: Pathways to resilience across pathways and contexts*, edited by M Ungar. California: Sage Publications, Inc.
- McCubbin, HI & McCubbin, MA. 1988. Typologies of resilience families: Emerging roles of social class and ethnicity. *Family Relations* 37:247–252.
- McCubbin, HI & Patterson, JM. 1983. The family stress process: The double ABCX model of Adjustment and Adaptation. *Marriage and Family Review* 6(7):7–37.
- McCubbin, HI, McCubbin, MA, Thompson, SH & Allen, C. 1997. Families under stress: what makes them resilient. *AAFCS Commemorative Lecture, 22 June*, Washington DC: [sn].
- McCubbin, HI, Olson, DH & Patterson, JM. 1983. *Beyond Family Crisis: Family Adaptation*. cidbimena.desastres.hn/pdf/eng/doc13617/doc13617-1.pdf (Accessed on 06/06/2015).
- McCubbin, HI, Thompson, AI & McCubbin, MA. 2006. *Family Assessment: Resiliency, Coping and Adaptation: Inventories for Research and Practice*. Madison, WI: University of Wisconsin.
- McGee, J. [Sa]. *Toolkit for Making Written Material Clear and Effective*. [SI]: US Department of Health, and Human Services Centres for Medicare & Medicareaid Services (CMS).
- McKeown, K. 2000. *A guide to what works in family support services for vulnerable families*. Dublin, Ireland: Ministry of State, responsible for children.
- McLeod, S. 2011. *Maslow's Hierarchy of Needs*. <http://www.simplypsychology.org/maslow.html> (Accessed on 14/03/2016).
- McLeod, S. 2015. *Person-Centred Therapy: Resilient Family Practice*. <http://www.simplypsychology.org/client-centred-therapy.html> (Accessed on 14/06/2015).
- Merriam, SB. 2009. *Qualitative research: A guide to design and implementation*. [SI]: John Wiley & Sons.
- Merriam-Webster's Dictionary*. 2016. www.merriam-webster.com/dictionary/ability (Accessed on 20/01/2016).

- Merriam-Webster's Learner's Dictionary*. 2011. <http://www.learners.dictionary.com/lword.php> (Accessed on 22/04/2013).
- Meschke, LL & Patterson, JM. 2003. Resilience as a Theoretical Basis for Substance Abuse Prevention. *The Journal of Primary Prevention* 23(4), Summer:483–499.
- Midgley, 1995. *Social Development: The developmental perspective in Social Welfare*. <http://uk.sagepub.com/en-gb/afr/social-development/book204574> (Accessed on 12/10/2016).
- Miller, IW, Ryan, CE, Gabor, I, Keitner, DS Bishop, DS & Epstein, NB. 2000. The McMaster Approach to Families: Theory, Assessment and Research. *Journal of Family Therapy* 22(2), May:168–189.
- Missouri Child Welfare Manual*. 2007. <https://dss.mo.gov/cd/info/cwmanual/section7/ch1-33/sec7ch1.htm> (Accessed on 11/08/).
- Mitchell, C. 2015. "You can't make me" – Effective techniques for managing highly resistance clients. <http://www.continuingeducation.net/active/courses/course036.php> (Accessed on 24/05/2016).
- Mooney, A, Oliver, C & Smith, M. 2009. Impact of family breakdown on children's well-being: Evidence review. *Research report DCSF-RR113*. London: Thomas Coram Research Unit, Institute of Education, University of London.
- Moore, KA, Chalk, R, Scarpa, J & Vandivere, S. 2002. Family Strengths: Often Overlooked, But Real. *Child Trends*. www.childtrends.org (Accessed on 22/06/2016).
- Mosby's Medical Dictionary* [Sn]. <http://medical-dictionary.thefreedictionary.com/family+processes> (Accessed on 14/08/2016).
- Moss, SM. 2010. *Exploring family resilience amongst South African social work clients*. MA(SW) dissertation, University of South Africa, Pretoria.
- Mouton, J. 2009. *Understanding Social Research*. Pretoria: Van Schaik Publishers.
- Mullin, WJ & Arce, M. 2008. Resilience of families living in poverty. *Journal of Family Social Work* 11(4):42–440.
- Nathanson Family Resilience Centre*. [Sn]. <http://www.semel.edla.edu/focus/faq> (Accessed on 14/07/2016).
- National AIDS Commission. 2007. *Guidelines for conducting Community Dialogue*. [SI]: Government of Malawi.
- National Occupational Standards. 2011. *Evaluate outcomes of Social Work Practice*. <http://www.ccwales.org.uk/edrms/119735> (Accessed on 27/02/2017).
- National Technical Assistance Consortium for Children and Young adults who are Deaf-Blind (NTAC). 2004. Moving beyond family support: Empowering Families. *Conference Paper read at the NTAC conference, 28 April, Tampa, Florida*.

- Nhedz, F & Makofane, M. 2015. The experiences of social workers in the provision of family preservation services. *Social Work* 51(3).
- Nicholas, L, Rautenbach, J & Maistry, M. 2010. *Introduction to Social Work*. Pretoria: Juta & Company, Ltd.
- Nicholls, D. 2009. Qualitative Research: Part 2 – Methodologies. *International Journal of Therapy and Rehabilitation* 16(11):586–592.
- Nicholls, D. 2009. Qualitative research: Part 3 – Methods. *International Journal of Therapy and Rehabilitation* 16(12):638–647.
- Nichols, D. 2009. Qualitative research: Part 1 – Philosophies. *International Journal of Therapy and Rehabilitation* 16(10):526-533.
- Noor, NM, Gandhi, AD, Ishak, I & Wok, S. 2014. Development of indicators of family well-being in Malaysia. *Social Indicators Research* 115(1), Jan:279–315.
- Norms and Standards for Services to Families, 2013, see South Africa. Department of Social Development. 2013.
- NSW State Emergency Services. 2003. *Education for resilience: Community safety communication for natural hazards*. <http://www.enablingchange.com.au> (Accessed on 03/02/ 2016).
- O'Connor, D & Yballe, L. 2007. Maslow revisited: Constructing a road map of Human Nature. *Journal of Management Education: Organizational Behaviour Teaching Society*. DOI:10.1177/1052562907307639 (Accessed on 15/10/2015).
- O'Leary, Z. 2004. *The essential guide to doing research*. London: Sage Publications, Ltd.
- Office of Juvenile Justice and Delinquency Prevention. 2003. *Guidelines for building partnerships that protect our children: A follow-up to the IACP child protection summit*. USA: Department of Justice.
- Olson, DH. 2000. Circumplex Model of Marital and Family Systems. *Journal of Family Therapy* 22:144–167.
- Ooms, T. 1996. Where is the Family in Comprehensive Community Initiatives for Children and Families? *Family Impact Seminar, 9–13 July*, Washington DC: [sn].
- Openshaw, KP. 2011. *The relationship between Family Functioning, Family Resilience, and Quality of life Among Vocational Rehabilitation Clients*. DPhil thesis, Utah State University, Utah.
- Oxford English Dictionary (OED)*. 2016. <http://www.oed.com/> (Accessed on 19/05/2016).
- Pardeck, JT. 2015. An Ecological Approach for Social work Practice. *The Journal of Sociology and Social Welfare* 15(2):133–142.

Patel, L. 2015. *Social Welfare and Social Development in South Africa*. Cape Town: Oxford University Press.

Patterson, J & Kirkland, L. 2007. Sustaining resilient families for children in primary grades. *Childhood Education* 84(12).

Patterson, J.M. 2002b. Integrating Family Resilience and Family Stress Theory. *Journal of Marriage and Family* 64(5), May:349–360.

Patterson, JM. 1988. Families experiencing stress: I. The Family Adjustment and Adaptation Response Model: II. Applying the FAAR Model to health-related issues for intervention and research. *Family Systems Medicine* 6(2):202–237.
<http://dx.doi.org/10.1037/h0089739> (/doi/h0089739) (Accessed on 02/03/2017).

Patterson, JM. 2002a. Understanding family resilience. *Journal of Clinical Psychology* 58(3), March:233–246.

Peters, R. deV, Leadbeater, B & McMahon, J. 2005. *Linking Context to Practice and Policy*. New York: Kluwer Academic/Plenum Publishers.

Peterson, R & Green, S. 2009. *Families First – Keys to successful family functioning: Family roles*. Petersburg: Department of Human Development, Virginia State University.

Philosophical Mind Art. 2011. *Theory in brief: Family Systems*.
<http://philosophymindart.blogspot.co.za/2011/12/theory-in-brief-systems.html> (Accessed on 22/11/2016).

