



**EXPLORING CHILD PROTECTION SOCIAL WORKERS’  
PERCEPTIONS OF HOW THEIR EXPERIENCE OF WORK AND  
WELL-BEING INFLUENCE EACH OTHER.**

A minor dissertation submitted in partial fulfilment of the requirements for the  
award of the degree of

**MASTERS IN CLINICAL SOCIALWORK**

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2021

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## ACKNOWLEDGEMENTS

I would like to take this opportunity to thank the following people without whom this study would not have been possible.

God, my constant, never-failing source of peace, hope and comfort. Through this and every other journey.

My supervisor, Fatima Williams, for her patience, empathy, prompt feedback, expertise and motivation during this process. You are truly an exceptional supervisor and a dynamic and inspirational woman.

I extend my warmest thanks to the ACVV, for embracing this research initiative and allowing me to connect with their employees.

To the participants, for being generous with their time and vulnerable in sharing their stories. This research is dedicated to child protection social workers, the unsung heroes of society, going above and beyond their duty in protecting children and supporting families. You are seen, you are appreciated and you are celebrated.

Much gratitude and appreciation to my family and friends for their unwavering support through this process. I am especially thankful for my husband for all the extra responsibilities he took upon himself while giving me the necessary support, space and time to complete this journey. When I doubted myself and my capabilities you were always there, believing in me and encouraging me to move beyond my self-imposed limitations. You are my lighthouse, always calmly guiding me back to shore through the storm.

## ABSTRACT

This qualitative study explored child protection social workers' perceptions of how their working experience and well-being positively and negatively influence each other. It also further considered child protection social workers' perceptions of the support currently available to them as well as any other supportive measures they require in order to cope effectively with their work demands while maintaining a good sense of well-being.

The research was conducted in a Non-Governmental Organisation and permission was granted by the research site to conduct the qualitative study with child protection social workers employed by them. Purposive sampling was used to select the 20 participants and semi-structured online interviews were conducted with these participants. The interviews were recorded, transcribed and then translated from Afrikaans to English. Tesch's (1990) data analysis model was utilised in order to analyse data obtained from the interviews.

The findings of this study illustrated the mutual influence that participants' work experience and well-being have on each other. Positive relationships with colleagues, supervision, training, time off, experience, protection of children and the unpredictability of the job were highlighted as factors positively influencing participants' well-being. Conversely, participants' well-being was also negatively influenced by certain challenges encountered at work such as changes due to Covid 19, unpredictability of the job, high caseloads, lack of resources, high level of responsibility, threats to personal safety, repeated exposure to trauma, supervision and the expectations of communities and other stakeholders.

Supportive personal relationships, selfcare, spirituality, a positive attitude, boundaries and self-assertiveness enabled participants to cope with work stressors. Certain emotional health factors such as stress and low mood levels negatively influenced participants' work experience.

Participants highlighted the need for certain supportive practices such as teambuilding activities, access to debriefing services and a space for reflection. Recommendations were made around the implementation of regular teambuilding activities, provision of debriefing services, continuation of time off policies as well as training opportunities.

Recommendations were also made for future research.

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## CHAPTER ONE

### PROBLEM FORMULATION

#### 1.1 Introduction

This research endeavoured to explore child protection social workers' perceptions of how their working experience influences their well-being and vice versa. This first chapter discusses the statement of the problem, the rationale for the study, the research topic, research objectives and research questions. The chapter is finalised by the main assumptions, clarification of concepts, ethical considerations, reflexivity and an outline of the dissertation. A conclusion completes the chapter.

#### 1.2 Statement of the problem

According to the World Health Organisation (WHO) child maltreatment, which includes any form of abuse, neglect, exploitation and deprivation, is a global issue that has far-reaching consequences on a populations' health, social and economic state (WHO, 2016). International studies revealed that; 25% of all adults reported having been physically abused as children and 20% of women and 7% of men reported being sexually abused as children (WHO, 2016). A South African survey reported that 36% of boys and 33.8% of girls were sexually abused; 34.4% were physically abused and 16.1% of children were emotionally abused (Artz, Burton, Ward, Leoschut, Phyfer, Lloyd, Kassanje & Mottee, 2016). Social risk factors that may contribute to child maltreatment globally include high levels of poverty, accessibility of substances, socioeconomic inequality and instability as well as inadequate housing and support services to families (WHO, 2016). In the South African context, the contributing social risk factors are poverty, housing and sanitation issues, unemployment and substance abuse (Patel, 2015).

As can be deduced from the statistics, the care and protection of children remains an important responsibility of every country and child protection social workers are one of the key role-players in preventing and addressing child maltreatment. In this field of social work, important decisions regarding children's short- and long-term safety have to be made.

Social work as a profession is viewed as a stressful occupation due to the emotional demands of the profession (Crowder & Sears, 2017; McFadden, Campbell and Taylor, 2015; Salloum, Kondrat, Johnco & Olson, 2015), but Truter and Fouche (2019) further elaborate that child protection social workers (CPSW'ers) who render statutory duties in preventing child abuse

and -neglect, are a particularly at risk group for the negative emotional consequences of the profession. A meta-synthesis done by Truter, Fouche and Theron (2017), reported the following risk factors influencing the work of CPSW'ers globally; inadequate support, exposure to violence and aggression, high workload, staff shortages and high levels of stress. The literature also suggests the lack of resources, organisational climate and poor salary as contributing factors that influence CPSW'ers job satisfaction (Frost, Hojer, Campanini, Sicora & Kullberg, 2018).

