

Article

Challenges Faced by Social Workers in Rendering Family Reunification Services in South Africa: A Rights-Based Perspective

Sipho Sibanda ^{1,2,*} , Tobias Penno ¹ , Francis Lynch ¹  and Daniel Doh ¹ 

¹ Department of Social Work and Social Policy, The University of Western Australia, Perth 6009, Australia; tobias.penno@uwa.edu.au (T.P.); francis.lynch@uwa.edu.au (F.L.); daniel.doh@uwa.edu.au (D.D.)

² Department of Sociology, University of Pretoria, Pretoria 0028, South Africa

* Correspondence: siphosibanda@uwa.edu.au

Abstract

Placing children in alternative care serves to safeguard their well-being while social workers work to resolve the issues that necessitated their removal from the home. Despite this intention, social workers face numerous difficulties when implementing family reunification services. This article explores the challenges encountered by social workers in South Africa in delivering these services. The study adopted an exploratory sequential mixed-methods design and involved social workers employed at five child protection organisations across the country. Data were gathered through 15 qualitative interviews and 127 completed questionnaires. Thematic analysis, guided by Creswell's framework, was used to interpret the qualitative data, while quantitative data were processed using a statistical software package for social sciences (SPSS) version 23. The findings reveal a range of institutional, infrastructural, and human resource constraints that hinder effective service delivery. Social workers also reported difficulties arising from uncooperative biological parents and strained relationships between biological and foster parents, often marked by mistrust, suspicion, and hostility. At times, tensions also emerged between biological parents and social workers themselves. The study concludes that recognising these challenges creates an opportunity to address them more effectively. It recommends the development of a rights-based family reunification service model to guide and support social workers in providing timely and effective reunification interventions.

Keywords: alternative care; child protection; family reunification; rights-based approach; social workers; South Africa



Academic Editors: Gregor Wolbring and Cristóbal Fernández-Muñoz

Received: 16 April 2026

Revised: 28 June 2026

Accepted: 23 July 2026

Published: 25 July 2026

Copyright: © 2026 by the authors. Licensee MDPI, Basel, Switzerland. This article is an open access article distributed under the terms and conditions of the [Creative Commons Attribution \(CC BY\)](https://creativecommons.org/licenses/by/4.0/) license.

1. Introduction

A family is widely regarded as the foundational unit of society, responsible for ensuring the safety and overall well-being of children [1]. Families play an essential role in protecting their members, especially children, from the various forms of violence that exist within communities [2]. However, the nature and functioning of families have shifted significantly over time. Family life has become increasingly diverse and complex, and families today are often less cohesive and resilient than in previous generations [3,4]. Traditionally, families were structured around the presence of both parents, and in situations where parents were absent, extended family members typically assumed caregiving responsibilities [5]. Contemporary families, however, face mounting pressures linked to global social challenges such as unemployment, migration, rising poverty, escalating violence, and the

long-term effects of the HIV and AIDS pandemic [5]. These stressors heighten children's vulnerability to harm, hardship, and abuse, which can ultimately lead to their removal from the home [6]. In the South African context, the legacy of apartheid further contributed to the fragmentation of families through restrictive movement laws that disrupted family structures [3]. Moreover, apartheid, due to its discriminatory laws, disadvantaged welfare service delivery to black communities, a legacy still affecting service delivery in most child protection organisations [7].

Approximately four million children in South Africa are currently living apart from their biological parents for diverse reasons, with an estimated 2.7 million (65%) identified as orphans [5]. Within this group, care arrangements vary considerably: some children are supported through informal kinship care within extended family networks, while others are accommodated in formal alternative care systems such as foster care placements or residential institutions. According to Vivier, nearly 400,000 children are in foster care nationally [8], while an additional 22,000 reside in residential care facilities [9].

Consistent with international child-protection standards, South African legislation upholds a child's right to remain within their family of origin whenever possible [10]. When separation does occur, Articles 10 and 12 of the United Nations Convention on the Rights of the Child require that family reunification services be provided to support the child's return home [11]. Reunification is therefore recognised as a fundamental human right that must be prioritised and protected [12]. The White Paper for Social Welfare outlines the broader framework for social welfare service delivery in South Africa [13], yet it does not specify how family reunification services should be implemented [14]. Social workers involved in the reunification process are responsible for conducting assessments, offering therapeutic and rehabilitative interventions, providing parenting and life-skills support, delivering family preservation services, offering counselling, and making appropriate referrals [13,15]. Although children have a right to be reunified with their families, this right must always be balanced with the principle of the child's best interests; reunification should occur only when it is safe and appropriate to do so [16,17].

Despite the constitutional and legislative emphasis on children's right to family life and the clear mandate for social workers to provide reunification services, relatively few children in South Africa are successfully reunited with their families [18]. Many remain in alternative care for extended periods [14,19]. Prolonged stays in alternative care can contribute to identity difficulties and challenges during the transition out of care [20,21]. Evidence from Epworth Children's Village suggests that, instead of prioritising timely reunification, children are often kept in alternative care on a long-term basis [22]. One of the key barriers is the absence of a comprehensive, holistic reunification services model in South Africa, which makes it difficult for social workers to deliver coordinated and effective interventions [12]. Although the Children's Act mandates the provision of reunification services, it offers limited practical guidance on how these services should be carried out [23]. The absence of effective family reunification services undermines the best interests of the child. It negatively affects children's attachment formation as well as their linguistic, social, intellectual, and cultural development [24]. Sibanda further observes that when reunification is delayed, children often "age out of care" and experience significant emotional distress, which may trigger renewed behavioural challenges such as substance misuse, violence, criminal behaviour, conflict with foster parents, risky peer relationships, abusive intimate relationships, hopelessness, and poor educational outcomes [25]. According to Epworth Children's Village, children who grow up without the presence of their biological families frequently struggle to explain their personal histories [22]. They may find seemingly simple questions about their background, family, or identity to be overwhelming, uncomfortable, or embarrassing [17].

Against this backdrop, the study examined the challenges encountered by social workers in delivering family reunification services in South Africa. Understanding these challenges creates space to consider how a rights-based approach can be applied to address them and to hold the state accountable for shortcomings in the provision of effective reunification services [26]. This article presents findings from a study focusing on challenges faced by social workers in rendering family reunification services, which was part of a broader PhD study on developing a holistic family reunification services model for children in alternative care. It begins by providing a contextual overview of family reunification within the South African child protection system, including an examination of the legislative frameworks and approaches that guide family reunification services. The article then describes the research methodology employed in the study, after which the findings are presented and discussed. The conclusion reflects on the significance and implications of the study, acknowledges its limitations, and offers recommendations that emerged from the research.

1.1. Contextualising Family Reunification Services

Globally, it is estimated that between five and six million children are living in residential care institutions [27]. In several European countries, institutional care continues to feature prominently within out-of-home care systems: over 30% of children in care are placed in residential facilities in Germany and Denmark, and approximately 22% in Sweden [28]. In the United States, an estimated 400,000 children were in foster care placements [29]. Patterns of care provision vary across contexts; for example, foster care is widely utilised in Hong Kong, whereas it remains comparatively underdeveloped in countries such as Portugal [30]. In Sub-Saharan Africa, A considerable proportion of children in the region reside outside their biological families, often within kinship networks that are themselves constrained by significant socio-economic pressures. Zimbabwe illustrates these regional trends, with particularly high levels of alternative care provision [31]. Current estimates suggest that approximately 24% of Zimbabwean children live without either biological parent; the country has around 562,000 orphans, about 4500 children in formal residential institutions, and only 660 in formal foster care placements [32].

Internationally, child protection systems have increasingly prioritised family reunification as the preferred outcome for children in alternative care. This shift has been accompanied by significant developments in both global policy frameworks and national legislative contexts, including South Africa. Consistent with other English-speaking jurisdictions, South African child protection legislation recognises reunification as a fundamental right of children in alternative care [10]. Reunification is typically regarded as successful when a child does not re-enter out-of-home care within 12 months [33,34]. However, international and local research indicates that effective reunification remains limited in practice [19]. For instance, studies in Australia show persistently low reunification rates, particularly among younger children, many of whom experience multiple foster care placements with reduced likelihood of returning home [35,36]. In the United Kingdom, the probability of reunification declines markedly as the duration of time in care increases [37]. Similar patterns are evident in South Africa; although alternative care placements are intended to be temporary, many children remain in such arrangements for extended periods before reunification with their families [19].

Family reunification services consist of a set of intentional, structured interventions, supportive programmes, and empowerment activities offered to children in alternative care and to their families [38,39]. These services are designed to guide a systematic reunification process and to facilitate the safe return of children to their families or communities of origin [40]. Their overarching purpose is to rebuild, strengthen, and sustain reciprocal

relationships between children placed in alternative care and their biological parents and families. Understanding reunification requires situating it within the broader child protection framework [41]. Masuka et al. describe child protection as a set of interventions aimed at safeguarding children's rights to safety and protection from abuse, neglect, exploitation, and violence [42]. These interventions focus on preventing, addressing, and resolving incidents of abuse, neglect, abandonment, and exploitation across all environments [13]. In South Africa, the child protection continuum begins with prevention and early intervention, moves to removal when necessary, and culminates in reunification with the family of origin [7].

The Children's Act 38 of 2005 outlines several criteria for determining whether a child is in need of care and protection [10]. These include the capacity of parents or caregivers, the child's developmental needs and behaviour, exposure or risk of exposure to harm, involvement in child labour or trafficking, and circumstances in which children live in child-headed households [10,30]. In all such cases, children retain their full range of human rights, including the right to protection, access to essential services, and meaningful participation in decisions affecting their lives [15,43].