Plumb, JC. 2011. *The impact of social support and family resilience on parental stress in families with a child diagnosed with an autism spectrum disorder*. DPhil thesis, University of Pennsylvania, [SI].

Policy for Social Service Practitioners, 2014, see South Africa. Department of Social Development. 2014.

Prevention of and Treatment for Substance Abuse 70 of 2008. (South Africa 2009). Pretoria: Government Printer.

Procter, EK & Staudt, M. 2003. Targets of change and interventions in social work: An empirically based prototype for developing practice guidelines. *Research on Social Work Practice* 13(2):208–233.

Psychologist World. 2016. <http://www.psychologistworld.com/behaviour/erikson.php> (Accessed on 12/10/2016).

Ramsey, RF. 2001. Reworking the working definition: Identifying a conceptual framework for Social Work. *The Kentucky Conference on Social Work Practice and Education, 8–10 February*, Lexington, Kentucky: [sn].

Regulations made under the Social Service Professions Act 110 of 1978 as amended, see South Africa. 2010.

Reis, HT, Collins, WA & Berscheid, E. 2000. The relationships context of human behaviour and development. *Psychological Bulletin* 6:844–872.

Relationship Counselling. [Sa]. https://en.wikipedia.org/wiki/Relationship_counseling (Accessed on 05/05/2017).

Report on a National Consultative Workshop towards the finalisation of Practice Guidelines for Social Workers to Foster and Sustain Family Resilience, 2015, see South Africa. Department of Social Development. 2015.

Review of Australia's Welfare System. 2015. <https://www.dss.gov.au/our-responsibilities/review-of-australias-welfare-system> (Accessed on 08/05/2015).

Richter, L, Amoateng, Y & Makiwane, M. 2003. Child, Youth and Family Development: The People at the heart of Social and Economic Development. Paper read at a Policy Development Workshop, 5 June, Pretoria. Unpublished.

Ritchie, J & Lewis, J. 2003. *Qualitative Research Practice: A guide for social science students and researchers*. London: Sage Publications, Inc.

Roberts, AR & Ottens, AJ. 2005. The seven-stage Intervention Model: A Road Map to Goal Attainment, Problem Solving, and Crisis Resolution. *Brief Treatment and Crisis Intervention* 5(4):329–339.

Robertson, M. 2005. *Family Resilience in response to Extra-familial Child Sexual Abuse*. MA(SW) dissertation, University of Cape Town, Cape Town.

Roll-Hansen, N. 2009. Why the distinction between basic (theoretical) and applied (practical) research is important in the politics of science. *Technical Report 04/09*. London: Centre for Philosophy of Natural and Social Science Contingency and Dissent in Science.

Rothman, J & Thomas, ED. 1994. *Intervention Research: Design and Development for Human Service*. [SI]: The Haworth Press, Inc.

Rothman, J. 1994. Planning for intervention research, in *Intervention Research: Design and Development for Human Service*, edited by J Rothman & ED Thomas. [SI]: The Haworth Press, Inc.

Rubin, A & Babbie, ER. 2013. *Research Methods for Social Work*. 8th edition. [SI]: Brooks/Cole Cengage Learning.

Rutter, M. 1987. Psychosocial resilience and protective mechanisms. *Orthopsychiatry* 57(3), July. London: Medical Research Council Child Psychiatry Unit, Institute of Psychiatry.

Rutter, M. 1999. Resilience concepts and findings: Implications for family therapy. *Family Therapy* 21, Autumn:119–144.

SABC. 2016. Four arrested on charges of public violence in Vuwani, Limpopo, South Africa. 15 May. <http://www.sabc.co.za/news/4565f2004cabeec9b7e8ffb995d3dlcd/more-arrests-following-Vunani> (Accessed on 19/05/2016).

SACSSP. [Sa]. *Policy Guidelines for Course of Conduct, Code of Ethics and the Rules for Social Workers*. www.sacssp.co.za/professionals/conduct (Accessed on 14/12/2014).

Saleebey, D. 2002. *The strengths perspective in Social Work Practice*. 3rd edition. [SI]: Allyn and Beacon.

Sanders, CS & Bell, J. 2011. The Olsen Circumplex Model: A systematic approach to couple and family relationships. *APS Australian Psychological Society*. <https://www.psychology.org.au/publications/inpsych/2011/february/sanders> (Accessed on 11/07/2017).

Sawyer, E & Burton, S. 2012. *Building Resilience in Families Under Stress: Supporting Families Affected by Parental Substance Misuse and/or Mental Health Problems: A Handbook for Practitioners*. 2nd edition. London: National Children's Bureau Enterprises, Ltd.

Sayers, R. 2006. *Principles of Awareness-Raising: For information literacy, a case study. Communication and Information*. Thailand: UNESCO.

Scerra, N. 2011. Strengths-based Practice, the Evidence: A Discussion Paper. *Research Paper, Social Justice Unit # 6, July*. Parramatta. <http://www.childrenyoungpeopleandfamilies.org.au> (Accessed on 12/10/2016).

Schurink, W, Fouché, CB & De Vos, AS. 2011. Qualitative data analysis and interpretation, in *Research at grass roots: for the social sciences and human services professions*, edited by AS de Vos, H Strydom, CB Fouché & CSL Delport. 4rd edition. 397–424.

Scott, J & Xie, Y. 2005. *Benchmarks in Social Research Methods. Quantitative social science: Overview and major issues, Volume 1*. London: Sage Publications, Ltd.

Sherriff, B, Seedat, M & Suffla, S. [Sa]. *A critical review of family functioning indicators*. Pretoria: Institute for Social and Health Sciences, University of South Africa.

Shortt, A, Toumbourou, J, Chapman, R & Power, E. 2006. The Resilient Families Programme: Promoting health and well-being in adolescents and their parents during the transition to secondary school. *Youth Studies Australia* 25(2):32–40.

Shulman, L. 2006. *The skills of helping individuals. Families, Groups and Communities*. 5th edition. USA: Thomson Brooks/Cole.

Silberberg, S. 2001a. *Building family resilience from a strengths perspective*. New Castle, Australia: The Family Action Centre, University of New Castle.

Silberberg, S. 2001b. Searching for Family Resilience. *Family Matters* 58, Autumn:52–57. [SI]: Australian Institute for Family Matters.

Simon, JB, Murphy, JJ & Smith, SM. 2005. Understanding and fostering resilience: Counselling and therapy for couples and families. *The Family Journal* 13(4):427–236.

Sixbey, MT. 2005. *Development of the family resilience assessment scale to identify family resilience constructs*. DPhil thesis, University of Florida, [SI].

Smit, A de V. 2001. *Report on the findings of a performance audit of selected inter-ministerial committee on young people at risk pilot projects*. Pretoria: Department of Social Development.

Smit, SD. 1984. Family Stress Theory: Review and Critique. *Paper presented at the Annual Meeting of the National Council on Family Relations, 16–18 October, San Francisco CA*: Erik Publishers.

Smith, D. [Sa]. *Understanding the family as a system*. <http://smith.soehd.csufresno.edu/system.html> (Accessed on 20/06/2016).

South Africa. Department of Social Development. [Sa]. *Guidelines for Service Providers to Victims of Trafficking in Persons in South Africa*. Pretoria.

South Africa. Department of Social Development. 2013. *White Paper on Families in South Africa*. Pretoria.

South Africa. 1987. *Social Service Professions Act 110 of 1978*. Pretoria: Government Printer.

South Africa. 1996. *The Constitution of the Republic of South Africa, 1996*. Pretoria: Government Printer.

South Africa. 1998. *Social Work Amendment Act 102 of 1998*. Pretoria: Government Printer.

South Africa. 2005. *Children's Act 38 of 2005*. Pretoria: Government Printer.

South Africa. 2009. *Prevention of and Treatment for Substance Abuse Act 70 of 2008*. Pretoria: Government Printer.

South Africa. 2010. *Regulations made under the Social Service Professions Act 110 of 1978 as amended. (Government Notice No R15 of 2010.) Government Gazette, 32886, 22 January 2010*.

South Africa. Department of Social Development. [Sa]. *Consolidated Strategy and Guidelines on the Statutory Services to Child-Headed Households*. [Sa]. Pretoria.

South Africa. Department of Social Development. [Sa]. Generic Norms and Standards for Social Welfare Services. [Sa]. Pretoria.

South Africa. Department of Social Development. [Sa]. Guidelines for Service Providers to Victims of Trafficking in Persons in South Africa. [Sa]. Pretoria.

South Africa. Department of Social Development. [Sa]. Implementation Guidelines for the Substance Abuse Policy. [Sa]. Pretoria.

South Africa. Department of Social Development. 2007. Families in Crisis. 2007. Pretoria.