In order to counter these possible negative outcomes, literature suggests the consideration of protective factors and resilience of CPSW'ers however research regarding the resilience of specifically CPSW's is quite limited (Cabiati, Raineri & Folgheraiter, 2020; Truter, Fouche & Theron 2017). Some of the protective factors for social workers in health care and non-statutory settings include, knowledge and skills acquired from education, coping- and relational skills, peer support and access to supervision (Adamson, Beddoe & Davys, 2014; Cabiati, Raineri & Folgheraiter, 2020). There is also evidence to suggest that there are other factors that influence CPSW'ers job satisfaction and motivation for remaining in this field and they could be considered as protective factors contributing to their resilience. These are; having a passion/love for the uniqueness of the work, the diversity in tasks and "unknown" of each day, fulfilling a role where you can change someone's life and the team-feeling where support, different expertise and experience are present (Frost et al., 2018).

### **1.3 Rationale**

CPSW'ers render statutory services in addressing child maltreatment and based on the statistics and literature previously mentioned, it is of paramount importance that the child welfare sector functions optimally. Due to the importance of these services in working with vulnerable children and families, the poor retention of child protection social workers has thus become a global concern (Frost et al., 2018) where this can negatively influence the quality of the provision of these essential services (Truter et al., 2017).

Truter and Fouche (2019) argue that while internationally there is a comprehensive body of knowledge surrounding the risk factors experienced by CPSW'ers, there is a limited understanding of the risk factors that CPSW'ers experience in South Africa. There are also limited studies regarding the well-being of CPSW'ers whereas several studies have focussed on the risk and protective factors of children and families within the child protection system (Cabiati, Raineri & Folgheraiter, 2020). It is of paramount importance to understand the

resilience of CPSW'ers so that professional and organisational practices can be developed that address the challenges faced in this field (Kearns & McArdle, 2012), but this has however received limited attention (Truter et al., 2017; Rose & Palattiyil, 2018).

In the research setting where the study was conducted, child protection social workers fulfilled a specific role which focussed on the care and protection of the children. This included awareness-, early intervention-, statutory- and after care services. This study also provided the participants with an opportunity to express their needs and recommendations regarding the support they require to effectively cope with their work demands while maintaining a good sense of well-being.

The findings of this research will provide insight into the positive factors and challenges of being a child protection social worker as well as their perceptions of the support that they are receiving. The findings will also add to the existing body of literature, about the experience of work and well-being of child protection social workers. These findings will be made available to all participants and their organisation in order to provide insight into what CPSW'ers lived experience of their work and well-being is, so that this can inform and provide structure to any future support programmes. Lastly it will provide recommendations to the organisation in terms of creating or possibly modifying support programmes for CPSW's to enhance and foster support and resilience amongst CPSW'ers.

#### **1.4 Research site**

The research was conducted with designated child protection social workers who are employed by the Afrikaans Christelike Vroue Vereeniging (ACVV). ACVV's head office is situated in Cape Town and they are a registered non-profit organisation that is designated to render child protection services (ACVV, 2020).

ACVV started in Cape Town in 1904 following the Anglo Boer War when a group of women wanted to offer assistance to those affected by the war. The ACVV has 53 social work offices with 229 social workers and approximately 320 000 children and their families benefit from social services rendered (ACVV, 2020). The social services applicable to this study are those relating to children and families; where services are divided into 4 categories; prevention and awareness, early intervention, statutory intervention and re-integration/after care (ACVV, 2020).

Prevention and awareness services are focused on creating awareness regarding different social issues such as abuse, neglect, exploitation and substance use. Early intervention services are rendered to children and their families where there are suspicions or evidence of children possibly being in need of care. ACVV develops non-centre based Early Childhood Development (ECD) programmes as part of their prevention and awareness services and their early intervention services include but are not limited to; risk and safety assessments, parenting skills development, mediation and parenting plans (ACVV, 2020). Statutory intervention takes place when a child has been found in need of care and protection or at risk and where early intervention services has failed. Statutory intervention includes; court proceedings, removal and placement of children in alternative care as well as adoption (ACVV, 2020). Re-integration and after care services are focused on the preservation of the family and can include services rendered to families where children have been placed back in their care after having been in alternative care. The ACVV develops exit programs for children as well as reintegration programs in assisting children with adapting to being returned to the care of their parents or care-givers (ACVV, 2020). Twenty participants from 12 different offices of the ACVV participated in the study via the “Zoom” application.

### **1.5 Research topic**

Exploring child protection social workers’ perceptions of how their experience of work and well-being influence each other.

### **1.6 Overall aim of research study**

The purpose of the study was to understand child protection social workers’ perceptions of how their experience of work influences their well-being and vice versa.

### **1.7 Research questions**

- What are child protection social workers’ perceptions of how their experience of work positively influences their well-being?
- What are child protection social workers’ perceptions of how their experience of work negatively influences their well-being?
- What are child protection social workers’ perceptions of how their well-being positively influences their experience of work?
- What are child protection social workers’ perceptions of how their well-being negatively influences their experience of work?

- What recommendations would child protection social workers make to their organisation in terms of the support that they need.

### **1.8 Research Objectives**

- To explore child protection social workers' perceptions of how their experience of work positively influences their well-being.
- To explore child protection social workers' perceptions of how their experience of work negatively influences their well-being.
- To explore child protection social workers' perceptions of how their well-being positively influences their experience of work.
- To explore child protection social workers' perceptions of how their well-being negatively influences their experience of work.
- To determine what recommendations child protection social workers would make to their organisation in terms of the support that they need.

### **1.9 Concept clarification**

The following definitions clarify the key terms used in this research:

#### **Designated Child protection social worker**

A social worker that is mandated by legislation to render services to children who are in need of care and protection where their families cannot adequately provide in these needs (Bosman-Sadie & Corrie, 2010).