Research highlights several practice components that contribute to the successful reunification of children in alternative care with their families and communities [14,20]. Sewpaul emphasises that social workers with adequate, specialised training in child protection are better positioned to deliver effective reunification services [44]. Meaningful family engagement is another critical factor linked to positive reunification outcomes [26]. This involves actively including birth families in planning and decision-making, encouraging foster parents to support biological parents, and ensuring regular contact and visitation between children in foster care and their families [20,45].

1.2. Challenges Faced by Social Workers

Although social workers are central to the successful reunification of children with their families, their capacity to deliver effective services is significantly constrained by systemic and operational barriers. Sibanda and Lombard highlight that persistent staff shortages, limited organisational resources, and overwhelming caseloads undermine both the consistency and quality of reunification interventions [6]. A chronic shortage of social work personnel remains one of the most critical impediments to service delivery [1]. According to the National Development Plan, South Africa is expected to require 55,000 social workers by 2030 [46]. However, as of 2024, only 32,000 social workers were registered with the South African Council for Social Services [47]. This indicates a shortfall of approximately 23,000 practitioners needed to reach the 2030 target. Given this gap, it appears unlikely that the projected figure of 55,000 social workers will be achieved. The current workforce is far too small to meet national demand, making it difficult to provide families with timely, holistic, and sustained support [48]. This shortage inevitably results in unmanageable caseloads. A study by Sibanda revealed that in South Africa, child protection social workers had caseloads as high as 320 files, with over 400 children [18]. Such high caseloads undermine the capacity of social workers to maintain regular contact or conduct consistent home visits with biological and foster families [12]. Beyond workforce limitations, inadequate funding and resource constraints further weaken the child protection sector. Patel et al. identify resource scarcity as a longstanding challenge in South Africa's child protection landscape [49]. Many social workers operate without the infrastructure and tools required to perform their duties effectively, narrowing the scope and depth of their practice. These deficits often push practitioners into reactive, crisis-driven interventions rather than enabling preventive, holistic, and developmentally informed approaches [6].

Such crisis-oriented practice stands in direct conflict with the rights-based frameworks that should guide all family reunification efforts.

Effective child protection systems depend on adequate infrastructure, including functional office spaces, reliable communication equipment, and dedicated vehicles to support fieldwork [26]. However, chronic underfunding has severely weakened many child protection organisations, forcing them to scale back services or, in some cases, cease operations entirely [7,50]. Compounding these structural challenges is the limited training and reorientation available to social workers in the child protection sector. Herselman et al. note that insufficient professional development restricts practitioners' ability to deliver effective services [50]. Sibanda and Ngwabi similarly found that despite progressive legislative and policy reforms, many social workers struggle to interpret and contextualise these frameworks, limiting their ability to apply them in practice [7]. Additional studies point to low morale, driven by excessive caseloads, inadequate salaries, and persistent resource shortages, as a further factor undermining the quality of child protection services [51–53].

1.3. A Rights-Based Approach to Family Reunification

International legal instruments, most notably the United Nations Convention on the Rights of the Child (UNCRC), impose a clear obligation on states to promote family reunification where this is safe and aligned with the best interests of the child. Specifically, Articles 7, 9, 10, 18, and 20 underscore children's rights to parental care and family life, while also emphasising the need for careful oversight and regulation of alternative care arrangements [11]. Article 7 of the UNCRC affirms the child's right to a legal identity and, as far as possible, to be known and cared for by their parents. Article 18(2) further places a clear obligation on the state to provide appropriate support to parents and caregivers in fulfilling their child-rearing responsibilities. In addition, Article 9(1) requires that the separation of a child from their parents may occur only when it is demonstrably in the child's best interests. This provision not only reinforces the primacy of the best interests principle but also stipulates that any removal must be undertaken by authorised and competent bodies, subject to judicial oversight to safeguard against arbitrary decisions. Moreover, Article 9(3) emphasises that separation should be temporary and limited to the shortest duration necessary. It also recognises the child's right to maintain regular contact with his or her family following separation, unless such contact is contrary to the child's best interests. Within this framework, social workers, acting as duty-bearers within the child protection system, are mandated to uphold these provisions in practice. This entails ensuring that decisions regarding removal, placement, and reunification are firmly grounded in the principles of the UNCRC and that the child's rights remain central to all care and protection interventions.

Within the South African context, a rights-based approach to child protection is anchored in a comprehensive legal and policy architecture. Central to this framework are international instruments ratified by South Africa, including the UNCRC. These instruments articulate foundational principles such as the primacy of the child's best interests, the right to participation, and the rights to survival, development, and protection from harm [11]. Fundamentally, the rights-based approach conceptualises children as rights-holders while positioning the state and professional actors, including social workers, as duty-bearers responsible for upholding, safeguarding, and realising these rights [43].

Children possess both fundamental needs and inherent rights, and when these are neglected or violated, concerns naturally arise regarding their safety and overall well-being [25]. This study adopted a rights-based approach as a theoretical framework because of its focus on promoting and safeguarding children's rights. A rights-based framework is grounded in established social work theories and concepts, including the strengths perspec-

tive, empowerment, capacity building, and culturally responsive practice [43,54]. Within this broader paradigm, families are entitled to services, benefits, and resources not on the basis of merit or need alone, but because such entitlements stem from their inherent human dignity [55]. Key principles of a rights-based approach relevant to family reunification include participation, accountability, empowerment, social inclusion, appropriateness, and accessibility [6,7,56].

Applying a rights-based approach to family reunification requires that all interventions align with human rights standards and prioritise the protection and fulfilment of children's rights [43]. This approach also seeks to empower rights holders (children and their families) to claim their rights and challenge systems or structures that infringe upon them [57]. At the same time, it places responsibility on state departments and other duty bearers to uphold their obligations and to collaborate effectively in fulfilling these duties [58]. Importantly, a rights-based approach reinforces the mandate of social workers, as duty bearers, to respect, protect, and guarantee the rights of children in all aspects of their practice [13,43].

2. Materials and Methods

The central research question guiding this study was: What challenges are faced by social workers in rendering family reunification services? To address this question, the study employed a mixed-methods approach, specifically an exploratory sequential mixed-methods design [59]. This design allowed the researcher to begin with a qualitative exploration of social workers' experiences and perspectives, from which key themes were identified. These qualitative insights then informed the development of the quantitative phase, which gathered additional data from a broader group of social workers. In reporting on the findings, the data sets were integrated to "place the qualitative and quantitative findings into a conversation" [60] to gain deeper insights into the reported challenges.

The research was conducted across five child protection organisations (CPOs) in Gauteng Province, South Africa. These organisations were purposively selected because each has more than 50 years of experience in child protection and provides services across urban, rural, and peri-urban settings, including farming and mining communities. Their service offerings span the full continuum of child protection work, including prevention and early intervention, investigation of abuse and neglect, removal and placement of children in alternative care, preparation of children's court reports, supervision of foster care placements, family reunification services, and post-reunification support. As part of their reunification mandate, the organisations offered services such as: (1) tracing biological parents, (2) skills development and poverty-alleviation initiatives, (3) therapy, counselling, and psychosocial support, (4) parenting-skills training, (5) referrals to specialised services, (6) facilitation of contact between children and their biological families, and (7) family conferencing. Including these organisations ensured that the study captured a realistic picture of family reunification practice within South African child protection.

Formal permission to conduct the study was obtained from the management of each organisation. Once approval was granted, management provided a list of employed social workers and their contact details. The researcher then invited eligible social workers to participate. Those who agreed completed informed consent forms before taking part in the study.

At the time of data collection, the five organisations collectively employed 183 social workers. Because it was not feasible to include all of them in the qualitative phase, a non-probability purposive sampling strategy was used. Eligibility criteria included willingness and availability to participate; at least two years of experience in family reunification services; experience working with diverse population groups; and a minimum of one year of employment within a participating organisation. Consistent with the exclusion criteria

articulated by Patino and Ferreira, individuals who did not provide informed consent or were unavailable during the data collection period were excluded from the study [61]. Data saturation was achieved after conducting interviews with 15 social workers, at which point no additional themes emerged, and responses began to exhibit repetition [59]. For the quantitative phase, total population sampling was used, targeting all 183 social workers across the five organisations. Total population sampling means involving all participants in the study [59]. Of these (183 potential respondents), 127 completed and returned the questionnaires, yielding a response rate of 69.4%. Although 56 social workers (30.6%) did not respond, the response rate was considered acceptable, given that questionnaires with 9–14 items typically achieve an average response rate of 56.28% [62].

Qualitative data were gathered through individual semi-structured interviews. The researcher used open-ended questions and employed probing, paraphrasing, clarification, and follow-up techniques to deepen understanding. With participants' permission, interviews were audio-recorded to ensure accurate, verbatim data capture and to allow the researcher to focus on active listening and meaningful engagement. Quantitative data were collected using a self-administered questionnaire developed by the principal researcher. The questionnaire was hand-delivered to each organisation, and participants were given two months to complete it. The principal researcher later returned to collect the completed questionnaires.

Qualitative data were analysed using Creswell's thematic analysis framework, which involved familiarisation with the data, coding, theme development, and report writing [59]. Trustworthiness was strengthened through strategies addressing credibility, reflexivity, transferability, and confirmability. Credibility was enhanced through prolonged engagement, repeated interviews until saturation, and multiple readings of transcripts to ensure accurate representation of participants' accounts. Transferability was supported by providing a detailed description of the research context and setting. Confirmability was ensured through transparent documentation of methodological procedures and careful maintenance of data records. To reduce researcher bias, the researchers consulted with the study supervisor during data analysis and interpretation. Reflexivity was addressed by acknowledging the researchers' extensive backgrounds in child protection and family reunification work and by maintaining a reflective journal to critically examine how personal experiences, assumptions, and values may have shaped the interpretation of findings.