South Africa. Department of Social Development. 2007. Integrated Service Delivery Model (ISDM). 2007. Pretoria.

South Africa. Department of Social Development. 2011. Green Paper on Families: Promoting Family Life and Strengthen Families in South Africa. (Government Notice R756 of 2011.) *Government Gazette*, 556(34692), 19 Oct. 4–86.

South Africa. Department of Social Development. 2012. Assessment Tool for Children in Alternative Care: Assessment Tool and Training Guide. 2012. Pretoria.

South Africa. Department of Social Development. 2012. Framework on Mediation for Social Service Professionals mediating Family Matters. 2012. Pretoria.

South Africa. Department of Social Development. 2012. Integrated Parenting Framework. 2012. Pretoria.

South Africa. Department of Social Development. 2013. White Paper on Families in South Africa. 2013. Pretoria.

South Africa. Department of Social Development. 2013. Framework for Social Welfare Services. 2013. Pretoria.

South Africa. Department of Social Development. 2013. Framework for Social Welfare Services. 2013. Pretoria.

South Africa. Department of Social Development. 2013. Norms and Standards for Services to Families. 2013. Pretoria.

South Africa. Department of Social Development. 2014. Policy for Social Service Practitioners. 2014. Pretoria.

South Africa. Department of Social Development. 2015. Guidelines for the Prevention of and Response to Child Exploitation. 2015. Pretoria.

South Africa. Department of Social Development. 2015. Guidelines for the Prevention of and Response to Child Exploitation: Communities creating safer environments for children and families. 2015. Pretoria.

South Africa. Department of Social Development. 2015. Manual on Family Preservation Services. 2015. Pretoria.

South Africa. Department of Social Development. 2015. Report on a National Consultative Workshop towards the finalisation of Practice Guidelines for Social Workers to Foster and Sustain Family Resilience, 25–26 June, 2015. Pretoria.

South Africa. Department of Social Development. 2016. Annual report of the Department of Social Development: Programme 4. 2016. Pretoria.

South Africa. Department of Welfare. 1997. White Paper for Social Welfare: principles, guidelines, recommendations, proposed policies and programmes for developmental social welfare in South Africa. (Government Notice R1108 of 1997.) *Government Gazette*, 386(18166), 8 August 1997.

South Africa. Ministry of Welfare. 1996. The Inter-Ministerial Committee on Young People at Risk: Interim Policy Recommendations. 1996. Pretoria.

South African Child Gauge. 2014. *End the cycle of violence*. Cape Town: Children's Institute, University of Cape Town.

South African Institute of Race Relations. 2011. *First steps to healing the South African Family*. [SI]: South African Institute for Race Relations.

South African Institute of Race Relations. 2012. *First steps to healing the South African Family*. [SI]: South African Institute for Race Relations.

Spina, S, Ziviani, J & Nixon, J. 2005. Children, Brain Injury and the Resiliency model of Family Adaptation. *Brain Impairment* 6(1):33–44.

Stevenson, H. [Sa]. *Emergence: The Gestalt approach to change*. <http://www.clevelandconsultinggroup.com/articles/emergence-gestalt-approach-to-change.php> (Accessed on 14/06/2015).

Strydom, H & Delport, CSL. 2011. Sampling and pilot study in qualitative research, in *Research at grass roots: for the social sciences and human service professions*, edited by AS De Vos, H Strydom, CB Fouché & CSL Deport. 4th edition. 390–397.

Strydom, H, Steyn, MM & Strydom, C. 2007: An adopted intervention research model: Suggestions for research and practice. *Social Work/Maatskaplike Werk* 43(4):329–342.
Strydom, H. 2011. Ethical aspects of research in the social sciences and human service professions, in *Research at grass roots: for the social sciences and human service professions*, edited by AS de Vos, H Strydom, CB Fouché & CSL Deport. 4th edition.

Strydom, M. 2012. Family Preservation Services: Types of Services rendered by Social Workers to at-risk families. *Social Work/Maatskaplike Werk* 48(4):435-455.

Stuart, H, Cohen, MD, Dale, N, Gerding, MD, Johnson, S, Ciaran, P, Kelly, MD, Vivian, G, Loo, LC, Clifford, M, Pepin, MD, Mark, H & Wilcox, MD. 2010. Clinical Practice Guidelines for *Colostridium difficile* Infection in Adults. *Infection Control and Hospital Epidemiology* 13(5):431-455.

Substance Abuse and Mental Health Services Administration (SAMHSA). 2014. *Crisis Services: Effectiveness, Cost Effectiveness, and Funding strategies*. Rockville: HHS Publication.

Tasmania. Department of Health and Human Services. 2012. *Family Support Services: Operational Framework*. ISBN: 978-0-9805188-8-7 (Accessed on 03/03/2016).

Terre Blanche, M, Durrheim, K & Painter, D. 2006. *Research in practice: Applied methods for the Social Sciences*. [SI]: University of Cape Town Press.

The Family Resilience Centre in Illinois. [Sa].
<http://familyresiliency.illinois.edu/themes/index.html> (Accessed on 22/03/2015).

The Inter-Ministerial Committee on Young People at Risk: Interim Policy Recommendations, 1996, see South Africa. Ministry of Welfare.1996.

The Manual on Family Preservation Services, 2015, see South Africa. 2015.

The Oklahoma State University centre for Family Resilience in Tulsa. [Sa].
<http://www.osa-tulsa.okstate.edu/efr/inex.php> (Accessed on 2/02/2015).

The Personal Best Path for Success. 2010.
<http://www.thepersonalbest.com/ThePaths/StressManagement.html> (Accessed on 10/09/2016).

The role of stress on family experience. [Sa]. *Journal of Support: DSW Action Guide*.
<http://gov.mb.ca/fs/pwd/pubs/js-manual//jc-role-stress.pdf> (Accessed on 25/05/2016).

Theoretical Approaches: Social Work Systems Theory. 2015.
<https://socialworklicensemap.com/theoretical-approaches-social-work-systems-theory/>
 (Accessed on 6/06/2016).

Theoretical Framework. [Sa] <http://users.ipfw.edu/sternber/339/framework.html> (Accessed on 07/09/2016).

Thomas, EJ & Rothman, J. 1994. An Integrative Perspective on Intervention Research, in *Intervention Research: Design and Development for Human Service*, edited by J Rothman & EJ Thomas. [SI]: The Haworth Press, Inc:3–24.

Timberlake, EM, Zajicek-Faber, M & Sabatino, CA. 2008. *Generalist social work practice: A Strengths-based problem-solving approach*. Boston: Allyn and Bacon Publishers.

Toseland, RW & Rivas, RF. 2005. *An introduction to group work practice*. 5th edition. Boston: Pearson Publishing.

- Trevithick, P. 2008. Revisiting the knowledge base of Social work: A Framework for Practice. *British Journal of Social Work* 38:1212–1237.
- Turner, SG. 2001. Resilience and Social Work Practice: Three case studies: Families in Society: *The Journal of Contemporary Human Services* 82(5):441–448.
- Udo-Akang, D. 2012. Theoretical Constructs Concepts and Applications. *American International Journal of Contemporary Research* 2(9):89–97.
- Ungar, M. 2012. *The Social Ecology of Resilience: A handbook of Theory and Practice*. Springer Science+Business Media LLC.
- Unger, M, Theron, L & Didkowsky, N. 2011. Adolescent's Precocious and Developmentally Appropriate Contributions to Their Families' Well-being and Resilience in five countries. *Family Relations* 60, April:231–246.
- Unger, M. 2005a. *Handbook for working with children and Youth: Pathways to resilience across cultures and contexts*. California: Sage Publications, Inc.
- Unger, M. 2005b. Introduction: Resilience across cultures and contexts, in *Handbook for working with Children and Youth: Pathways to Resilience Across cultures and Contexts*, edited by M Ungar. London: SAGE Publications, Inc:1–34.
- Unger, M. 2008. Putting resilience theory into action: Five principles for intervention, in *Resilience in Action*, edited by L Liebenberg & M Ungar. Toronto: University of Toronto Press:17–38.
- Van Breda AD. 2011. Resilience assessments in Social Work: The Case of the SA Department of Defence. *Social Work/Maatskaplike Werk* 47(1):1–14.
- Van der Westhuizen, MA. 2010. *A manual with practice guidelines for rendering after care services to chemically addicted adolescents from a Social Work perspective*. DPhil thesis, University of South Africa, Pretoria.
- VanBreda, AD. 2001. *Resilience Theory: A Literature Review with special chapters on Deployment Resilience in Military families and Resilience theory in Social Work*. Pretoria: South African Military Health Service, Military Psychological Institute, Social Work Research and Development.
- Vanderbilt-Adriance, E & Shaw, DS. 2008. Protective factors and the development of resilience in the context of neighbourhood disadvantage. *Abnormal Child Psychology* 36(6):887–901.
- Vandsburger, E, Harrigan, M & Biggerstaff, M. 2008. In Spite of All, We Make it: Themes of Stress and Resiliency as Told by Women in Families Living in Poverty. *Journal of Family Social Work* 11(1).
- Vocabulary Dictionary*. [Sa]. <https://www.vocabulary.com/dictionary/> (Accessed on 14/07/2016).
- Von Backstrom, M. 2015. *Exploring family functioning from a family resilience perspective*. MA(Educational Psychology) dissertation, University of Pretoria, Pretoria.