#### **Experience**

This refers to transactions across space and time within person-in-setting units (Roth & Jornet, 2014) and in this study specifically in terms of a person's experience of their work.

#### **Well-being**

This refers to a person's social and psychological condition (Sfeatcu, Cernusa-Mitariu, Ionescu and Roman, Cernuska-Mitariu, Coldea, Bota & Burcea, 2014).

#### **Perception**

A person's selection, organisation and interpretation of sensory information in the process of creating meanings for them (Qiong, 2017).

## **1.10 Ethical considerations**

Ethics can be described as a set of widely accepted moral principles that is characterised by certain rules and behavioural expectations (Creswell, 2014) which is imperative for successful practice, specifically in social work research (de Vos, Strydom, Fouche & Delpont, 2011). Online interviewing's ethical concerns are mostly the same as in-person interviews, except for some practical differences such as the emailing of the informed consent form (Lobe, Morgan & Hoffman, 2020) instead of the participant physically signing it at the in-person interview. Ethics approval for the study was obtained from the departmental ethics committee on the 30<sup>th</sup> of October 2020.

The following ethical considerations pertain to the study:

### **1.10.1 Harm to participants**

This ethical consideration refers to the fact that the researcher has a responsibility to avoid situations where the participants could be harmed as well as informing them of any possible adverse effects of the research (Adler & Clark, 2015; Lichtman, 2017). In an attempt to meet this ethical obligation the researcher did not probe into any personal matters of the participants that were not applicable to the study. The researcher also informed the participants that some of the questions may evoke sensitive information and should they have found the interview to be emotionally overwhelming, they would be free to withdraw from the study at any point and that debriefing would also be available. No participants withdrew from the study.

### **1.10.2 Informed Consent**

Informed consent is based on the notion that participation in a study is voluntary and that participants have a choice in whether they want to partake or not (Fisher & Anushko, 2008; Creswell, 2014; Resnik, 2018). During this study the researcher contacted possible participants telephonically and also via email, where they were subsequently invited to participate in the study. A consent form (Annexure A) was also provided to the participants, in which they were informed of all the relevant aspects of the study and if they were interested in participating, they were required to provide their written consent. Included in this consent form was information pertaining to the use of a third-party transcriber. These consent forms were signed by the participants as well as the researcher and their consent was again discussed when the interviews commenced.

### **1.10.3 Deception of participants**

The deception of participants can take place where the purpose as understood by the participants, differs from the researcher's purpose (De Vos et al., 2011; Creswell, 2014; Adler & Clark, 2015). The consent form provided the participants with all the information of the study as well as possible risks and benefits of participating in the study.

### **1.10.4 Privacy, Anonymity and Confidentiality**

Privacy in a research study relates to the participants having the right to self-determination in terms of making decisions regarding the time, place, person and what information will be made available (de Vos et al., 2011:119; Resnik, 2018). In an attempt to respect participants' privacy, participants were afforded the opportunity to decide on when be most suitable for them to partake in the "Zoom" interview. The privacy of participants was ensured with the "Zoom" interview as they could only access the interview by invitation with the necessary password and the waiting-room feature was enabled so that the researcher could control who entered the online interview platform.

Anonymity is concerned with the researcher having the responsibility to protect the participants' identity, roles and incidents and this can be done by the use of aliases or pseudonyms (Creswell, 2014; Adler & Clark, 2015). The researcher used aliases instead of the participants' names during data-collection, -analysis and -interpretation. Anonymity implies that no one would be able to identify the participants after the study has been concluded (Babbie, 2001 in de Vos et al., 2011) and so absolute anonymity cannot be guaranteed in a qualitative study (Van den Hoonaard, 2003) due to the researcher having access to personal identifying information of participants (Scott, 2005).

Confidentiality was maintained where the researcher ensured the safekeeping of the participants' information. Information was stored on a password protected laptop and access to this information was also limited to the researcher, her supervisor and a third-party translator. Afore mentioned signed a confidentiality agreement (Annexure C) before commencing with the translations of the transcriptions. One of the advantages of using "Zoom" as a data collection tool was participants being able to see when the recording of the interview started and stopped as well as protecting the participants' anonymity and confidentiality as the recording is locally stored, on the computer instead of in the cloud (Lobe, Morgan & Hoffman, 2020).



Confidentiality and anonymity of participants was also discussed with the participants as it was set out in the consent form.

#### **1.10.5 Actions and competence of the researcher**

The researcher must ensure that they have the necessary skills and competencies to do the study and even more so when the study is of a sensitive nature (de Vos et al., 2011:124; Resnik, 2018). The researcher had a suitable qualification with the necessary experience and skills acquired as a professional social worker, and her supervisor oversaw the study and provided support in ensuring that the research done was of an ethical and competent nature.

#### **1.10.6 Release of publication of findings**

Publication of findings relates to the researcher being as honest, objective and accurate as possible regarding the study done, as well as including any shortcomings of the investigation (de Vos et al., 2011:126; Adler & Clark, 2015). The researcher, supported by her supervisor, ensured the ethical and accurate representation of the study and its findings. The participants will receive a report detailing the findings of the study.

#### **1.10.7 Debriefing of participants**

An option is given to participants after the completion of the study, where the participants, together with the researcher, can discuss their experience and any confusion that arose (de Vos et al., 2011:122; Resnik, 2018). The researcher offered the participants debriefing, after the interviews, and she enquired whether the participants had any questions or concerns that they wanted to discuss. None of the participants requested any debriefing.