Quantitative data were analysed using the Statistical Package for the Social Sciences (SPSS), version 23. Measures were taken to ensure the reliability and validity of data. Internal validity was strengthened through the careful construction of the questionnaire to ensure that the data generated were sufficiently robust to support credible and well-founded conclusions. To enhance external validity, efforts were made to ensure that the findings could be reasonably generalised to similar contexts and settings beyond the study sample. The reliability of the questionnaire as a data collection instrument was reinforced through several methodological strategies. These included the use of multiple items to measure key variables, the clarification of core concepts, the exclusion of ambiguous items, and the provision of clear instructions to promote consistency in responses. In addition, a pilot study was conducted to assess whether the instrument elicited relevant and meaningful responses aligned with the research objectives. Further assessment of reliability was undertaken through the application of Cronbach's Alpha test, which is a statistical measure of internal consistency. The test results indicated that the questionnaire had a Cronbach's Alpha of 0.897, which indicates a high level of reliability, suggesting that the questionnaire items were well-correlated and collectively measured the intended constructs with a strong degree of coherence.

Ethical approval for the study was granted by the institutional review board of a South African university. Ethical principles, including informed consent, avoidance of harm, and prevention of deception, were upheld throughout the research process. Confidentiality, anonymity, and privacy were protected through the de-identification of questionnaires and transcripts and by the use of coding systems that prevented any data from being linked to individual participants. Information was kept in a password-protected computer that researchers only had access to, whilst raw data was kept in a lockable cabinet located in an access-controlled office.

3. Results

3.1. *Biographic Details of Participants*

3.1.1. Participants in a Qualitative Study

The qualitative study included fifteen participants whose demographic and professional backgrounds reflected a diverse cross-section of individuals working within child protection organisations (CPOs) and the family reunification services (FRS) sector. The group consisted predominantly of women, with thirteen female participants and two male participants. Participants ranged in age from their early twenties to late fifties, with the largest proportion falling within the 20–29 and 30–39 age groups. In terms of racial identity, the sample included individuals identifying as Black, White, and of mixed heritage, with Black participants forming the majority. Years of employment at a CPO varied considerably, spanning from as little as two years to as many as twenty years. Similarly, participants' experience in FRS ranged from two to eighteen years, indicating a mix of early-career practitioners and highly experienced professionals. This combination of varied ages, racial backgrounds, and professional experience provided a rich and multifaceted foundation for exploring perspectives within the qualitative study.

3.1.2. Participants in a Quantitative Study

Among the 127 individuals who participated in the quantitative component of the study, 20% ($n = 26$) identified as male and 80% ($n = 101$) as female. In terms of age, the largest proportion of respondents, 43% (54), were between 20 and 29 years old. A further 36% (46) fell within the 30–39 age range, 17% (21) were aged 40–49, and 4% (6) were between 50 and 59 years of age. The sample was predominantly Black, representing 81.9% (104) of participants, while White respondents accounted for 13.4% (17), and 4.7% (6) identified as being of mixed racial heritage. Regarding experience in family reunification services, 66.4% (83 of 125) of the social workers reported having between 0.3 and seven years of involvement in this area. An additional 22.4% (28 of 125) indicated eight to 14 years of experience, whereas 11.2% (14 of 125) had accumulated more than 15 years working in family reunification services.

3.2. *Challenges Faced by Social Workers in Rendering Family Reunification Services*

The plethora of challenges that participants face in rendering family reunification services was mainly drawn from the findings of the qualitative study. The underpinned challenges in the quantitative study emerged from responses to various questions and cross-tabulation of data, as opposed to one particular question. As presented in Table 1 below, the challenges that participants face can be grouped under six themes, namely, institutional obstacles, infrastructural barriers, human resource challenges, poor relationships between biological parents and foster parents, challenges in working with biological parents, and uncooperative foster parents.

Table 1. Themes and sub-themes.

Themes	Sub-Themes
Section 3.2.1. Institutional Obstacles	Attitude of Social Workers to Family Reunification Services
	- Failure to keep proper records
	- Lack of motivation
	- Weighing priorities
Section 3.2.2. Infrastructural Barriers	- Lack of transparency
	Lack of Support from Supervisors
	Conflict Between Social Workers
	Inadequate Training of Social Workers
Section 3.2.3. Human Resource Challenges	Shortage of Cars
Section 3.2.4. Poor Relationship Between Biological Parents and Foster Parents	Lack of Access to Programmes
Section 3.2.5. Challenges in Working with Biological Parents	Lack of Contact with Children
	Non-Cooperation with Social Workers
	Holding Grudges Against Social Workers
	Prioritising New Relationships over Their Children
Section 3.2.6. Uncooperative Foster Parents	

The challenges that social workers encounter in rendering family reunification services are discussed below as themes and sub-themes.

3.2.1. Institutional Obstacles

Participants revealed that institutional obstacles affecting family reunification services stem from social workers' attitudes, lack of supervisory support, inter-worker conflict, and inadequate training. These factors collectively hinder the effective implementation of reunification processes.

Attitude of Social Workers to Family Reunification Services

Participants emphasised that social workers' attitudes significantly undermine family reunification services. These attitudes manifest in behaviours such as poor record-keeping, lack of motivation, failure to prioritise reunification, and limited transparency.

Failure to keep proper records

Participants consistently highlighted poor record-keeping as a critical barrier to continuity of care. The absence of detailed process notes and family information makes it difficult for subsequent social workers to continue interventions effectively. For instance, Participant 3 explained:

We are faced with a problem of social workers not wanting to keep records; they do not want to record the information or keep data. For example, a simple thing like a process note, they do not want to write it. At times, they do not even make a copy of the reports that they take to court. When there are no records, it then becomes a major challenge to render family reunification services. (P3)

This concern was further echoed by Participant 13, who emphasised the implications of incomplete family information:

Can social workers please gather as much information as they possibly can? They should ask for the addresses of the biological parents; they should also ask where

they live, their parents' names, their places of work and where the rest of the extended family is staying. In some cases, you find that in the file, it is only written that the mother is from Mpumalanga. But where exactly in Mpumalanga? (P13)

These narratives illustrate how inadequate documentation disrupts case continuity and undermines reunification efforts, particularly when cases are transferred between social workers. This finding is reinforced by quantitative results, where 97.6% (122 of 125) of participants emphasised the importance of proper record-keeping.

Lack of motivation

Another recurring issue was the perceived lack of motivation among some social workers, which participants linked to passive engagement with reunification cases. Participant 6 observed:

I think what you often find is that social workers are passive. I don't always know how to get them motivated to change and do things properly. (P6)

Similarly, Participant 9 noted:

It's a big problem. I come from one organisation where I was appointed as a reunification social worker, but I left because I found a job here. What I saw there was pathetic. Family reunification services were being neglected by social workers; they are not motivated to render family reunification services. (P9)

These accounts suggest that low motivation contributes to minimal effort and poor outcomes in reunification processes, despite strong evidence that social worker commitment is central to successful reunification, as indicated by 98.4% (125 of 127) of participants in the quantitative study.

Weighing priorities

Participants also indicated that reunification services are often deprioritised in favour of foster care supervision and administrative tasks. Participant 4 highlighted this tendency:

Family reunification is not adequately recognised; it comes after alternative care. Once I place a child in alternative care, I don't even think about family reunification. The next thing I am thinking about is when the placement order lapses. (P4)

In a similar vein, Participant 13 explained:

We feel that foster care supervision and monitoring are more important than family reunification services. You might find that I see the child or the foster family once a month, but with the biological family, it is a totally different story. At times, I contact them when I realise that the order is about to lapse. (P13)

Similarly, participant 7 noted that the lack of prioritisation of family reunification services stemmed from the organisational culture, which viewed it as less important than foster care services:

You know, when I arrived here at child welfare, they had a file full of forms, but they were only for foster care. Whatever form that you needed for foster care was there. But when it comes to family reunification services, there was nothing. Nobody cared about family reunification. (P7)

These insights demonstrate that reunification is often treated as secondary, which undermines its effectiveness as a core child protection objective.

Lack of transparency

Some participants stated that social workers who render family reunification services are sometimes not transparent with the biological parents; as a result, they derail family reunification. The social workers tended to disregard the actual reasons that had led to the removal of the child, but rather looked for additional reasons not to reunify the child. Participant 10 described how expectations are sometimes shifted unfairly:

But sometimes you can see that what brought the child to the system in the first place has changed, so now you want to reunify. We give them additional requirements and overlook the reasons that led to the removal of a child in the first place, making it difficult for reunification to occur. (P10)

Likewise, Participant 13 reflected on unrealistic expectations:

Life has improved. Why are we stopping the reunification? The reality is that not everyone can afford a four-roomed house, not everyone can get a job, not everyone can have all these things that we want the biological parents to have. We are, at times, unfair to them, very unfair. (P13)

The sentiments from participants regarding the changing of goalposts and the lack of transparency by social workers highlight the need for consistent, rights-based criteria in assessing reunification readiness. In confirmation of the qualitative findings, transparency of the social worker was indicated as an essential principle of family reunification by 92.1% (116 of 126) of participants in the quantitative study.