- Walsh, F. 1996. The concept of family resilience: Crisis and Challenge. *Family Process* 35(3):261–281.
- Walsh, F. 1998. *Strengthening family resilience*. New York: The Guildford Press.
- Walsh, F. 2002. A family resilience framework: Innovative practice and applications. *Family Relations* 51(2):130.
- Walsh, F. 2003. Family Resilience: A Framework for Clinical Practice. *Family Process* 42(1), Spring:1–18. Oxford: Oxford University Press.
- Walsh, F. 2006. *Strengthening family resilience*. 2nd edition. New York: The Guildford Press.
- Walsh, F. 2012. Family Resilience: Strengths forged through adversity, in *Normal Family Processes*, edited by F Walsh. 4th edition. New York: Guilford Press:399–427.
- Walsh, F. 2016. *Strengthening family resilience*. 3rd edition. New York: The Guilford Press.
- Watson, D & West, J. 2006. *Social Work Process and Practice: Approaches, knowledge and skills*. New York: Palgrave McMillan.
- Webb, AR. 2010. Social workers: A bridge to language access services. Diversity: Practice Update. NASW.
<http://www.nassw.org/asset/secured/documents/proactice/clinical/WKF-MISC-47310.DiversityPU.pdf> (Accessed on 01/01/2017).
- Weber, JG. 2011. *Individual and Family Stress and Crisis*. Sage Publications, Inc.
- Webster's New World Law Dictionary*. 2010. New Jersey: Wiley Publishing, Inc.
- Welman, C, Kruger, F & Mitchell, B. 2005. *Research Methodology*. 3rd edition. USA: Oxford University Press.
- Werner, EE & Smith, RS. 1992. *Overcoming the odds. High risk children from birth to adulthood*. Ithaca, NY: Cornell University Press.
- Werner, EE. 2004. Journeys from Childhood to Midlife: Risk, Resilience and Recovery. *Paediatrics* 114(2):292. <http://www.pediatrics.org/cgi/content/full/111/2492> (Accessed on 12/01/2016).
- Werner-Wilson, R.J. 2001. *Developmental systemic family therapy with adolescents*. [SI]: Hepworth Press.
- Weyers, M. 2001. *The theory and practice of community work: A South African perspective*. Potchefstroom: Keurkopie Press.
- What Counts: Measuring Indicators of Family Well-being*. 2003. Executive Summary Report: Colorado Foundation for Families and Children.
 WWW.COLORADOFUNDATION.ORG (Accessed on 18/06/2016).

What Monitoring Is: Definition and Purpose. 2011. <http://cec.vcn.bc.ca/cmp/modules/mon-wht.htm> (Accessed on 26/02/2017).

What we know about Social Cohesion: The Research JStor. [Sa]. <https://www.jstor.org/stable/3341872> (Accessed on 30/04/2017).

White Paper on Families in South Africa, 2013, see South Africa. Department of Social Development. 2013.

White Paper on Social Welfare, 1997, see South Africa. Department of Social Welfare. 1997.

Wikipedia Free Encyclopaedia. 2013. <http://en.wikipedia.org> (Accessed on 14/07/2016).
Wiles, R, Heath, S, Crow, G & Charles, V. 2005. *Informed consent in Social Research: A literature Review*. [SI]: ESRC National Centre for Research Methods, University of Southampton.

Wills, TA, Blechman, EA & McNamara, G. 1996. Family Support, Coping, and Competence, in *Stress, Coping and Resiliency in Children and Families*, edited by EM Hetherington & EA Blechman. New Jersey: Lawrence Erlbaum associates, Inc:107–135.

Willson, SI. 1998. *The feasibility of Intensive Family Preservation Services in South Africa*. MA(SW) dissertation, University of South Africa, Pretoria.

Wissing, MP. 2013. *Well-being research in South Africa: Cross-Cultural Advancements in Positive Psychology*. Dordrecht: Springer Science+Business Media.

Wold Family Map. 2013. *Family processes*. <http://worldfamilymap.ifstudies.org/2013/articles/world-family-indicators/family-processes> (Accessed on 01/02/2017).

Work with Families: Family therapy. [Sa]. <http://global.oup.com/us/companion.websites/fdscontent/uscompanion/us/pt/plilonis/PlionisPP14.pt> (Accessed on 14/05/2016).

Workshop report on the Draft Guidelines for Social Workers to Foster and Sustain Family Resilience, 2015, see South Africa. Department of Social Development. 2015.

Yazedjian, A & Kramer, L. 2006. Fostering family resilience through community-based learning experiences. *Journal of Teaching in Marriage and Family* 6:373–397.

Yin, RK. 2011. *Qualitative research from start to finish*. New York: The Guilford Press.

Youn, E. 2007. The Relationship between Technology content in a Master of Social Work Curriculum and Technology Use in Social Work Practice: A Qualitative Research Study. *Journal of Technology in Human Services* 25(1/2):45–58.

Zietlin, MF, Megawangi, R, Karmer, EM, Coletta, ND, Babatunde, DC & Garman, D. 1995. *Strengthen the family: Implications for International Development*. Japan: University Press.

Zuzovsky, R & Mioduser, D. 2012. From concept maps to conceptual models – supporting students' understanding of complex systems. Conference on Concept Mapping, [Sa]: Malta. Unpublished.

ANNEXURE A

Head of the Department of Social Development

Dear Dr/Mr/Ms _____

REQUEST FOR PERMISSION TO CONDUCT RESEARCH

I am a social work policy manager employed at the Directorate: Families of the Department of Social Development and also a doctorate student in the Department of Social Work at the University of South Africa. In fulfilment of the requirements for this degree, I have to undertake a research project and have consequently decided to focus on the following research topic:

“Practice Guidelines for Social Workers to foster and sustain Family Resilience”.

This research project originates as a result of the fact that it can be statistically proven that families in South Africa are in crisis. Acknowledgement is given to the response of Government and Civil society who developed legislation and services and programmes to address the plight of families.

In the past, but becoming less prevalent, service providers in family care, generally followed a deficit approach in service delivery. Currently, there is a move towards family preservation and the strengthening of families.

Family preservation is the point of departure of family policy in South Africa that informed the development of the draft White Paper on Families (2012) with the aim to promote family life and strengthen families. The family preservation approach urges service providers to have a strengths-based approach, to consider not only the risk factors but to also family strengths and family protective factors within the family situation.

The family resilience perspective recognises that families can rebound from any adversities they may face during the family life cycle, and possibly even stronger than before. Family preservation is built on the assumption that families are resilient and that by providing families with the necessary support to face the difficulties and adversities they are confronted with, they are able to adapt to new circumstances (Draft White Paper on Families, 2012; Manual on Family Preservation, 2010).

After scrutinising family resilience theory and models, it is evident that there is a lack of practical interventions and programmes that focus on fostering and sustaining family resilience. A reason for not having programmes with the specific outcome of enhancing family resilience could be a lack of knowledge amongst service providers on the family resilience construct and those family processes, that in synergy with one another render families resilient.

A conceptual framework on Family Resilience has been developed. The conceptual framework, viewed within a specific ecological and developmental context, includes key

characteristics and family processes within five identified domains that interactively render families resilient. These domains are organizational processes, adaptability, protective processes, communication processes and belief systems. Utilising such a framework within social work practice, could guide social workers to systematically explore family resilience as part of the family assessment and the intervention process.

The purpose of my research study is to develop practice guidelines for social workers on fostering and sustaining family resilience. The practice guidelines will be based on the experiences of social workers in rendering family preservation services to strengthen families that, if not directly, indirectly foster and sustain family resilience. It is envisaged that the practice guidelines will assist social work practitioners to holistically and integratedly render family preservation services that take the conceptual framework of family resilience into consideration.