### **1.11 Reflexivity**

Reflexivity is concerned with the research being influenced by the researcher's perspective or position (Pandey & Patnaik, 2014) where they share the experience of participants or when they do not have any familiarity with the subject being studied, as well as the changing of roles where the researcher moves from outsider to insider during the course of the study (Berger, 2013). When considering the risks in terms of a researcher having experience in the field of study it is important to consider the following; how this will influence the relation to the participants, what roles, separate from researcher the researcher may fulfil while interacting with participants as well as what the barriers are that could possibly be created by the researcher's professional competence (Greenaway, 2010).

Another limit is mentioned by Kumsa, Chambon, Yan and Maiter (2014) where the researcher can be viewed as an expert which may also negatively influence the quality of data collected. A qualitative study is interpretative by nature and self-awareness is a key skill needed in order to ensure the quality of the research where the researcher needs to have an understanding of their own attitudes, values and biases (Patnaik, 2013) and how this influences the choice of subject, methodology and themes (Anderson 2008; Dowling, 2006). There is a risk that even when engaging in the practice of reflexivity a researcher could use this opportunity for self-indulgence and this as well as the process of becoming self-aware could be a lengthy process that shifts the focus of the research (Patnaik, 2013).

The researcher was aware of her previous working experience as a child protection social worker informing her selection of the as she was curious about the perceptions of other child protection social workers of the relationship between their work experience and well-being. The researcher's experience was that child protection social work (CPSW) in South Africa was challenging and that the amount of work-related support and personal support that the CPSW'er receives directly influences the manner in which these challenges are addressed. The researcher further experienced that there was a reciprocal relationship between her experience at work and her well-being. The researcher viewed this research as important as she feels that child protection social workers play a fundamental role in supporting and empowering the most vulnerable in society, specifically in South Africa where the need for these services are great.

Due to the researcher sharing some of the experiences of the participants when she was in that field it was of utmost importance that she remained neutral during her interactions with the participants and that she avoided influencing participants' views in confirming her own biases. The researcher is confident that her experience in this area of social work did not influence how she conducted and reported on the study and she received supervision throughout the study where she could address her reflexivity. The researcher had self-awareness surrounding her own opinions and connection to the research topic. The researcher experienced the participants as relating to her in a very honest and open manner regarding their lived experiences as CPSW'ers and this could be due to their awareness of the researcher having previously worked as a CPSW'er. The researcher also had to be mindful of not fulfilling the role of counsellor when participants expressed their challenges. In some instances, the researcher had to explore in order to get in-depth data as the participants would

just provide superficial answers with the expectation that the researcher would understand or agree due to her own experience in the CPSW field.

### **1.12 Structure of the dissertation**

This dissertation consists of five chapters. Chapter one presents the problem formulation of the study. The literature of review is discussed in chapter two. The methodology utilised in conducting this study is presented in chapter three. Chapter four reports the findings of the research and chapter five discusses the conclusions and recommendations based on the research findings.

### **1.13 Conclusion**

This chapter stated the problem being investigated, in its specific context, as well as the rationale for the selected topic. The research topic, -questions and - objectives were presented and key concepts were defined. This chapter further included the discussion of the ethical considerations applicable to the study as well the researcher's reflexivity. Chapter two reviews literature that pertains to the study.

## CHAPTER TWO

### LITERATURE REVIEW

#### 2.1 Introduction

This chapter presents the theoretical frameworks that underpin the study. The policies and legislation informing child protection social work services will also be discussed. An in-depth discussion of literature pertaining to the research objectives such as workplace challenges and personal challenges will follow as well as the exploration of workplace- and personal support required by child protection social workers.

#### 2.2 Theoretical frameworks

##### 2.2.1 General Systems Theory

This theory was developed by Ludwig von Bertalanffy and he defined a system as “a complex of components in mutual interaction” (1974:1100) and the whole is viewed to be greater than the sum of its parts. He divided systems into macro, meso and micro systems which are interconnected (Walker, 2012; Payne, 2014). The macro system refers to groups and organisations, where the meso system is concerned with family. Lastly the micro system includes the individual and couple. This means that the different parts of a system are in a relationship, interacting, communicating and influencing each other. An individual does not function in isolation, but rather in interconnectedness with the other systems, where any change in one system will affect the other systems (Turner, 2011; Walker, 2012) and the impact of one system on another is sometimes unpredictable (Walker, 2012).

Homeostasis or equilibrium in Systems Theory describes the natural ability of a system to adapt and return to a state of balance where the aim is that the interaction and change between the individual and the environment can contribute to development and growth (Payne, 2014). It is important to consider societal problems in the specific context that they occur in order to maintain well-being (Turner, 2011) and thus Systems Theory can be utilised in order to evaluate human functioning within their specific environment.

Child protection social workers are part of bigger systems such as the; marital-, parental-, family-, community-, religious- and organisation system that employs them. Systems theory further focuses on the meaning that individuals allocate to the interactions between the different systems (Turner, 2011) and as such the meaning that CPSW’ers attribute to the

interactions between these different systems are important to consider when exploring challenges with social functioning. This theory can provide an understanding of CPSW'ers functioning in both their personal and working environment, along with the perceived influence of their experience of work and their well-being and vice versa. It can also further assist in understanding how the CPSW'ers cope and adapt to the stress associated with their working environment whilst maintaining their daily functioning and well-being, because as Payne (2014) indicates, equilibrium is achieved when a system is able to return to a state of balance. It is essential for CPSW'ers and employers of these social workers to have a contextual understanding of the person-in-environment in order to implement practices and policies focused on assisting CPSW'ers in maintaining a work-life balance with the purpose of achieving equilibrium.