Lack of Support from Supervisors

Most participants consistently identified inadequate supervisory support as a major institutional barrier to effective family reunification. This lack of support manifested in logistical inefficiencies, delayed administrative processes, and insufficient professional guidance. For example, Participant 12 described how poor logistical support disrupts planned interventions:

At times, there is no support from the supervisors. For example, if I book a car a day or two before the case conference and inform the biological parents of the case conference, then when the day comes, and I go to the supervisor to ask for a car, I would be told that the supervisor forgot that I need a car. Then I will have to deal with the issues of having to postpone the case conference and end up disappointing the child and the family. (P12)

This account illustrates how seemingly minor administrative oversights can have direct consequences for children and families, delaying critical reunification processes. In addition, participants highlighted the emotional and professional strain caused by the absence of supervision. Participant 4 emphasised:

And it is difficult to deal with the pressure and stress, because sometimes there is no supervisor in the organisation, meaning there is no debriefing to say this is what I am facing, what should I do. This lack of supervision has such an effect on us. (P4)

This suggests that supervision is not only administrative but also essential for emotional support and decision-making in complex cases. Delays in report processing were also identified as a significant obstacle. Participant 5 explained:

The supervisor must not take too long to canalise reports; they must stop checking verbatim and going word by word, because we experience such a problem. It delays our process of reunification; you give in your report today, and it takes forever to come back from the supervisor because it is being marked for grammar

and English. At times, it takes a month without getting any response to your report, and this delays the process. (P5)

Taken together, these findings indicate that inadequate supervision disrupts both the efficiency and quality of reunification services, a concern reinforced by 97.6% (124 of 127) of participants in the quantitative study.

Conflict Between Social Workers

Most participants indicated that in cases where more than one social worker worked on a case, there tended to be misunderstandings between them. The social workers supervising foster care placements seemed to be pro-foster parents and did everything possible to block contact between a child and biological parents, whereas the social worker responsible for family reunification often felt obliged to take the side of biological parents and push for contact even though circumstances did not permit contact. Lack of a collective plan caused a lot of conflict, misunderstandings, bad atmosphere, and clashes between the two social workers, which often derailed the process of family reunification. Participant 8 described the difficulty of achieving consensus:

It is very difficult for a reunification worker to work with a foster care supervision worker; at times, we totally clash, disagree, and fail to find a middle ground. At times, as a reunification services worker, I want the children to visit their biological parents, but the foster care worker feels that they should not visit them. (P8)

This reflects the absence of coordinated planning, which is essential in multidisciplinary interventions. Similarly, Participant 14 highlighted how bias can influence professional conduct:

At times, the foster care supervision worker acts as a gatekeeper and blocks the process of family reunification. They do not give biological parents a chance; they still hold grudges against them and think of things that parents did ten years ago, and bring them into the case. Those types of social workers are very stubborn and difficult to work with. (P14)

These accounts demonstrate that conflict is not merely interpersonal but structural, stemming from a lack of shared goals and integrated planning. This is supported by quantitative findings, where 93% (117 of 125) of participants emphasised the need for synergy between social workers. It is unacceptable that social workers take sides instead of looking at what is in the best interest of the child.

Inadequate Training of Social Workers

Participants indicated that insufficient training in family reunification services compromises their ability to effectively implement these interventions. The social workers often had no clue about what their roles and responsibilities are as far as rendering family reunification services are concerned. Participant 3 reflected on gaps in professional education:

In my last year at the university, I did foster care. The only thing that I can still remember from the university is foster care, not family reunification. (P3)

This suggests a systemic bias in training curricula that prioritises alternative care over reunification. Participant 13 reinforced this concern by highlighting limited professional development opportunities:

We need training on family reunification. I have attended so many foster care trainings up to now, but can you believe that I have never attended any family reunification services training? The trainings that are available are all about foster

care, the Children's Act, court orders, placing children in alternative care, and there is nothing whatsoever for family reunification services. (P13)

These findings indicate that social workers are often ill-equipped to deliver reunification services, which may contribute to inconsistencies and inefficiencies in practice. The importance of training is further supported by 89.7% of participants in a quantitative study, who endorsed it as a key requirement for rendering family reunification services.

3.2.2. Infrastructural Barriers

Participants described infrastructural constraints as significant impediments to rendering family reunification services. The infrastructural barriers stemmed from the unavailability of resources, which resulted in a lack of transport and lack of access to programmes for biological parents.

Shortage of Cars

Participants stated that in the rendering of family reunification services, they needed to be in constant contact with the biological parents and, to do so, they needed to use cars to visit the parents. However, organisations that social workers work for have a shortage of cars; as such, restrictions were in place. Transport shortages were frequently cited as a barrier preventing social workers from maintaining regular contact with families. Participant 1 explained:

We are not adequately equipped; there is a lack of resources, especially cars. We must visit our biological parents regularly, but we are not able to do so due to the shortage of cars. (P1)

This highlights the direct relationship between resource availability and service delivery. Participant 12 added:

There is a serious shortage of vehicles. You find that when you need to attend a case conference with the biological parent, you are not able to do so because there is no car that day. (P12)

These accounts illustrate how logistical constraints delay essential interactions, ultimately affecting outcomes for children. Quantitative findings further confirm the importance of adequate transport. 117 of 126 (92.9%) participants indicated that for family reunification services to be rendered holistically, there should be adequate vehicles for social workers.

Lack of Access to Programmes

Some participants stated that although they had good intentions and wanted to render family reunification services as appropriately as possible, they faced an obstacle in the lack of access to programmes that address the needs of biological parents. Findings indicate the link between the lack of access to appropriate programmes for biological parents and a lack of resources to initiate such programmes, as evident in the following quote from participant 8:

The lack of resources is a very big problem; we must rely on the unreliable state programmes. The few resources that we have are so overwhelmed, and that is a big challenge. Most of my clients abuse drugs and alcohol; there is just no space for them to go for drug rehabilitation services. (P8)

This demonstrates how systemic resource shortages limit opportunities for parents to address underlying issues. Similarly, Participant 11 noted:

The major challenge is resources. You find out that you have a biological parent who has an alcohol abuse problem or who has a psychological problem, and this parent needs to go for regular assessments to improve herself, so that maybe one day the child will be placed back in her care. At the end of the day, we cannot find such programmes that parents need. (P11)

These findings reveal a critical gap between identified needs and available services, contributing to delayed or failed reunification efforts. This concern aligns with the views of 95.5% (119 of 124) participants in a quantitative study, who indicated that to ensure that social workers render holistic family reunification services, the government departments and child protection organisations should provide programmes that social workers can refer biological parents to.

3.2.3. Human Resource Challenges

Participants strongly emphasised human resource challenges in rendering family reunification services. They explained these as stemming from the shortage of social workers, which inevitably led to high caseloads. High caseloads, in turn, caused a delay in rendering family reunification services. The demographic profile of participants showed that participants had caseloads as high as 320 files per social worker. Due to high caseloads, some participants stated that they ended up only responding to crises and neglecting family reunification services. The interrelatedness of the shortage of social workers and high caseloads is reflected in the following views of participant 1:

Our workload is high; our caseload does not allow effective service delivery. I have 100 files, and this does not mean 100 children because, in some cases, you might find that there are three or four children in one file. If the issue of caseloads is not addressed, social workers will not have sufficient time to render family reunification services. (P1)

This reflects how excessive workloads compromise the quality of intervention. Participant 8 further noted:

One is not able to concentrate on one file at a given time, because you will have 60 other cases waiting for you. I only do urgent cases (foster care cases) and then end up neglecting other cases (family reunification cases). (P8)

This indicates that reunification is often deprioritised under pressure. Participant 11 added:

Due to a high caseload, we simply do not have the time to address the underlying issues. We end up just ensuring that orders do not lapse, instead of rendering the services that we are supposed to be rendering. So, it means that we are not doing what we are supposed to be doing, and that is so wrong on many levels. But what can we do when we have unrealistically high caseloads? (P11)

These accounts collectively demonstrate that high caseloads shift practice from developmental to administrative, undermining rights-based service delivery. Quantitative findings align with qualitative findings, indicating that 87.9% (119 of 124) of participants were of the view that for social workers to render holistic family reunification services, they should have a manageable caseload.

3.2.4. Poor Relationship Between Biological Parents and Foster Parents

Participants described strained relationships between biological and foster parents as a significant barrier to reunification. Biological and foster parents seemed to mistrust and be in competition with one another about being able to adequately look after the child.

Participant 9 voiced her views regarding acrimonious relationships between biological parents and foster parents as follows:

So, the challenge we have is that sometimes the foster parents get too attached to the children. They develop a close bond with them, and they find it very difficult when a child has to be reunified with biological parents. It is difficult for them to feel it is okay for the child to go. (P9)

This highlights emotional dynamics that complicate transitions. Participant 3 provided an example of interpersonal conflict:

The biological parent and the foster parent will fight endlessly, sometimes for no apparent reason. Sometimes when a biological parent decides to visit the child, she would complain that they did not comb the child's hair the way she wants. You know, such petty and trivial issues. (P3)

These findings suggest that unresolved tensions between caregivers hinder collaboration and disrupt reunification planning. This aligns with quantitative findings, where 91.2% (113 out of 124) participants indicated that it was important to strengthen the relationship between foster families and biological families. The finding can be linked to conflict between social workers, as indicated in an earlier theme. If the professionals have conflict, they certainly do not do much to facilitate good relationships between the foster and biological parents.