I intend to collect my data for the research by exploring and describing the views and experiences of social workers rendering family preservation services as one of their key performance areas. A sample of social workers will be selected based on the following inclusion criteria:

- Registered with the South African Council for Social Service Professionals.
- Employed by either the Department of Social Development, or SAVF or FAMSA as non-governmental organisations (NGOs).
- Rendering family preservation services and programmes to families, as one of the focus areas in rendering generalised social work
- Practicing in Gauteng, Limpopo or North West Province.
- The availability of the social worker and if consent was given to participate.

The sample group social workers will give me, as researcher, specialised insight into the understanding and experiences of social workers on family resilience and on the nature of current family preservation services and programmes to families and to what extent these services enhance family resilience. Furthermore, these social workers will be requested to provide suggestions on which elements should be included in interventions that could foster and sustain family resilience.

The data collected will assist me in developing practice guidelines for social workers to foster and sustain family resilience. Focus group interviews and face-to-face semi-structured interviews will be conducted to collect the data.

Should permission for conducting the research be granted by your Department, I intend to request the manager of a district office of the Department of Social Development in your provinces to identify social workers that meet the criteria to be part of the sample group.

After the identification of these social workers, I will contact each social worker to request their participation in the research. Only the social workers that provide me with written consent for participation will be selected. The researcher intends to select at least two social workers from each setting, thus six social workers from each province will form part of the sample group. As point of departure, eighteen social workers will form part of the sample group. Only if necessary, will more social workers be roped into the research project.

Arrangements for the focus group and semi-structured interviews will be done with respect and consideration for the schedules and commitments of the selected social workers. Furthermore, data will only be collected at times and locations which will be convenient to the participants.

After collecting the data, draft guidelines for social workers to foster and sustain family resilience will be developed. The researcher will request the National Department of Social Development to assist with the arrangements of a national consultative workshop on the guidelines for input and finalisation of the guidelines. A written research report will be submitted to the Head of Departments.

Kindly note that this study has been approved by the Research and Ethics Committee (DR&EC) of the Department of Social work at UNISA. Should you have any questions not sufficiently answered by me as the researcher, you may contact the Chairperson of the Committee.

Dr AH Alpaslan

Tel: 012 427 6739

E-mail: alplash@unisa.ac.za

Your consideration of my request is highly appreciated. Please do not hesitate to contact me, should you have any further queries.

Kind regards

Suzette Moss

Tel: 082 786 2664

E-mail: suzettem@socdev.gov.za

ANNEXURE B



social development

Department:
Social Development
REPUBLIC OF SOUTH AFRICA

P.O.Box X901, Pretoria, 0001, 134 Pretorius Street, HSRC Building, Pretoria

e-mail: suzettem@socdev.gov.za

Enquiries: Ms SM Moss

Tel: 012 312 7360

Fax: 0862 147 144

Director of SAVF/FAMSA

Dear Sir/Madam

REQUEST FOR PERMISSION TO CONDUCT RESEARCH IN SATALITE OFFICES WITH THE RESEARCH TOPIC “PRACTICE GUIDELINES FOR SOCIAL WORKERS TO FOSTER AND SUSTAIN FAMILY RESILIENCE”

I am a Social Work Policy Manager at the Directorate: Families, of the National Department of Social Development. I am also a doctorate student in the Department of Social Work at the University of South Africa and I want to do research on family resilience for this degree.

Permission for conducting the research at your Department/organisation was granted by the HOD/Director of your organisation.

This research project originates as a result of the fact that it can be statistically proven that families in South Africa are in crisis. Acknowledgement is given to the response of Government and Civil society who developed legislation and services and programmes to address the plight of families.

In the past, but becoming less prevalent, service providers in family care, generally followed a deficit approach in service delivery and thus viewed alternative care, especially for children, as the most appropriate option. The option received preference over the option of strengthening families towards family preservation. The focus on service rendering was on reactive measures instead of pro-active measures such as prevention and early intervention services.

Currently, there is a move towards the family preservation perspective which advocates that the family is the best place for family members to receive nurturing, care, support and protection. The family preservation perspective is closely linked with the family resilience perspective, which recognises that families can rebound from any adversities they may face during the family life cycle, and possibly even stronger than before.

The White Paper on Families (2013:9) has as aim the strengthening of families. Three strategies are mentioned in the White Paper namely promoting healthy family life; the strengthening of families; and family preservation. Family resilience is mentioned as a key concept for strengthening families and central to all three strategies. Implementing the White Paper will require that social workers have knowledge on family resilience.

Guidelines to foster and sustain family resilience to strengthen and preserve families will enhance service delivery.

Family resilience is a key concept for strengthening families because families “have inherent capacities and strengths that sustain them in times of prosperity, as well as adversity”. The White Paper mentions family resilience as one of the guiding principles to strengthen families but only refers to the financial resilience of families and the strengthening of families economically (White Paper, 2013:9;41). However, family resilience entails much more. According to a more comprehensive Conceptual Framework on Family Resilience, family resilience has five domains namely: organizational processes; adaptability; protective processes; communication processes; and belief systems.

The information gained from the research study will contribute towards identifying the key elements that should be included in the practice guidelines for social workers to foster and sustain family resilience to strengthen and preserve families.

I intend to collect my data for the research by exploring and describing the views and experiences of social workers rendering family preservation services as one of their key performance areas. A sample of social workers will be selected based on the following inclusion criteria:

- Registered with the South African Council for Social Service Professionals.
- Employed by either the Department of Social Development, or SAVF or FAMSA as non-governmental organisations (NGOs).
- Rendering family preservation services and programmes to families, as one of the focus areas in rendering generalised social work.
- Practicing in Gauteng, Limpopo or North West Province.
- The availability of the social worker and if consent was given to participate.

The sample group social workers will give me as researcher, specialised insight into the understanding and experiences of social workers on family resilience and on the nature of services and programmes they render to families and to what extent these services enhance family resilience. Furthermore, these social workers will be requested to provide suggestions on which elements should be included in interventions that could preserve families and that could foster and sustain family resilience.

Focus group interviews and if necessary, semi-structured face-to-face interviews, will be conducted to collect the data.

You as Director is hereby requested to assist in identifying satellite offices in the Gauteng, Limpopo and North West provinces to participate in the research. The Manager of the identified satellite offices will be requested to identify social workers that meet the criteria as indicated above, to participate in the research study. The researcher intends to select at least three social workers from your satellite offices to participate in the research. However, it would be appreciated if they could at least identify four social workers, as it would be important that each research participant give their written consent to participate. Should all four social workers indicate their willingness to participate three social workers will be selected. If it is deemed necessary, a second phase of data collection will be embarked upon and the fourth social worker will be roped in to participate in the research.

After identifying the social workers, I will be contacting them to request their participation in the research. I will clearly indicate that only if I have received their written consent to participate in the research, will they be included in the sample population. The social workers will also be requested to submit certain particulars with the consent form to the researcher.

Once the willingness of the participants to participate has been established, I will make arrangements to commence with the data collection. This will be done with respect and consideration for the schedules and commitments of the selected social workers. Furthermore, data will only be collected at times and locations which will be convenient to the participants.

I intend to disseminate the results of this study after completion through the National Department of Social Development to the Departments of Social Development and the FAMSA and SAVF organisations, by means of a written report that will include the practice guidelines.

Kindly note that this study has been approved by the Research and Ethics Committee (DR&EC) of the Department of Social work at UNISA. Should you have any questions not sufficiently answered by me as the researcher, you may contact the Chairperson of the Committee.

Dr AH Alpaslan

Tel: 012 427 6739

E-mail: alpash@unisa.ac.za

Your consideration of my request is highly appreciated. Please do not hesitate to contact me, should you have any further queries.

Kind regards

Suzette Moss

Tel: 082 786 2664

E-mail: suzettem@dsd.gov.za

ANNEXURE C

**INVITATION TO SOCIAL WORKERS TO PARTICIPATE IN A RESEARCH STUDY
WITH THE RESEARCH TOPIC:**

“Practice Guidelines for Social Workers to foster and sustain Family Resilience”

Researcher: Suzette Moss: MA Social Work

Research promoter: Dr H Louw: Department of Social Work, Unisa

Research co-promoter: Prof AH Alpaslan: Department of Social Development, Unisa

Dear Research Participant

I am a Social Work Policy Manager at the Directorate: Families, of the National Department of Social Development and also a doctoral student in the Department of Social Work at the University of South Africa and I want to do research on family resilience for this degree. In view of your experience in service rendering to families I think you would be able to make a contribution and I invite you to consider participating in this research and inclusion in the sample group for the research,

This invitation provides information regarding the research to ensure that you fully understand what is involved and that you are satisfied with all aspects of it, before you agree to participate.