### **2.2.2 Job demands-resources Model (JD-R Model)**

This model is an extension of Robert Karasek's (1979) job demands control model which considers the psychological demands of work and the measure of control that the employee has in relation to these demands. The premise of this model was that strain occurs when job demands are high and employees' measure of control is low; as control can mitigate the impact of job demands as well as enhancing employees' job satisfaction (Karasek, 1979). This model was further extended by Demerouti, Bakker, Nachreiner and Schaufeli in 2001 (Althaus, Kop & Grosjean, 2013) and there are two extensions of note. Schaufeli and Bakker (2004) added a positive factor for well-being namely work engagement; described as a fulfilling psychological state where a person is vigorous, dedicated and absorbed in work (Schaufeli, 2017). The other extension was the inclusion of personal resources such as optimism and self-efficacy (Schaufeli, 2017) where these are linked to resiliency and an individual experiencing a sense of control and ability to impact on their environment (Xanthopoulou, Bakker, Demerouti & Schaufeli, 2009).

The model is utilised to investigate the relationship between job characteristics and employee well-being and is applicable to various occupational fields in evaluating the consequences of the work environment on employee well-being and –performance (Lesener, Gusy & Wolter, 2019). When further considering the relationship between work and an employee's well-being, ten Brummelhuis and Bakker (2012) state that a work domain consisting of low resources and high demands are likely to negatively influence the personal domain of a person's life.

According to Demerouti et al. (2001) this model classifies working conditions as either job demands or job resources. The first refers to aspects that require on-going effort and includes certain costs such as time- or work pressures and they can lead to sickness, poor performance, absence and burnout (Schaufeli, 2017). Job demands further include the following subclusters; demanding workload, time constraints and the physical environment (Griffiths, 2017).

The other working condition to consider as set out by Demerouti et al. (2001), concerns job resources which are viewed as the supportive assets that assist in reducing job demands, achieving goals and stimulating personal growth (Demerouti et al., 2001) such as autonomy, organisational- and supervisor support which d this can lead to positive work performance and the intention to stay (Griffiths, 2017; Schaufeli, 2017). Demerouti et al. (2001) further suggests that social support and job autonomy serve as a moderator between role stress and burnout and other resources include feedback, rewards, job control, participation and supervisor support.

This model was applicable to the study in exploring the occupational health and well-being of the participants. Literature is saturated with the associated responsibilities within a CPSW'ers' job and when considering job demands in CPSW, this model was applicable when exploring the physical, psychological and organisational requirements of the CPSW'er. However it is also necessary to consider the organisational, interpersonal and intrapersonal resources that CPSW'ers have that support them in addressing the demanding nature of their work and this consideration of the positive counterpart to job demands, is central to this model. CPSW'ers job demands that may negatively influence their health and energy levels was taken into consideration, as well as their engagement, work- and personal resources that positively influence their experience of work and intention to remain in this field of social work.

There are several legislation and policies in South Africa governing the provision of child protection services and the two key policies will be discussed below.

## **2.3 Policy and legislation**

### **2.3.1 Children's Act no. 38 of 2005**

A social developmental approach to social welfare and social justice was adopted (Patel, 2015) after the ending of Apartheid with the purpose of addressing the inherited inequality of

welfare services (Hölscher, 2008) and child protection services form part of this developmental approach (Lombard & Kleijn, 2006). The Children's act, 38 of 2005 was legislated as one of the policies that govern these child protection services (Sibanda & Lombard, 2015) and thus directly determines the work that CPSWers do.

The Children's Act, no 38 of 2005 states that in all proceedings and decisions regarding a child (specified as a person under the age of 18 years) and their rights, as set out in section 28 of the Bill of Rights, should be respected, protected, promoted and fulfilled. These rights as they pertain to CPSW'ers and their duties are specifically concerned with the care, protection and development of children and the child's best interest is always of paramount importance (Bosman-Sadie & Corrie, 2010). Social workers that are registered with the South African Council for Social Service Professions (SACSSP) and employed by a designated child protection organisation or an organ of state are legally mandated by the Children's act, 38 of 2005, as amended, to perform statutory services in enforcement of a child's rights. These services include, but are not limited to the designated child protection services as stipulated in section 105 (5) of the Children's act, 38 of 2005 which are aimed at; supporting children's court proceedings and the implementation of court orders, prevention, early intervention, removal and placement of children in alternative care and reunification.

### **2.3.2 Occupational Health and Safety Act no 85 of 1993**

The Occupational Health and Safety Act aims to protect employees from any harmful conditions they may be exposed to in their work as well as regulating the employer's responsibility in the prevention of any occupational injuries (Occupational Health and Safety Act 85 of 1993). It also requires of employees to report any unsafe-, unhealthy situations as well as any incident affecting their health to their employer or health and safety representative (Occupational Health and Safety Act 85 of 1993).

This act is relevant to this study as employers of CPSW'ers have limited control over the environmental stressors and dangers in their working environments. CPSW'ers exposure to harm or injuries are not limited to physical harm but more so to emotional harm. CPSW'ers should be able to report any concerns regarding their personal safety as well as requesting support in ensuring their safety. This is however a challenge as supportive resources are limited in ensuring CPSW'ers personal safety while engaging in work activities, as literature recognises that there are gaps in support provided to CPSW'ers where they feel unsafe due to a working experience (Laird, 2013; Littlechild, Hunt, Goddard, Cooper, Rayens & Wild,

2016). Within the current COVID-19 pandemic the occupational health and safety of CPSW'ers should also be considered as they provide essential services to the community and the influence of this on their physical and emotional well-being should also be considered.