3.2.5. Challenges in Working with Biological Parents

Findings indicate that it is challenging for social workers to render family reunification services when biological parents are uncooperative. Parents are uncooperative when they have either given up, have lost hope in improving their circumstances, or simply do not want to address the reasons that led to the removal of the child. Some biological parents are said to hold grudges against social workers who removed their children from them and are still in denial over their living circumstances. Similarly, some participants stated that biological parents ran away from social workers out of fear that social workers might remove other siblings that had been born in place of a child that had been removed from their care. In addition, participants stated that some biological parents were in new relationships and felt that a child would disturb the stability in the relationship with their new partner. The subcategories that emerged from the challenge of uncooperative biological parents are: biological parents not maintaining contact with children, biological parents being uncooperative towards social workers, biological parents holding grudges against social workers, and prioritising new relationships over their children.

Lack of Contact with Children

Participants in a qualitative study stated that it was challenging to render family reunification services to some biological parents because they did not maintain active contact with their children in alternative care. These biological parents did so because of sheer reluctance, lack of care and concern for their children. The frustrations of participants regarding biological parents who do not maintain contact with their children in alternative care are captured below. Participant 4 described how inconsistent parental engagement affects children:

The other challenge is that a parent comes and says, I want my child back. Then we say it's fine, we are going to initiate a family reunification process. Then we start by making an appointment with them for the next session, but the biological parent is nowhere to be found, so this crushes the child. (P4)

This illustrates the emotional impact of disengagement. Participant 10 noted:

I think the biggest challenge is that most parents don't really care. They think the child is removed, so it's not their responsibility anymore, and they don't see it fit to have contact with the child. They have basically written off the child. (P10)

Participant 1 added:

Some biological parents reject their children. At times, you introduce a child to the biological parent, and that will be the end of it. They don't initiate any further contact; they just disappear. (P1)

These accounts highlight how a lack of contact undermines reunification readiness, despite its recognised importance. In support of the above findings, 86.4% (108 of 125) of participants in a quantitative study emphasised the importance of contact between biological parents and children, as an ingredient of successful family reunification.

Non-Cooperation with Social Workers

Many participants reported that one of the primary obstacles to providing effective family reunification services was the lack of cooperation from some biological parents. According to these participants, this resistance was reflected in parents' failure to attend substance-abuse treatment and parenting programmes arranged by social workers. In some cases, parents also missed scheduled appointments. The following excerpts illustrate the difficulties participants encounter when working with biological parents who are unwilling to engage. Participant 3 observed:

The main challenge I face with biological parents relates to their lack of compliance, especially those dealing with substance-use issues. We refer them for rehabilitation, but they often fail to meet the programme's expectations. (P3)

Participant 7 added:

Certain biological parents are unwilling to engage. They put minimal effort into the reunification process and frequently miss the sessions arranged for them. (P7)

These examples illustrate resistance to structured interventions, which delays progress. This is consistent with quantitative evidence linking cooperation to successful reunification. 96.1% (122 of 127) of participants in a quantitative study indicated that parents who cooperate with social workers and are willing to change their circumstances contribute to successful family reunification.

Holding Grudges Against Social Workers

The participants stated that it is challenging to work with biological parents because some of them still hold grudges against social workers over the removal of children from them. Some biological parents did not want to take responsibility for the removal of children and still believed that the child should not have been removed from them. These perceptions cause a negative atmosphere between biological parents and social workers, as evident in the following statements from Participant 8:

It's very sad that the biological parents are angry and do not want to work with us, and blame us for everything that has happened. Most of them have the attitude of "You take them away; you have to take care of them". (P8)

Participant 14 added:

From the first time that reunification social workers started coming into the picture, a lot has happened. So, the biological parents are already sceptical, suspicious, and angry at reunification social workers, and most of the time do not want anything to do with us. (P14)

Participant 6 noted:

I think sometimes people are very negative to the social worker since the social worker would have actually taken the children away. It is very difficult to have a good relationship when they often struggle to understand that you think the child cannot be in their care. (P6)

These sentiments demonstrate how mistrust and resentment undermine collaboration. This finding can be linked to the finding in sub-theme 3.2.5.2, which indicated that some biological parents do not cooperate with social workers.

Prioritising New Relationships over Their Children

Participants stated that, at times, it was challenging to work with biological parents who had found a new relationship with either a boyfriend or a newborn child. Participant 3 explained:

I had a case where a child was placed back with the biological mother, but the biological mother got a new boyfriend and started to neglect the child, giving all her attention to the boyfriend. (P3)

Participant 2 observed:

If they realise that they cannot have their children back, they end up having another child in an attempt to replace the child that has been removed. In their minds, they say, at least I have another child. They then tend to only focus on this new child and neglect having contact with a child in alternative care. (P2)

Participant 8 added:

The strange thing is that when we remove a child, they become pregnant again; they think in their minds that they are replacing that child. It's a weird thing that I observed. So, either they want them now, and if they can't have them, then they make other children and write off the child that has been removed from them. (P8)

These findings highlight shifting parental priorities, which complicate reunification efforts. This is aligned with the findings of a quantitative study, where 87.2% (109 of 125) participants indicated that a step-parent who did not accommodate the removed child made it challenging for family reunification to occur.

3.2.6. Uncooperative Foster Parents

Most participants stated that it is challenging to render family reunification services because some foster parents were uncooperative and did not understand their role and responsibility as foster parents. Some foster parents had over-bonded with the children and no longer wanted the biological parents to have access to them. Participant 1 expressed the challenges of uncooperative foster parents in the following words:

Some of the foster parents are uncooperative. They don't understand their responsibilities and rights as caregivers; they deny biological parents access to their children and don't want to have anything to do with biological parents. (P1)

Participant 13 emphasised:

The challenge that we face is that of foster parents who are not willing to engage. First and foremost, we need help from foster parents because they are the ones staying with children. You can't do it on your own, yet some foster parents do not feel comfortable with children having contact with their biological parents. (P3)

Participant 9 added:

So, it's an issue of the foster parent not willing to cooperate by bringing a child here at the office or allowing the child to visit the biological mother. The foster mother will come up with all sorts of reasons why a child should not visit the biological mother. (P9)

These responses indicate that resistance from foster parents restricts contact and delays reunification, underscoring the need for better role clarification and support.

4. Discussion

Findings from the study shed light on various challenges faced by social workers in rendering family reunification services. Being aware of the challenges presents an opportunity for stakeholders (including social workers, child protection organisations and government departments) to self-reflect, self-introspect, and identify areas of improvement to minimise the challenges so that children can be accorded their rights to family reunification. The findings of this study point not merely to a set of discrete operational challenges, but to a structurally constrained child protection system in which organisational logics, resource scarcity, and professional discretion interact in ways that undermine the realisation of children's and families' rights to reunification. A rights-based perspective foregrounds the obligations of the state and its agents as duty bearers; however, the data illustrate how everyday practice often departs from these normative commitments. Rather than viewing poor record-keeping, low motivation, fragmented practice, and limited parental engagement as isolated shortcomings, this discussion interprets them as mutually reinforcing features of a system under strain.

A central concern is the erosion of administrative integrity, particularly in relation to record-keeping. Inadequate documentation does not simply reflect individual negligence; it signals a deeper misalignment between bureaucratic demands and practice conditions. As noted by Chadambuka and Chikadzi, the failure to capture even basic information, such as parental addresses, compromises tracing processes and delays reunification [52]. Within a rights-based framework, information management is not a technical add-on but a foundational requirement for ensuring accountability, continuity of care, and procedural fairness. Poor record-keeping thus becomes a mechanism through which rights are indirectly violated, as it disables timely service delivery and weakens the evidentiary basis for decision-making. This problem is exacerbated by high caseloads and administrative overload [6], suggesting that documentation failures are embedded in systemic constraints rather than solely in worker attitudes.

The apparent "passivity" or lack of motivation among social workers must also be interpreted beyond individual deficit explanations. While Chauke [51], McFadden et al. [63], and Khanyi and Malesa [53] link low morale to burnout, poor working conditions, and resource shortages, the present findings suggest that motivation is structurally mediated by what workers perceive as achievable and valued within the system. When organisational performance indicators prioritise statutory compliance (e.g., court processes, foster care supervision) over developmental outcomes such as reunification, social workers may rationally deprioritise reunification activities. In this sense, "passivity" may reflect a form of constrained agency shaped by institutional pressures rather than a lack of professional commitment. This interpretation aligns with broader critiques of managerialism in social work, where compliance-driven environments narrow the scope for relational and rights-based practice.

The tension between foster care supervision and reunification work illustrates how competing mandates within the child protection system generate fragmented practice. As De Villiers observes, administrative and court-related demands often crowd out reunification efforts [64]. From a rights-based perspective [65], this prioritisation is problematic

because it undermines children's rights to family life and participation [17]. Importantly, the findings reveal that these competing priorities are not only temporal but relational. The disconnect between foster care social workers and reunification workers contributes to inconsistent communication, conflicting expectations, and ultimately strained relationships among all stakeholders. Fragmented services undermine a holistic approach to reunification service delivery as per the prescripts of a rights-based approach [25]. This fragmentation cascades outward, often undermining cooperation between foster and biological parents and reinforcing distrust among birth parents, who may already perceive the system as punitive or intrusive [66–68]. Thus, organisational disjunctures at the professional level translate into relational breakdowns at the family level, compounding barriers to reunification.

Closely linked to fragmentation is the lack of transparency in decision-making. The findings suggest that some social workers withhold information or fail to engage families openly about reunification processes. While this may be partly attributable to workload pressures or uncertainty, it raises critical concerns about rights-based practice. Transparency, participation, and accountability are core principles of a rights-based approach [13,43], and their absence signals a drift toward paternalistic decision-making. Lombard emphasises fairness and openness, yet the findings indicate that families are not consistently treated as active rights holders [69]. Moreover, when children's voices are marginalised, as noted by Save the Children, the "best interests" principle risks being interpreted in a narrow, adult-centric manner [70]. This suggests that the gap between policy ideals and practice realities is not merely technical but deeply normative. Transparency in social work practice is necessary for ensuring that social work practice does not violate human rights [23].