THE PURPOSE OF THE STUDY

The purpose of this research is to develop practice guidelines for social workers on fostering and sustaining family resilience based on the social workers’ perspectives on and experience of family resilience in rendering services to families (family preservation services); social workers’ suggestions on interventions to foster and sustain family resilience.

This research project is a consequence of families in South Africa being in crisis and the response of Government and civil society who developed legislation and services and programmes to address the plight of families.

The White Paper on Families in South Africa (The White Paper) (2013:9) has as aim the strengthening of families. Three strategies are mentioned in the White Paper namely promoting healthy family life; the strengthening of families; and family preservation. Family resilience is mentioned as a key concept for strengthening families and central to all three strategies. Implementing the White Paper will require that social workers have knowledge on family resilience. Guidelines for fostering and sustaining family resilience to strengthen and preserve families will enhance service delivery.

Family resilience is a key concept for strengthening families because families “have inherent capacities and strengths that sustain them in time of prosperity, as well as adversity (White Paper, 2013:9).

The White Paper mentions family resilience as one of the guiding principles to strengthen families but only refers to the financial resilience of families and the strengthening of families economically (The White Paper, 2013:41).

However, family resilience entails much more (Amatea, Smith-Adcock & Villares, 2006; Earvolino-Ramirez, 2007; Green R. 2007; Luthar, Cicchitto & Becker, 2000; Masten AS. 2001; Patterson, 2002a; Walsh, 2006; Mackay, 2003).

According to a more comprehensive conceptual framework on Family Resilience, family resilience has five identified domains within a specific ecological and developmental context, that interactively render families resilient. These domains include key family characteristics and processes and are as follows: (1) organizational processes, (2) adaptability processes, (3) protective processes, (4) communication processes and (5) belief systems. Within social work practice, a family resilience framework could guide the social worker to systematically explore family resilience as part of the family assessment and the intervention process.

The information gained from the research study will contribute towards identifying the key interventive elements that should be included in the practice guidelines for social workers to foster and sustain family resilience to strengthen and preserve families.

Participation in the research will require that you form part of one or more focus group interviews, involving six to eight social workers. You could also be requested to participate in a semi-structured individual interview with the researcher to explore the subject further.

Please be assured that your participation in the study will not imply an evaluation of the services or programmes that you render.

As a suitable candidate that meets the criteria for inclusion in the focus group, your Director gave me permission to request you to consider your participation in the research.

It is also important that attention be given to the ethical considerations that need to be adhered to in conducting the research. As social worker registered with the SACSSP, I am obliged to adhere to the code of ethics of our profession. Thus aspects such as respect, confidentiality, fairness and non-maleficence and informed consent should be honoured.

Informed consent implies that you are provided with appropriate information on the research process and what it entails so to make an informed decision about voluntary participation in the research project

WHAT WILL BE REQUIRED FROM YOU?

If you decide to participate in the study, the following will be requested from you:

1. To participate in the focus group interview(s) that will be guided by the attached interview guide.
2. To sign a consent form and provide the researcher with your particulars for administrative purposes. Attached please find a consent form to be signed prior involving you in the project.

YOUR RIGHTS AS PARTICIPANT IN THIS STUDY

Your participation in this research study is entirely voluntary and you have the right to withdraw at any time, without needing to give a reason for your decision.

POSSIBLE EFFECTS OF THE STUDY ON YOU AS A PARTICIPANT

No foreseeable discomfort or inconvenience as a result of your participation is expected. Any research study on social issues does however, have the potential for an emotional

reaction from the participant. Should I conclude that the information you have shared during the focus group interview left you feeling emotionally upset or disturbed, I am obliged to refer you for debriefing or counselling, should you agree thereto.

THE POTENTIAL BENEFITS THAT MAY COME OF THIS STUDY

By participating in this research study, I hope that you will be provided with a learning experience that could broaden your view around service delivery. Furthermore, you would have contributed towards a better understanding of the experiences, needs and views of social workers related to their service delivery to families and would have assisted in the process of developing practice guidelines for social workers that will foster and sustain family resilience.

ENSURING CONFIDENTIALITY AND ANONYMITY IN THE STUDY

I want to assure you that information obtained will be dealt with confidentially and that you will be provided with a pseudonym to safeguard you from being associated with any information provided to the researcher. As data capturing involves collecting high volumes of information, you will be requested before a focus group interview, to allow the researcher to tape-record the various interviews. Only the researcher, the editor, independent coder and the researcher's promoter will have access to these tape-recordings and transcripts. However, your consent thereof is important and your choice will be respected.

The recorded interviews will be transcribed and then coded to disguise any identifying information. The transcripts of the interviews will be made available to my research promoters and an independent coder with the sole purpose of assisting and guiding me with this research endeavour.

The audio recordings will be stored in a safe place and only I will have access to them. The audio recordings and transcripts will be kept for three years where after they will be destroyed.

The results of this study might be published in a journal and/or presented at a meeting or workshop, but again without revealing the identity of any participants.

RELEASE OF FINDINGS

I intend to disseminate the results of this study by means of a written report through the National Department of Social Development to the provincial Departments for their dissemination to all the district offices, as well as to Directors of FAMSA and SAVF for dissemination to their affiliated offices.

ETHICAL APPROVAL OF THIS STUDY

This study has been approved by the Research and Ethics Committee (DR&EC) of the Department of Social Work at UNISA. Should you have any questions not sufficiently answered by me as the researcher, you may contact the Chairperson of this Committee:

Prof AH Alpaslan

Telephone number: 012 429 6739

E-mail: alpash@unisa.ac.za



If, after you have consulted with me and the Research and Ethics Committee in the Department of Social Work at UNISA, our answers have not satisfied you, you may direct your questions/concerns/queries to:

The Chairperson

Human Ethics Committee

College of Human Science

PO Box 392

UNISA

0003

CONTACT DETAILS

Please do not hesitate to contact me, should you require any additional information regarding this research study or have any queries. Attached the questions that will be discussed during the interviews

Suzette Moss

Telephone: 012 312 7360 (office hours)

E-mail: suzettem@socdev.gov.za

A FINAL WORD

Your participation in this study will be greatly appreciated.

Should you decide to participate in this research study, I will make the necessary logistical arrangements with you to participate in the focus group interviews and (if necessary) semi-structured interviews at times that will be convenient to you.

Questions for discussion during focus group and face-to-face semi-structure interviews:

1. What is your understanding of family resilience?
2. What is your experience (what do you (do) or know about) of fostering (grow/develop) and sustaining (maintain) family resilience?
3. What are your suggestions on guidelines for an intervention to foster and sustain family resilience?
4. What are the obstacles that you experience or anticipate that could be experienced in rendering services that foster and sustain family resilience?
5. What are the enabling factors that are experienced or could be anticipated in rendering services that foster and sustain family resilience?
6. What interventive actions/elements would you include in a programme to foster and sustain family resilience?
The way forward.

Letter of consent

PRACTICE GUIDELINES FOR SOCIAL WORKERS TO FOSTER AND SUSTAIN FAMILY RESILIENCE

DECLARATION

I hereby declare that I have read the contents of the invitation to participate in a research study.

I am willing to participate in this research study and hereby give the researcher permission to contact me in order to arrange a meeting with me for the purpose of conducting the research.

Name: _____
Signature: _____
Date: _____

IDENTIFICATION DETAILS

Name and Surname:

Work address:

.....

.....

Work Telephone:

Celphone:

ANNEXURE E

**INTERVIEW GUIDE WITH PROBING QUESTIONS FOR THE FOCUS GROUP
AND FACE-TO-FACE INTERVIEWS:**

Focus group and semi-structured face-to-face interviews
<i>Section 1: Introduction</i>
<p>The following will shortly be discussed:</p> <ul style="list-style-type: none"> • Ground rules for the focus group interview. • Ethical considerations that will guide the researcher's behaviour during the research. • Introduction of the research question: "How (and by doing what) can social workers foster and sustain family resilience to strengthen and preserve families"? • The goal of the research namely: "Develop practice guidelines for social workers on fostering and sustaining family resilience." • The research objectives are: <ul style="list-style-type: none"> (1) To explore and describe social workers' understanding of family resilience. (2) To explore and describe social workers' experiences of interventions that foster and sustain family resilience. (3) To explore and describe social workers' suggestions on interventions to foster and sustain family resilience.
<i>Section 2</i>
<i>2. : What is your understanding of family resilience?</i>
<ul style="list-style-type: none"> • What is the meaning of crisis/adversity? • What happens when your client family is experiencing crisis/adversity? • What impact do you think a crisis/adversity will have on the way the family is functioning? • What is your understanding of resilience? • Which words refer to "family"? • Is there a difference between "resilience" and "family resilience"? • Let us look at the diagram of family resilience. Would you say that it reflects what we discussed about family resilience? • Let us list the things that happen in resilient families that help them deal with day-to-day functioning. • Let us cluster these actions within a resilient family. • Literature identifies the following clusters/domains of family resilience. Do we differ or agree after our brainstorming session? • Do you agree that these actions listed in clusters/domains be called family processes? Why? • Do you think that these domain/family processes have an influence on each other? Why? Please illustrate with metaphors, images (rope, balloon, water) • If one or more of these domains are weak will such a family be resilient?
<i>Section 3.</i>
<i>3.: What is your experience (what do you do or know about) of fostering and sustaining family resilience?</i>
<ul style="list-style-type: none"> • What is your experience as social worker on fostering and sustaining family resilience. What do you do or know about the fostering (bring change) and sustaining (support to maintain) of family resilience?