#### **2.4 Child Protection Social Work**

Curtis, Moriarty and Netten (2010) found that in the United Kingdom, the expected working life for a social worker was only 8 years as opposed to that of 15 years for a nurse and 25 years for a physician. Frost et al. (2018) further state that approximately 50% of child protection workers across Europe leave the field after two years due to the challenges and stressors associated with the work. When considering the attrition of social workers in South Africa it is also important to note that social work was declared as a scarce skill in 2003 with a retention plan put in place to rectify this. Social workers' attrition is, influenced by issues related to; work, the social work profession and their personal life (Shier & Graham, 2011).

Calitz, Roux and Strydom (2014) mentions the following challenges that social workers in South Africa experience; complex- and a high amount of cases, limited resources and inadequate supportive supervision which can lead to impaired work performance, stress and burnout. Stress experienced in one's personal life can negatively influence an individual's health (Burke & Greenglass, 2007; O'Donovan, Doody & Lyons, 2013; Young, Schieman & Milkie, 2013) as well as work performance (Jewecks, 2002; Yavas, Babakus, & Karatepe, 2008; Wang, Chang, Fu & Wang, 2012; Meenakshi, Subrahmanyam & Ravichandran, 2013) as the ability to concentrate may be compromised (Schmidt, 2012) and this could contribute to attrition. The rate of turnover for social workers as well as the shortage of specifically CPSW'ers are of some concern on an individual level for the social worker and their well-being, but also more importantly at a macro level, as services rendered by these social workers focus on the most vulnerable children and families and thus the efficacy of these services can be negatively influenced by a high turnover rate of social workers.

Literature also suggests that CPSW'ers can have a long, meaningful career and the ability to thrive and maintain a high level of well-being where there are certain organisational and personal factors present. These are organisational -values, -support and -culture (Rose & Palatyiill, 2018; McFadden, Mallett, Campbell & Taylor, 2019), having a passion for the work and fulfilling a role where you can change someone's life (Frost et al., 2018). A supportive relationship between CPSW'ers and managers assists in managing the associated risks of the profession where workers have a sense of being covered when conflict arises,



recognition is received (Frost et al., 2018; Cabiati et al., 2020) and support, commitment and care is shown towards workers (McFadden, 2020).

It is also important to consider both the personal- and workplace well-being of CPSW'ers. Personal well-being is when a person is satisfied with their existence or life and it is related to concepts such as happiness and subjective well-being (Musek & Polic, 2014) and happiness in one's personal life also positively influences productivity levels at work (Joo & Lee, 2017, Abualoush, Kaled & Aladwan, 2017). Subjective well-being further refers to how people evaluate their lives and includes the following; life satisfaction, lack of depression and anxiety and positive moods and emotions (Shier & Graham, 2011) where a positive mood and energy plays a significant role in an individual's work- and personal life (Carlson et al., 2006; Wayne, Grzywacz, Carlson & Kacmar, 2007).

Workplace well-being refers to an employee's ability to grow and function optimally in the workplace (Bartels, Peterson & Reina, 2019:3). It consists of interpersonal and intrapersonal workplace well-being. Interpersonal well-being refers to the social interactions within the workplace, including; social acceptance, social integration, self-acceptance and positive relations with other people in the workplace (Bartels, et al., 2019). Intrapersonal well-being is concerned with the internal feelings of value, energy and meaningfulness that originates from a person's workplace with a focus on personal growth and development (Bartels, et al., 2019).

#### **2.4.1 Positive factors of being a child protection social worker**

There are certain positive and rewarding aspects identified by social workers working in the field of child protection services which will be discussed below.

##### **2.4.1.1 Having a sense of purpose**

There are factors that contribute to CPSW'ers remaining in this field despite its challenging nature. Having the power and ability to protect vulnerable children as well as effecting change in someone's life is experienced as rewarding by these professionals (McFadden, 2015; Frost et al., 2018; Cabiati et al., 2020) and it serves as a motivational factor for CPSW'ers continuing their work in this field (Westbrook, Ellis & Ellet, 2006; Stalker, Mandell, French, Harvey & Wright, 2007). Compassion satisfaction is also an influential factor when considering aspects of CPSW that are experienced as rewarding or meaningful. Compassion satisfaction is defined as a positive emotional experience that workers get when

they are able to help a traumatised or suffering individual (Figley, 1995; Stamm, 2002; Radey & Figley, 2007; Stamm, 2010) and many social workers have experienced compassion satisfaction from their work which also serves as a safeguard against burnout (Conrad & Kellar-Guenther, 2006; Van Hook & Rothenberg, 2009; Wagaman, Geiger, Shockley & Segal, 2015).

A sense of purpose is furthermore provided when the profession is viewed as a calling which helps social workers persevere under difficult circumstances (Truter, Fouche & Theron, 2018). Social work is built on the premise of serving others and CPSW'ers render services, not only to a child themselves but also to the family of the child. This holistic way of delivering services necessitates the building of relationships with several different role players in the pursuit of ensuring the safety and best care of the child but also in empowering the family system to make the necessary changes for optimal functioning. Social workers find joy in deep connections where they can serve others and effect change in client's lives and this provides meaning to them which contributes to a sense of personal well-being and belonging where they serve a purpose bigger than themselves (Seligman, 2011) and this leads to the experience of social work as a rewarding career.

#### **2.4.1.2 Personal growth**

Although this field of social work is experienced as stressful, it is also stimulating and unpredictable which contributes to workers remaining in this field of social work (Frost et al., 2018; Cabiati et al., 2020) where they are equipped with a variety of knowledge and skills which can lead to them experiencing a sense of mastery and accomplishment. Limited stress may also lead to the experience of work as stimulating and meaningful (McLean & Andrew, 2000; Aamodt, 2004).