Supervisory deficits further intensify these challenges. As Nhedzi and Makofane indicate, insufficient supervision leaves social workers without the reflective space and guidance needed to navigate complex reunification cases [67]. Supervision, as argued by Sibanda, is not only a support mechanism but a key instrument for empowering social workers to provide efficient and effective family reunification services, reinforcing ethical and rights-based practice [18]. Its absence contributes to inconsistent decision-making, diminished accountability, and reduced professional confidence, which in turn affect service quality. When combined with inadequate training, this creates a workforce that is simultaneously overburdened and underprepared, conditions that are incompatible with the demands of effective reunification practice. Insufficient training often leads to misunderstandings and misconceptions among social workers on their role in exercising their child protection mandates [7]. Inadequate training means social workers are not familiar with the legislation on family reunification services, as observed in a study by Patel and Hochfeld, which found that social workers felt ill-equipped in meeting their social service legislative requirements [71]. Lack of training in family reunification results in confusion and misunderstandings among service providers, which in turn derail service provision. As Herselman et al. note, the training of child protection social workers should incorporate guidelines on rendering family reunification services [50]. Capacity building and empowerment, through training and induction, are some of the key features of a rights-based approach [43].

Resource constraints remain a pervasive structural barrier. While Dominelli encourages innovative responses to scarcity, the South African context demonstrates the limits of such expectations [72]. In alignment with empirical evidence of studies by Herselman et al. [50], Sibanda and Ngwabi [7], and Dlamini and Sewpaul [73], the study findings reveal that material shortages, such as a lack of transport, directly impede service delivery. From a rights-based standpoint, these constraints reflect a failure of the state to fulfil its obligations as a duty bearer [58]. Crucially, resource scarcity interacts with high caseloads [52,74], leading to a shift from relational to procedural practice. As Roberts notes, reduced contact time

weakens relationships with families, which are essential for successful reunification [75]. This shift reinforces a cycle in which limited engagement fosters parental resistance, which in turn undermines reunification efforts.

Closely linked to resource constraints, the study findings revealed that the persistent challenge of lack of access to programmes needed for facilitating family reunification by addressing issues that contributed to the removal of children. This finding is confirmed in the literature by Nhedzi and Makofane, who note that families often struggle to access specialised services of psychologists and drug rehabilitation specialists [67]. This is the case despite the pivotal role played by state psychologists in assessing families to provide intervention plans and recommendations. According to Sibanda and Ngwabi, the lack of access to programmes stems from inadequate funding of the South African child protection sector [7]. Lack of access to programmes is against the principle of universal access, which is one of the key principles of the rights-based approach [13]. The principle of universal access rests upon the fact that all human rights are universal and inalienable, that everyone is a rights holder, and that the state has the responsibility to respect and protect human rights [76]. From a rights-based approach, social welfare services should be available to all vulnerable groups. No individual or group should be denied access because of a lack of resources [58].

The issue of parental non-cooperation must also be critically re-examined. While the literature often attributes reunification failure to parental behaviour [74,77], the findings suggest a more complex dynamic shaped by distrust, stigma, and prior negative interactions with the system. Parents' reluctance to engage may be understood as a response to perceived surveillance and control rather than a simple lack of commitment. As Gockel et al. [68] and Nhedzi and Makofane [67] note, feelings of anger and fear towards social workers are common. At times, birth parents remain in denial about the nature of their problems and refuse to engage in services; and in these cases, family reunification becomes a distant possibility [17]. Relationship problems between different professionals involved in family reunification services stem from the fact that they allocate inadequate time to building relationships between different stakeholders. A rights-based approach would require addressing these relational ruptures by rebuilding trust and recognising parents (rights holders) as partners of social workers (duty bearers) rather than obstacles [76]. Failure to do so risks reproducing adversarial relationships that further impede reunification.

Taken together, the findings reveal a system in which structural constraints, organisational cultures, and relational dynamics converge to undermine family reunification. The challenges identified, poor record-keeping, low motivation, competing priorities, limited transparency, inadequate supervision and training, resource shortages, and parental resistance, are not discrete issues but interconnected elements of a broader systemic problem. A critical implication is that improving reunification outcomes requires more than technical fixes; it demands systemic reform that aligns organisational practices with rights-based principles. This includes rebalancing workloads, strengthening inter-professional collaboration, investing in training and supervision, ensuring adequate resourcing, and fostering more participatory and transparent engagement with families. Without such shifts, the gap between the normative commitments of South Africa's child protection framework and the lived realities of practice is likely to persist.

5. Conclusions

The study found that social workers in South Africa face interconnected institutional, infrastructural, human resource, and relational challenges in delivering family reunification services. Key barriers include negative attitudes, poor supervision, lack of training, resource shortages, high caseloads, and conflict among stakeholders. From a rights-based

perspective, these challenges hinder the fulfilment of children's rights to family care, stability, and meaningful parental contact. Resource constraints and systemic weaknesses further delay reunification and limit parents' ability to address underlying issues. From a rights-based approach, the government, as a duty bearer, has a responsibility to ensure that adequate infrastructural, institutional, and human resources are available for rendering family reunification services. Strained relationships will always challenge the rendering of effective family reunification services due to the various parties sabotaging each other and looking at their own interests instead of the interests of the child. Therefore, from a rights-based approach that encourages collaborations and partnerships, efforts should be made to improve relationships among all stakeholders in the family reunification sphere.

The application of a rights-based approach in rendering family reunification services presents an opportunity for addressing challenges faced by social workers in rendering family reunification services. It underscores the importance of empowering and capacitating social workers to render efficient, effective, and timely family reunification services. The findings highlight the need for integrated reforms, including improved supervision, targeted training, better resource allocation, and reduced caseloads. Strengthening collaboration between social workers, biological parents, and foster parents is also critical. Overall, the study underscores the importance of reorienting child protection services towards a rights-based approach that prioritises effective and timely family reunification in the best interests of the child.

5.1. Limitations of the Study

Although the study was systematically designed to ensure methodological rigour and analytical depth, several limitations warrant consideration. First, participants were drawn from five established child protection organisations with substantial experience in service delivery. While this facilitated access to knowledgeable respondents across varied practice contexts, the findings may not fully reflect the experiences of all social workers engaged in family reunification in South Africa, particularly those working in under-resourced, smaller, or rural organisations beyond Gauteng Province.

Second, despite the use of total population sampling within the selected organisations, the overall response rate of 69.4% raises the possibility of non-response bias. It is plausible that the perspectives of the 30.6% of eligible participants who did not respond differ in meaningful ways from those who participated, thereby potentially affecting the broader applicability of the findings. The relatively small sample size presents an important limitation; a larger and more diverse sample could have captured a broader range of experiences, organisational contexts, and regional variations in service delivery. A small sample narrows the scope of perspectives represented, limiting the extent to which the findings can be applied to the wider population of social workers and child protection organisations across South Africa. This limitation highlights the need for future studies to replicate and extend this research using a larger, nationally representative sample. Such studies should involve a wider array of child protection organisations, including those operating in rural, peri-urban, and urban settings, and should incorporate a greater number of social workers with varied levels of experience and professional backgrounds. Doing so would enhance the robustness, transferability, and policy relevance of future findings.

Third, the study relied on self-reported data obtained through semi-structured interviews and structured questionnaires. Such data are inherently susceptible to factors such as social desirability bias, recall inaccuracies, and subjective interpretation. Participants may have minimised reported challenges or emphasised rights-based approaches in ways that align with professional norms and expectations. Fourth, the cross-sectional design constrains the ability to examine developments in reunification practices or outcomes over

time. A longitudinal approach would yield more nuanced insights into the durability of reunification efforts and the shifting nature of challenges encountered by social workers.

Finally, although the researchers' professional experience in family reunification enhanced contextual sensitivity and facilitated participant engagement, it may also have shaped data interpretation. Reflexive strategies, including the use of a reflective journal and ongoing supervisory consultation, were employed to mitigate potential bias; however, the possibility of residual subjectivity cannot be entirely discounted.

5.2. Significance and Implications of the Study

The findings contribute to a deeper understanding of the challenges faced by practitioners, the systemic barriers that influence decision-making, and the opportunities for strengthening service delivery. As such, the study offers an important foundation for the development of comprehensive, contextually grounded family reunification services for children in alternative care. This study reinforces that a rights-based approach is essential for strengthening family reunification services in South Africa. Central to such an approach is the recognition that children and their families have inherent rights to dignity, participation, family life, and non-discrimination, as articulated in the Constitution of South Africa and the UN Convention on the Rights of the Child. The findings show that strong, trust-based relationships between social workers and families are critical for realising these rights in practice. Transparent communication, shared planning, and supportive guidance help reduce parental anxiety and foster meaningful engagement, enabling families to participate actively in decisions that affect them. Relationship-driven practice that is grounded in empathy, respect, and a commitment to the child's best interests supports the fulfilment of children's rights to family reunification.

Regular contact between social workers and birth parents increases the likelihood of reunification by strengthening the relationships. Consistent engagement not only reduces mistrust but also ensures that parents receive the information and support necessary to exercise their right to family reunification and to access services that address the causes of removal. However, high caseloads continue to undermine family reunification efforts. Excessive workloads are against the principles of a rights-based approach to family reunification because they limit the time available for meaningful engagement, compromise service quality, and may expose families to further harm. Reducing caseloads is therefore essential for enabling social workers to uphold children's rights to timely family reunification.