<ul style="list-style-type: none"> • Do you think the fact that you as social worker also come from a family will have an impact on rendering services that could foster and sustain family resilience, especially if you had previously experienced similar challenges?
<ul style="list-style-type: none"> • Do family processes occur in families independent of the family being resilient or not?
<ul style="list-style-type: none"> - What is a stressor?
<ul style="list-style-type: none"> - What does coping entail?
<ul style="list-style-type: none"> • Please describe “risk factors”, “family strengths” and “protective factors/buffering factors”. Give practical examples.
<ul style="list-style-type: none"> • What is the difference between a strength and a protective factor?
<ul style="list-style-type: none"> • How would you establish these factors within the family situation?
<ul style="list-style-type: none"> • How important is it to be able to adapt to life’s circumstances?
<ul style="list-style-type: none"> • Which enabling factors would let you adapt to changed circumstances?
<ul style="list-style-type: none"> • Explain how the family processes render families resilient?
<i>Section 4</i>
<i>1. Explore and describe social workers’ suggestions on interventions to foster and sustain family resilience</i>
<ul style="list-style-type: none"> • What fosters the family processes of family resilience?
<ul style="list-style-type: none"> • What sustains the family processes of family resilience?
<ul style="list-style-type: none"> • What theoretical frameworks or approaches could be used in addressing family resilience?
<ul style="list-style-type: none"> • Different social work theories – how do they apply to family resilience?
<ul style="list-style-type: none"> • Which principles can we formulate from these frameworks that are applicable to family resilience?
<ul style="list-style-type: none"> • What are the enabling factors that are experienced or could be anticipated in rendering services that foster and sustain family resilience?
<ul style="list-style-type: none"> • What would be the obstacles that are experienced or could be anticipated in rendering services that foster and sustain family resilience?
<ul style="list-style-type: none"> • What would be the goals and objectives of such a programme?
<ul style="list-style-type: none"> • What elements would you consider critical to address in a family resilience programme?
<ul style="list-style-type: none"> • Do you think that a frame of reference to base the guidelines on is necessary?
<i>Section 5: Conclusion</i>

ANNEXURE F**social development**

Department:
Social Development
REPUBLIC OF SOUTH AFRICA

P.O.Box X901, Pretoria, 0001, 134 Pretorius Street, HSRC Building, Pretoria

e-mail: suzette@socdev.gov.za

Enquiries: Ms SM Moss

Tel: 012 312 7360

Fax: 086 214 7144

Head of the Department

NATIONAL CONSULTATIVE WORKSHOP ON THE “PRACTICE GUIDELINES FOR SOCIAL WORKERS TO FOSTER AND SUSTAIN FAMILY RESILIENCE” TO BE CONDUCTED AT THE MANHATTEN HOTEL, IN PRETORIA IN THE GAUTENG PROVINCE FROM 25-26 JUNE 2015

Principle approval was granted by the Deputy Director-General of the Department of Social Development to the official SM Moss, Social Work Policy Manager: Families enrolled at UNISA for a DPHIL degree in Social Work, to conduct research in order to develop “Practice Guidelines for Social Workers to Foster and Sustain Family Resilience” (Practice Guidelines). The DDG approved that a national consultative workshop be conducted to finalise the Practice Guidelines.

The National Department is mandated to facilitate the implementation of policies, strategies and programmes to strengthen and support families. In accordance with the White Paper on Families that was approved by Cabinet on 27 June 2013, knowledge of family resilience has been recognised as having the potential to add value to services to families.

For social workers to implement the White Paper on Families, it will be important to design programmes that have family resilience toward family preservation as outcome. There are no guidelines available to inform the development of such programmes. Social Workers will benefit should practice guidelines for programmes to foster and sustain family resilience be available.

**social development**

Department:
Social Development
REPUBLIC OF SOUTH AFRICA

Your province is humbly requested to attend the national consultative workshop on the Practice Guidelines to be held from 25-26 June 2015. The workshop will be conducted in close collaboration with the University of South Africa.

Provinces are requested to nominate four delegates from each province namely the provincial coordinator and two departmental officials and one social worker from either FAMSA or the SAVF to attend the workshop. Funding is available for the accommodation costs, as well as a contribution to the traveling expenses of the NGOs. Provinces are requested to contribute to the travelling costs of the NGOs. The department will be responsible for the venue and catering for the two-day workshop.

You will be provided with a draft framework on the Practice Guidelines and programme of the workshop in due course.

Your cooperation will be highly appreciated.

Kind regards

DEPUTY DIRECTOR-GENERAL

DATE:



social development

Department:
Social Development
REPUBLIC OF SOUTH AFRICA

P.O.Box X901, Pretoria, 0001, 134 Pretorius Street, HSRC Building, Pretoria

CONSULTATIVE WORKSHOP TOWARDS THE FINALISATION OF PRACTICE GUIDELINES FOR SOCIAL WORKERS TO FOSTER AND SUSTAIN FAMILY RESILIENCE TO BE HELD AT MANHATTAN HOTEL, PRETORIA FROM 25-26 JUNE 2015

PROGRAMME

9H00 – 9H20	OPENING AND WELCOME	MS MAKHOSAZANA CELE
9H20 – 9H40	INTRODUCTIONS	
9H40 – 10H00	PURPOSE OF THE WORKSHOP	DR HUMA LOUW
10H00 -10H30	BRIEF OVERVIEW OF THE PRACTICE GUIDELINES	MS SUZETTE MOSS
10H30 – 11H00	TEA	
11H00 – 13H00	THE UNDERSTANDING OF FAMILY RESILIENCE	
	<ul style="list-style-type: none"> • SHORT PRESENTATION ON THE UNDERSTANDING OF FAMILY RESILIENCE • GROUP DISCUSSIONS ON THE DOMAINS OF FAMILY RESILIENCE <ul style="list-style-type: none"> ❖ ORGANISATIONAL PROCESS ❖ ADAPTIBILITY PROCESS ❖ PROTECTIVE PROCESS ❖ COMMUNICATION PROCESS ❖ FAMILY BELIEF SYSTEM PROCESS • FEEDBACK FROM GROUPS 	
13H00 – 13H45	LUNCH	
13H45 – 14H30	THE RELATIONSHIP BETWEEN INDIVIDUAL AND FAMILY RESILIENCE AND THE FAMILY RESILIENCE INTERVENTION AS SOCIAL WORK INTERVENTION	
14H30 -14H45	TEA	
14h45 – 16h00	GROUP DISCUSSIONS	
	THE FAMILY RESILIENCE INTERVENTION AS SOCIAL WORK PROCESS	
	<ul style="list-style-type: none"> • How to engage with the family or a family resilience intervention • How to conduct a developmental assessment of the family for a family resilience intervention 	

- How to formulate a family resilience developmental plan

FEEDBACK FROM GROUPS

DAY 2

8H30 – 8H50	RECAP OF THE PREVIOUS DAY
8H50 – 10H00 -	FAMILY RESILIENCE INTERVENTIONS IN ACCORDANCE WITH THE NATURE OF SOCIAL WELFARE SERVICES
	GROUP DISCUSSIONS
	<ul style="list-style-type: none"> • Family resilience intervention in Prevention and Promotion Services • Family Resilience intervention in Mediation and counselling Services • Family Resilience intervention in Support Services • Family Resilience intervention in Statutory and Protective Services • Family resilience intervention in Reunification and After care services
10h00-10h20	TEA
10H20 – 13H30	PRESENTATIONS AND GROUP DISCUSSIONS
10H20 – 11H00	INTEGRATION OF FAMILY RESILIENCE PROCESSES (5 DOMAINS OF FAMILY RESILIENCE) INTO SERVICE RENDERING
11H00- 12H00	CRITERIA (THE MULTI-DIMENSIONAL ASPECTS) FOR AN INTERVENTION TO FOSTER AND SUSTAIN FAMILY RESILIENCE
12H00 – 12H20	A FAMILY RESILIENCE PROGRAMME WHEN THE SAFETY OF FAMILY MEMBERS ARE COMPROMISED
12H20 – 13H00	ASPECTS OF IMPORTANCE RELATING TO THE SOCIAL WORKER DELIVERING SERVICES TO FAMILIES
13H00 – 13H30	IMPLEMENTATION, MONITORING AND EVALUTION
13H30 – 13H45	CLOSURE
13H45 -	LUNCH