#### **2.4.1.3 Collegial relationships**

A European study by Cabiati et al. (2020) concluded that the sense of teamwork, recognition, humour, esteem, support and caring that was found in the mutual collegial relationships within the same service, contributed significantly to social workers' perceived well-being. Frost et al. (2018) also suggest that the support, atmosphere and varied levels of experience found in the workplace contributed to resilience, where more experienced staff have the ability to support newly qualified staff (McFadden, 2020). CPSW'ers can debrief with colleagues and obtain practical advice on dealing with their challenges as well as receiving support for enduring challenges inherent to CPSW (Pösö & Forsman, 2013; Graham, Shier,

Newberry, Esina, 2014; Gorman, 2018; Vetfuti, Perumal & Goliath, 2019). These collegial relationships also meet the need for emotional support that is absent where supervision, which is discussed below, mainly fulfills an administration function (Vetfuti et al., 2019).

#### **2.4.1.4 Supervision**

According to Kadushin and Harkness (2014) supervision is focused on education, administration and support within a constructive relationship between a supervisor and a supervisee with the purpose of ensuring the efficacy of service delivery. Supervision fulfills several different functions focused on the development of social workers' knowledge, skills, independence and autonomy in the pursuit of protecting not only the social worker but also the clients (Mamaleka, 2018).

If the support provided is adequate, it will positively influence both the effectiveness of services and the level of commitment that supervisees have towards their organisation and team (Kadushin & Harkness, 2014) as well as the workers experiencing a sense of belonging in the organisation (Kearns & McArdle, 2012). Reflective supervision as well as collaborative supervision are suggested as remedial forms of supervision where resiliency can be enhanced (Engelbrecht, 2013; Truter & Fouche, 2015; Mamaleka, 2018) and workers can adjust well despite risk. There are several factors in the South African context that pose as a challenge for supportive supervision including; supervisors' own time-, resource- constraints, unmanageable workloads and symptoms of burnout (Engelbrecht, 2019).

Social workers also face several challenges related to their work and their personal lives and this will be discussed below.

### **2.4.2 Challenges of being a child protection social worker**

The Work-related challenges will be discussed first.

#### **2.4.2.1 Demanding workload**

The need for child protection services, including investigations into the care and protection of children in South Africa is overwhelming (Ndonga, 2016; Van Huyssteen & Strydom, 2016; Schiller, 2017) due to the levels of poverty, unemployment and substance abuse (Schiller & Strydom, 2018). Due to the extent of the need CPSW often have high caseloads which have been viewed as adding to the attrition rate of social workers (Patel, Schmid & Hochfeld, 2012; Blome & Steib, 2014) where if prolonged, can negatively influence their well-being as it may lead to fatigue, stress and burnout due to lowered energy levels and the perception of

the demands exceeding their capability to address them (Kangethe, 2014; Mcfadden, Mallett & Leiter, 2018). Child protection social workers experience unrealistic expectations from others, and this also further contributes to their stress (Graham & Shier, 2014).

In South Africa, the maximum case load of a CPSW should not exceed 60 cases according to the norms and standards for social work (DSD, 2013). The population to SW'er ratio in the Western Cape however was 5692 to 1 in 2012 (Moloi, 2012) and Calitz et al. (2014) also recognised that a shortage of social workers in South Africa contributed to high caseloads and the addition of an excessive workload in an already stressful occupation can negatively influence social workers' ability to effectively cope (Alpaslan & Schenk, 2012; Schiller, 2017; Truter et al., 2018).

Caseloads in CPSW seem to be ever-increasing and this may also lower CPSW'ers resilience or ability to cope in an adverse environment as heavy workloads limit time for emotional support and reflectivity which is necessary in maintaining a healthy balance between work and personal life (Rose & Palattiyil, 2020).

#### **2.4.2.2 Lack of resources**

International and South African research reported that CPSW'ers experience a lack of resources which poses a challenge to their service delivery (Gonzalez, Faller, Orgega & Tropman, 2009; Alpaslan & Schenk, 2012; Nhedzi & Makofane, 2015; Bertotti, 2016; Haight, Sugrue & Calhoun, 2017; Truter & Fouche, 2017; 2019). The lack of resources poses a challenge to the implementation of certain policies, such as the Children's act, 38 of 2005 (Sewpaul & Hölscher, 2007; Sibanda & Lombard, 2015) and it also further exacerbates anxiety (Cooper & Lees, 2015), stress, burnout (Brinkborg, Michanek, Hesser & Berglund, 2011) and difficulty in the retention of social workers (Kheswa, 2019).

#### **2.4.2.3 Threats to personal safety**

Violence and threats towards social workers are a common occurrence (Littlechild et al., 2016; Lamothe, Couvrette, Lebrun, Yale-Soulière, Roy, Guay & Geoffrion, 2018) and child protection social workers are most vulnerable to this (Shin, 2011; Robson, 2014; Campbell & Holtzhausen, 2020). The hostility and violence of clients can be due to clients usually being involuntary receivers of these services and the power dynamics at play. CPSW'ers' services are not limited to the "protection" of an office, but they also work in the communities where some of these communities, specifically in South Africa, are commonly plagued by the

effects of poverty and inequality, substance use, unemployment (Patel, 2015), and gang violence, especially in the Western Cape. The exposure to threatening or aggressive families negatively influences CPSW's professional and personal well-being. CPSW's can experience a loss of confidence and effectiveness in services rendered (Littlechild et al., 2016) and it can cause or contribute to anxiety, sleep disturbances, panic attacks and social dysfunction (Padyab, Chelak, Nygren & Ghazinour, 2012).