The study also highlights the importance of supporting foster parents as partners in the reunification process. Ongoing training and collaboration with foster parents and biological parents enhance reunification outcomes and promote children's rights to continuity of care and stable relationships. Overall, the study findings demonstrate that successful reunification depends on three interconnected pillars: rights-based participation of children and families, respectful and empowering relationships among all stakeholders, and consistent contact that supports the child's right to family life.

5.3. Recommendations

The addressing of challenges faced by social workers in rendering family reunification services requires well-thought-through institutional, infrastructural, inter-personal, relational, policy, and human resource arrangements. As such, the following recommendations are made.

- Child protection organisations should collaborate with social work training institutions to develop programmes that embed rights-based and empowerment-oriented approaches.

- Social workers should design creative, context-specific methods to motivate parental participation in programmes addressing the causes of removal.
- The Department of Social Development should convene annual reunification conferences where social workers share successful and challenging cases. These platforms would promote collective learning, strengthen professional networks, and support the realisation of children's rights to family reunification.
- Child protection organisations should develop policies guiding relationship-building activities. Accountability mechanisms, such as monthly reporting on home visits and annual reporting on reunification outcomes, can help ensure that children's rights to timely reunification are upheld.
- Universities should collaborate with the Department of Social Development to conduct further research on ways to address challenges faced by social workers in rendering family reunification services.

Author Contributions: Conceptualization, S.S., D.D., T.P. and F.L.; methodology, S.S., D.D., F.L. and T.P.; software, S.S. and F.L.; validation, S.S. and D.D.; formal analysis, S.S., D.D., F.L. and T.P.; investigation, S.S.; resources, S.S., F.L., D.D. and T.P.; data curation, S.S., D.D., T.P. and F.L.; writing—original draft preparation, S.S., D.D., F.L. and T.P.; writing—review and editing, S.S., D.D., F.L. and T.P.; visualization, S.S., D.D., F.L. and T.P.; project administration, S.S. All authors have read and agreed to the published version of the manuscript.

Funding: This research received no external funding.

Institutional Review Board Statement: The study was conducted in accordance with the Declaration of Helsinki, and the protocol was approved by the Institutional Review Board of the University of Pretoria, South Africa (Project identification code 20160932HS) on 30 September 2016.

Informed Consent Statement: Informed consent was obtained from all participants involved in the study.

Data Availability Statement: The datasets presented in this article are not readily available because of ethical restrictions.

Conflicts of Interest: The authors declare no conflict of interest.

References

1. Sibanda, S. A System Stretched Beyond Its Elastic Limits: The South African Foster Care Grant System. *Soc. Incl.* **2025**, *13*, 10649. [CrossRef]
2. Masinga, P.; Sibanda, S. Measures to Address and Prevent School-Based Violence in South Africa: An Ecological Systems Perspective. *J. Soc. Serv. Res.* **2026**, *52*, 214–229. [CrossRef]
3. Hall, K.; Posel, D. Fragmenting the Family? The Complexity of Household Migration Strategies in Post-apartheid South Africa. *IZA J. Dev. Migr.* **2019**, *10*, 4. [CrossRef]
4. Kah, H.K. From foster care to enslavement: What future for Africa's social security system? *Mod. Afr. Politics Hist. Soc.* **2015**, *3*, 75–100.
5. Children's Institute. Statistics on Children in South Africa. 2025. Available online: <https://www.childrencount.uct.ac.za/domain.php?domain=1> (accessed on 12 June 2025).
6. Sibanda, S.; Lombard, A. Challenges faced by social workers working in child protection services in implementing the Children's Act 38 of 2005. *Soc. Work/Maatskaplike Werk* **2015**, *51*, 332–353. [CrossRef]
7. Sibanda, S.; Ngwabi, N.T. "New cloth on an old garment"—Barriers in transforming and implementing foster care services from a developmental approach in South Africa. *Child Prot. Pract.* **2025**, 100126. [CrossRef]
8. Vivier, T.L. What You Need to Know About Fostering in South Africa, Experts Share. 2023. Available online: <https://www.goodthingsguy.com/lifestyle/fostering-know-how> (accessed on 13 April 2026).
9. Life Changer. Working with Children in Care. 2025. Available online: <https://www.lifechangersa.org/children-in-care> (accessed on 24 January 2026).
10. Republic of South Africa (RSA). *The Children's Act, 38 of 2005, Government Gazette*; Government Printers: Pretoria, South Africa, 2005; Volume 492.

11. United Nations. Convention on the Rights of the Child. 1989. Available online: https://downloads.unicef.org.uk/wp-content/uploads/2010/05/UNCRC_united_nations_convention_on_the_rights_of_the_child.pdf (accessed on 20 March 2025).
12. Sibanda, S. Addressing challenges faced by social workers in providing family reunification services to children in out-of-home care: A South African Perspective. *Pract. Soc. Work Action* **2025**, *37*, 421–436. [\[CrossRef\]](#)
13. Department of Social Development. *Framework for the Provision of Developmental Social Welfare Services*; Government Printers: Pretoria, South Africa, 2013.
14. Sibanda, S.; Lombard, A. The nature of family reunification services in the Gauteng Province. *Soc. Work/Maatskaplike Werk* **2022**, *58*, 332–348. [\[CrossRef\]](#)
15. DuBois, B.; Miley, K.K. *Social Work: An Empowering Profession*, 9th ed.; Pearson: Harlow, UK, 2019.
16. Mamukeyani, E. Difficulties Experienced by Caregivers of HIV/AIDS Orphans: A Qualitative Study for Rural-Based Caregivers. *Open Access Libr. J.* **2021**, *8*, e6721. [\[CrossRef\]](#)
17. Sibanda, S.; Doh, D.; Lekganyane, R.; Tladi-Mapefane, O. Family Reunification Is a Distant Possibility for Some Children in Alternative Care: Practice Perspectives from South African Social Workers. *Soc. Sci.* **2026**, *15*, 226. [\[CrossRef\]](#)
18. Sibanda, S. A Holistic Family Reunification Services Model for Children in Alternative Care. Doctoral Thesis, University of Pretoria, Pretoria, South Africa, 2022.
19. Smith, G.; Lidström, M. Reunification—A Difficult and Lengthy Process. A Qualitative Study Examining Social Workers' Experiences of the Reunification Process in South Africa. Doctoral Thesis, Jönköping University, Jönköping, Sweden, 2020.
20. Fernandez, E.; Lee, J. Accomplishing Family Reunification for Children in Care: An Australian Study. *Child. Youth Serv. Rev.* **2013**, *35*, 1374–1384. [\[CrossRef\]](#)
21. Sibanda, S.; Berejena Mhongera, P. Livelihood Strategies for Adolescent Girls Transitioning out of Residential Childcare Facilities: A Zimbabwean Perspective. *Societies* **2025**, *15*, 293. [\[CrossRef\]](#)
22. Epworth Children's Village. Caring for Orphaned Children: A Look at What's Involved. 2015. Available online: <http://www.epworthvillage.org.za> (accessed on 24 February 2025).
23. Sibanda, S. Best practices for rendering family reunification services to children in alternative care placements in South Africa. *Child Prot. Pract.* **2025**, *5*, 100182. [\[CrossRef\]](#)
24. Morris, K.M.; Archard, P.J.; Laird, S.E.; Clawson, R. Family experiences of children's social care involvement following a social work change programme. *J. Soc. Work Pract.* **2018**, *32*, 237–250. [\[CrossRef\]](#)
25. Sibanda, S. Components of a holistic family reunification services model for children in alternative care—A South African Perspective. *Afr. J. Soc. Work.* **2025**, *15*, 84–91. [\[CrossRef\]](#)
26. Sibanda, S. Measures to Ensure that Social Workers Render Holistic Family Reunification Services: A South African Perspective. *Child. Soc.* **2026**, *40*, 580–589. [\[CrossRef\]](#)
27. Neville, S.E.; Wakia, J.; Hembling, J.; Bradford, B.; Saran, I.; Lombe, M.; Crea, T.M. Development of a child-informed measure of subjective well-being for research on residential care institutions and their alternatives in low-and middle-income countries. *Child Adolesc. Soc. Work J.* **2025**, *42*, 543–560. [\[CrossRef\]](#) [\[PubMed\]](#)
28. Gozho, C.S.; Muzingili, T.; Muchuchu, S.; Sithole, J.D.S. Deinstitutionalization as a child protection strategy for residential institutions in Zimbabwe. *J. Soc. Work* **2026**. [\[CrossRef\]](#)
29. US Department of Education. Students in Foster Care. 2026. Available online: <https://www.ed.gov/teaching-and-administration/supporting-students/special-populations/students-foster-care/students-in-foster-care> (accessed on 20 June 2026).
30. Tladi, O.; Sibanda, S. Money in Foster Care: An Exploration of How Foster Care Grants Are Used by Foster Parents in South Africa. *J. Soc. Serv. Res.* **2026**, *52*, 522–535. [\[CrossRef\]](#)
31. Gwenzi, G.D. The transition from institutional care to adulthood and independence: A social services professional and institutional caregiver perspective in Harare, Zimbabwe. *Child Care Pract.* **2019**, *25*, 248–265. [\[CrossRef\]](#)
32. Ntali, E. Zimbabwe: Zim Moves Away from Orphanages in Major Child Care Reform. 2026. Available online: <https://allafrica.com/stories/202605070361.html> (accessed on 17 May 2026).
33. Cashmore, J.; Wulczyn, F. Pathways of Care: A Longitudinal Study of Children in Care in Australia: Introductory Article for Special Issue on Pathways of Care Longitudinal Study. *Child Abus. Neglect.* **2024**, *149*, 106586. [\[CrossRef\]](#) [\[PubMed\]](#)
34. Cunningham, T.; Bastian, C.; Seymour, K.; Wendt, S. *Reunification: Rapid Literature Review*; Flinders University: Bedford Park, Australia, 2021.
35. Fernandez, E.; Delfabbro, P.; Ramia, I.; Kovacs, S. Children returning from care: The challenging circumstances of parents in poverty. *Child. Youth Serv. Rev.* **2019**, *97*, 100–111. [\[CrossRef\]](#)
36. Fernandez, E.; Delfabbro, P. *Child Protection and the Care Continuum*, 1st ed.; Routledge: London, UK, 2020.
37. Neil, E.; Gitsels, L.; Thoburn, J. Returning children home from care: What can be learned from local authority data? *Child Fam. Soc. Work.* **2020**, *25*, 548–556. [\[CrossRef\]](#)
38. Kirst-Ashman, K.K. *Introduction to Social Work and Social Welfare. Critical Thinking Perspective*, 4th ed.; Brooks/Cole, Cengage Learning: Independence, KY, USA, 2013.