ANNEXURE H



social development

Department:
Social Development
REPUBLIC OF SOUTH AFRICA

EVALUATION FORM

CONSULTATIVE WORKSHOP ON THE FINALISATION OF THE DRAFT GUIDELINES FOR SOCIAL WORKERS TO FOSTER AND SUSTAIN FAMILY RESILIENCE ON 25-26 JUNE 2015`

	Yes	No	Comment
1. Do you think that the guidelines are based on a scientific foundation and best practices?			
2. Do you think that the guidelines are user friendly?			
3. Do you think that possible obstacles are addressed in the guidelines?			
4. Are the purposes of the guidelines clearly spelt out?			
5. Are the guidelines based on outcome targets with interventions described?			
7. Are the guidelines related to existing theory and research findings?			
9. Are the guidelines feasible and clear, explaining the how, where and who in order to facilitate change?			

GENERAL COMMENTS

ANNEXURE I

Conceptual Framework of Family Resilience

Domain (family process) of family resilience	Content of domain (sub-processes clustered under the domain)	Details of content of the domain
1. ORGANISATIONAL PROCESSES	<p>1.1 Stability</p> <p>1.2 Family organizational patterns</p> <p>1.3 Family connectedness/cohesion</p> <p>1.4 Social and economic resources</p>	<p>1.1.1 Sound, balanced, structural arrangements and rules that govern the family</p> <p>1.1.2. Clear family role clarification</p> <p>1.1.3 Leadership within the family</p> <p>1.1.4 Decision making in the family</p> <p>1.1.5 Task allocation and performance</p> <p>1.1.6 Family rituals and routines</p> <p>1.2.1 Need for strong adult leadership</p> <p>1.2.2 Need for effective behaviour control in the family</p> <p>1.2.3 Need for mutual decision making to get the buy-in of all family members</p> <p>1.2.4 Roles of family members appropriate and well-defined</p> <p>1.3.1 Closeness, mutual support and commitment for structural bonding</p> <p>1.3.2 Reconnection of broken or scarred relationships</p> <p>1.3.3 Clear boundaries and rules on participation within the family</p> <p>1.4.1 Access to social and economic resources</p>

		<p>1.4.2 Balancing work and family responsibilities</p> <p>1.4.3 Access to formal, semi-formal and informal support networks</p> <p>1.4.4 Access to social welfare support systems when needed</p>
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Domain (family process) of family resilience	Content of domain (sub-processes clustered under the domain)	Details of content of the domain
2. ADAPTABILITY PROCESS	<p>2.1 Adaptability requires flexibility</p> <p>2.2 Individual resilience of family members impact on family adaptability</p> <p>2.3 Strengths and weaknesses in other family processes impact on adaptability</p>	<p>2.1.1 Flexibility, together with family cohesion, determines the capability of family members working together for change</p> <p>2.1.2 A dynamic balance between stability and change is essential for families to be stable through change</p> <p>2.1.3 Families must be able to evolve together in order to reorganise and rebound</p> <p>2.2.1 Personality traits of family members are mediating factors for family resilience</p> <p>2.2.2 Individual resilience plays a role in family processes and can be a family strength</p> <p>2.2.3 The influence of normal life cycle transitions within the family make meaning of crisis</p> <p>2.2.4 Additional stresses are brought about by crisis life cycle transitions (divorce, separation, death)</p> <p>2.3.1 How the family functions depends on the strengths and weaknesses</p>

		of other domains of family resilience
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Domain (family process) of family resilience	Content of domain (sub-processes clustered under the domain)	Details of content of the domain
3. PROTECTIVE PROCESSES	3.1 Risk factors	<p>3.1.1 Risk factors increase the likelihood of individual and family dysfunctionality</p> <p>3.1.2. Individual risk factors</p> <p>3.1.3 Peer risk factors</p> <p>3.1.4 Family risk factors</p> <p>3.1.5 School or work risk factors</p> <p>3.1.6 Socio-economic risk factors</p>
	3.2 Family strengths	<p>3.2.1 Family strengths increase the likelihood of individual and family functionality</p> <p>3.2.2 All families have strengths</p> <p>3.2.3. Highlighting strengths does not imply ignoring challenges, crisis, or adversities</p> <p>3.2.4 Family strengths lie in individual family members, inter-relationships within the family and intra-relationships with the community and broader society.</p> <p>3.2.5 The identification of strengths to assist the family to develop coping mechanisms</p>
	3.3 Family protective factors	<p>3.3.1 Protective factors maybe internal or external</p> <p>3.3.2 Individual characteristics, family characteristics and the presence of supportive others are categories of protective factors</p>

	<p>3.4 Protective processes as the interaction between risk factors and family strengths and family protective factors</p>	<p>3.3.3 Mobilise protective factors to rebound from crisis</p> <p>3.3.4 Protective factors arise from the context of individual family members, the family and the community</p> <p>3.3.5 The protective process fosters resilience and facilitate adaptability</p> <p>3.3.6 Understanding the risks, strengths and protective factors generates hope</p> <p>3.3.7 Risk, strengths and protective factors are found in the different domains of family resilience</p>
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Domain (family process) of family resilience	Content of domain (sub-processes clustered under the domain)	Details of content of the domain
<p>4. COMMUNICATION PROCESS</p>	<p>4.1 Clear communication</p> <p>4.2 Open emotional expression</p>	<p>4.1.1 Clear communication and clarification to clarify unclear information</p> <p>4.2.1 Sharing of feelings amongst family members</p> <p>4.2.2 Building of trust through sincerity, mutual empathy and tolerance</p> <p>4.2.3 Family members to take responsibility for their own feelings and behaviour</p> <p>4.2.4. Pleasurable interactions, respite and humour enhance expression of emotional feelings</p> <p>4.2.5 Open and honest emotional sharing counteracts mistrust</p>

	4.3 Collaborative problem solving	<p>4.3.1 Brainstorming through effective communication enhances problem solving</p> <p>4.3.2 Collaborative problem solving leads to shared decision making and family buy-in.</p> <p>4.3.3 Conflict resolution and negotiation leads to family members feeling secure within the family, despite misunderstandings.</p> <p>4.3.4 Positive resolution of conflicts results in feelings of mutual understanding.</p>
	4.4 Relationship building	<p>4.4.1 Communication is considered the “gel” that insures strong relationships between family members.</p> <p>4.4.2 Family cohesion (connectedness) is vital for the effective functioning of families and provides a sense of belonging.</p> <p>4.4.3 Families provide the environment for security, trust and nurturance for family members.</p> <p>4.4.4 Families should empower family members to be both differentiated and connected.</p> <p>4.4.5 Family communication should be extended to the community and broader society.</p>

Domain (family process) of family resilience	Content of domain (sub-processes clustered under the domain)	Details of content of the domain
5 FAMILY BELIEF SYSTEM PROCESSES	5.1 Making meaning of adversity	5.1.1 Core beliefs of families provide for family identify and influence the family’s choice of coping strategies

	<p>5.2 Positive outlook</p> <p>5.3 Transcendence, spirituality and religion</p> <p>5.4 Family rituals and family transitions</p>	<p>5.1.2 Families pulling together give meaning to a crisis situation</p> <p>5.1.3 The shared belief that the family can cope with crisis gives meaning</p> <p>5.1.4 Making sense of crisis to normalize and contextualize adversity</p> <p>5.2.1 A positive outlook gives hope and a focus on family strengths</p> <p>5.2.2 A positive outlook provides the family with the ability to persevere</p> <p>5.3.1 Transcendence or higher beliefs provide purpose beyond family adversities</p> <p>5.3.2 Transcendence provides continuity through generations</p> <p>5.3.3 Spirituality as internalised beliefs that bring meaning, awareness and concern for self and others</p> <p>5.3.5 Religion is faith in a caring relationship with God or other Superior Being</p> <p>5.3.4 Religion as spiritual values and beliefs of an institutionalized religion</p> <p>5.3.6 Institutional religion offers congregational support in the form of another extended family</p> <p>5.4.1 Family rituals facilitate life cycle transitions</p>
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