39. UNICEF. Child Protection. 2021. Available online: <https://www.unicef.org/protection> (accessed on 13 August 2025).
40. Child Welfare Information Gateway. *Supporting Reunification and Preventing Re-Entry into Out-of-Home Care*; U.S. Department of Health and Human Services: Washington, DC, USA, 2012.
41. Fernandez, E. Child Protection and Vulnerable Families: Trends and Issues in the Australian Context. *Soc. Sci.* **2014**, *3*, 785–808. [CrossRef]
42. Masuka, T.; Sibanda, S.; Tladi-Mapefane, O. “It Takes a Village to Raise a Child”: Asset-Based Community Development as a Pathway to Integrated Social Protection for Sustainable Child Protection in Zimbabwe. *Soc. Sci.* **2026**, *15*, 267. [CrossRef]
43. Androff, D. *Practicing Rights: Human Rights-Based Approaches to Social Work Practice*; Routledge: London, UK, 2016.
44. Sewpaul, V. Social work and poverty reduction in Africa: The indelible reality. In *Professional Social Work in East Africa: Towards Social Development, Poverty Reduction and Gender Equality*; Splitzer, H., Twikirize, J.M., Wairire, G.G., Eds.; Fountain Publishers: Kampala, Uganda, 2014.
45. Children’s Bureau. *The AFCARS Report: Preliminary FY 2009 Estimates as of July 2010*; U.S. Department of Health and Human Services: Washington, DC, USA, 2010.
46. National Planning Commission. *National Development Plan 2030: Our Future—Make It Work*; Government Printers: Pretoria, South Africa, 2011. Available online: https://www.gov.za/sites/default/files/gcis_document/201409/ndp-2030-our-future-make-it-workr.pdf (accessed on 13 February 2026).
47. SACSSP. Registration with the South African Council for Social Service. 2024. Available online: <https://www.sacssp.co.za/> (accessed on 13 February 2024).
48. Sibanda, S.; Ndamba, F. Now the solution is here—Social assistance for orphaned children: The extended Child Support Grant. *Soc. Work.* **2023**, *59*, 42–57. [CrossRef]
49. Patel, L.; Schmid, J.; Hochfeld, T. Transforming social work services in South Africa: Perspectives of NPO managers. *Adm. Soc. Work.* **2012**, *36*, 212–230. [CrossRef]
50. Herselman, M.; Schiller, U.; Tanga, P. Is the developmental social welfare approach to child protection services working? voices of children, families, and social workers in the Eastern Cape, South Africa. *Soc. Work/Maatskaplike Werk* **2023**, *59*, 64–87. [CrossRef]
51. Chauke, M.T. The Role of Employee Assistance Programme in Managing the Morale of Social Workers in the Department of Social Development, Greater Tzaneen Office, Limpopo Province. Master’s Dissertation, University of Pretoria, Pretoria, South Africa, 2018.
52. Chadambuka, C.; Chikadzi, V. Challenges faced by social workers when reunifying children with their families in South Africa. *J. Soc. Dev. Afr.* **2020**, *333*, 195–223.
53. Khanyi, V.; Malesa, K.J. Challenges faced by Social Workers in rendering services to Nyaope substance users. *Soc. Work/Maatskaplike Werk* **2022**, *58*, 30. [CrossRef]
54. Wronka, J. *Human Rights and Social Justice: Social Action and Service for the Helping and Health Professions*, Revised and Expanded 3rd ed.; Cognella Academic Publishing: San Diego, CA, USA, 2024.
55. Murenje, M.; Sibanda, S. A Human Rights-Based Perspective on the Integration Experiences and Vulnerabilities of Zimbabwean Migrants Living in Johannesburg, South Africa. *Genealogy* **2026**, *10*, 8. [CrossRef]
56. Department of Social Development. *White Paper on Families in South Africa*; Government Printers: Pretoria, South Africa, 2012.
57. Boesen, J.K.; Martin, T. *Applying a Rights-Based Approach: An Inspirational Guide for Civil Society*; The Danish Institute for Human Rights: Copenhagen, Denmark, 2007.
58. Patel, L. *Social Welfare and Social Development*, 2nd ed.; Oxford University Press: Cape Town, South Africa, 2015.
59. Creswell, J.W. *Research Design: Qualitative, Quantitative, and Mixed Method Approaches*, 4th ed.; Sage Publications: London, UK, 2014.
60. Fielding, N.G. Triangulation and mixed methods designs: Data integration with new research technologies. *J. Mix. Methods Res.* **2012**, *6*, 124–136. [CrossRef]
61. Patino, C.M.; Ferreira, J.C. Inclusion and Exclusion Criteria in Research Studies: Definitions and Why They Matter. *J. Bras. Pneumol.* **2018**, *44*, 84. [CrossRef] [PubMed]
62. Liu, M.; Wronski, L. Examining completion rates in web surveys via over 25,000 real-world surveys. *Soc. Sci. Comput. Rev.* **2018**, *36*, 116–124. [CrossRef]
63. McFadden, P.; Campbell, A.; Taylor, B. Resilience and burnout in child protection social work: Individual and organisational themes from a systematic literature review. *Br. J. Soc. Work.* **2015**, *45*, 1546–1563. [CrossRef]
64. De Villiers, A. The Role of the Social Worker in the Reunification of Foster Children with Their Biological Parents. Master’s Dissertation, University of Stellenbosch, Stellenbosch, South Africa, 2008.
65. Ife, J. *Human Rights and Social Work. Towards Rights-Based Practice*, 3rd ed.; Cambridge University Press: Cambridge, UK, 2012.
66. Sibanda, S.; Masinga, P. A child protection issue: Exploring the causes of school-based violence in South Africa from a bio-ecological systems perspective. *Child Prot. Pract.* **2025**, *5*, 100186. [CrossRef]
67. Nhedzi, F.; Makofane, M. The experiences of social workers in the provision of family preservation services. *Soc. Work/Maatskaplike Werk* **2015**, *51*, 354–378. [CrossRef]

68. Gockel, A.; Russell, M.; Harris, B. Recreating family: Parents' identity worker-client relationships as paramount in family preservation programs. *Child Welf.* **2008**, *87*, 91–113.
69. Lombard, A. Social work and family services. In *Handbook of Social Policy and Development*; Midgley, J., Surender, R., Alferts, L., Eds.; Edward Elgar Publishing: Cheltenham, Australia, 2019.
70. Save the Children. National Child Participation Framework. 2018. Available online: <http://www.savethechildren.Org.za/sci-za/files/b3/b35b6961-cbb7-4693-a9a1-f0ba2f57cbbd.pdf> (accessed on 12 September 2025).
71. Patel, L.; Hochfeld, T. Developmental social work in South Africa: Translating policy into practice. *Int. Soc. Work.* **2013**, *56*, 690–704. [[CrossRef](#)]
72. Dominelli, L. Globalisation, contemporary challenges, and social work practice. *Int. Soc. Work.* **2010**, *53*, 599–612. [[CrossRef](#)]
73. Dlamini, T.T.; Sewpaul, V. Rhetoric versus reality in social work practice: Political, neoliberal and new managerial influences. *Soc. Work/Maatskaplike Werk* **2015**, *51*, 467–481. [[CrossRef](#)]
74. Strydom, M. The implementation of family preservation services: Perspectives of social workers at NGOs. *Soc. Work/Maatskaplike Werk* **2010**, *46*, 192–208. [[CrossRef](#)]
75. Roberts, L. Time to change? Exploring the impact of time-limited service provision in a family support service. *Child Fam. Soc. Work.* **2017**, *22*, 21–30. [[CrossRef](#)]
76. Sano, O. The driver of human rights in charge of development. In *Human Rights and Development in the New Millennium*, 1st ed.; Gready, P., Vandenhoe, W., Eds.; Routledge: London, UK, 2014.
77. D'Andre, A.C. *Understanding Reunification Services Delivery Models in California Counties*; California Social Work Education Centre: Berkeley, CA, USA, 2013.

Disclaimer/Publisher's Note: The statements, opinions and data contained in all publications are solely those of the individual author(s) and contributor(s) and not of MDPI and/or the editor(s). MDPI and/or the editor(s) disclaim responsibility for any injury to people or property resulting from any ideas, methods, instructions or products referred to in the content.