Linked to threats to safety is the repeated exposure to trauma which will now be discussed.

#### **2.4.2.4 Repeated exposure to trauma**

CPSW is seen as an inherently stressful occupation due to the time constraints in executing their duties and the emotional trauma that social workers experience (Johnson, 2014; Truter & Fouche, 2019; Chan, Fan & Snell, 2021). CPSW's are regularly exposed to emotionally charged situations and working with traumatised individuals which could potentially negatively influence their personal well-being by leading to the development of secondary trauma or burnout (McFadden, Campbell & Taylor, 2014; Sage, Brooks & Greenberg, 2018; O'Sullivan, 2019; Rienks, 2020).

#### **2.4.2.5 High Level of responsibility**

The nature of CPSW's job requires them to assume a lot of responsibility for decisions they make regarding children's safety and care (Dagan, Ben-Porat & Itzhaky, 2020). These decisions are often made with few resources and time constraints as well as other competing factors such as a high level of administrative requirements and working in unsafe environments (Ellet, Ellis, Westbrook & Dews, 2007; Alpaslan & Schenk, 2012; Littlechild et al., 2016; Truter et al., 2017; Schiller, 2017, Lamothe et al., 2018; Baugerud, Vangbaek & Melinder, 2018; Truter & Fouche, 2019; Campbell & Holtzhausen, 2020).

These decisions made by CPSW's are often criticised by the public and they are held accountable for the harm that comes to their clients, as can be seen by the media coverage of several cases across the globe. This public blaming of CPSW's contributes to these social workers' pressures and distress (Dagan, Ben-Porat & Itzhaky, 2016; Davies & Duckett, 2016; Horwath, 2016; Dagan et al., 2020) where they may consequently adapt their practice for fear of missing possible risk-signs in the family (Stanley, 2013). These social workers do not only have to deal with this criticism from the media, but they are also exposed to the disapproval of several societal organisations with regards to their service delivery (Van

Bijleveld, Dedding & Bunders-Aelen, 2015) and a lack of collaboration with other organisations further negatively influences the delivery of services (Payne, 2018; Crandal, Martin, Hazen & Rolls Reutz, 2019). Conversely the achievement of positive outcomes for families are rarely reported on by the public (McFadden et al., 2019) where this could contribute to CPSW'ers motivation and sense of purpose in enduring the challenges known to a career in this field of social work. The possible health implications for CPSW'ers will be discussed next.

#### **2.4.2.6 Emotional and physical health**

There are certain physical- and psychological health challenges that social workers face and social work has been described as the leading profession in terms of experiences of low job satisfaction, poor physical health and impaired well-being (Graham, Shier & Nicholas, 2016). Examples of physical health problems suffered by social workers include hypertension, body aches, deterioration of body tissue, a weakened immune system (Bernstein, 2018), headaches, gastrointestinal and respiratory infections (Kim, Ji & Kou, 2011).

In terms of emotional health, literature posits that the population of child protection social workers are vulnerable to secondary trauma, emotional exhaustion and burnout, which they are more at risk of than other social service workers (Shier et al., 2012; Lizano & Barak, 2012, 2015; McFadden et al., 2014; Dombo & Blome, 2016) and they experience higher rates of compassion fatigue and occupation stress (Griffiths & Royse, 2017; Miller, Donohue-Dioh, Niu & Shalash, 2018). A possible contributing factor to this phenomenon is the high rate of adverse childhood experiences among CPSW'ers, where this negatively influences their ability to cope with work stressors (Lee, Pang, Lee & Melby, 2017).

There is a magnitude of literature regarding burnout, secondary traumatic stress and compassion fatigue. The theory of burnout was greatly contributed to by Maslach (1982), Maslach and Leiter (2008) and Maslach, Jackson and Leiter (2014) who described burnout as a psychological syndrome characterised by emotional exhaustion, depersonalisation and reduced personal accomplishment that results from a prolonged response to chronic interpersonal stressors. As discussed previously CPSW'ers work in sometimes hostile and challenging environments and this links to the experience of secondary traumatic stress, also referred to as compassion fatigue, where an individual who helps trauma survivors, exhibit certain behaviours and emotions (Figley, 1995; Kapoulitsas & Corcoran, 2015) in the form of flashbacks, avoidance and/or intrusive memories (Graham et al., 2016). This may lead to

feelings of anger, guilt, as well as irritability, moodiness and withdrawal (Figley, 1995; Portnoy, 2011) which may negatively influence the quality of the relationship between the client and the CPSW'er (Ingram, 2013; Ferguson, 2017).

These concepts of burnout, secondary traumatic stress and compassion fatigue are sometimes used interchangeably in the literature, however, according to West (2015) these terms are especially applicable to people who work with high-risk populations and generally describe a negative psychological consequence of stress that accrues. There are numerous factors of the stressful working conditions of CPSW'ers that contribute to these emotional health issues of which unrealistic expectations, social undermining, role conflict, high caseloads and emotional disagreement are only a few (Graham & Shier, 2010). Whittaker (2011) states a need arises for social workers to suppress their feelings with the purpose of ensuring the work got done as well as protecting themselves against unbearable feelings where this may lead to these repressed feelings being unconsciously projected onto clients (Ferguson, Disney, Warwick, Leigh, Cooner & Beddoe, 2021) which in turn can negatively influence the working relationship and ultimately negatively influences their well-being. Social workers' well-being has also been negatively influenced by Covid 19 due to increased stress levels regarding exposure to the virus (Miller, Niu & Moody, 2020), restrictions placed on service delivery (Levine, Morton and O'Reilly, 2020) as well as working remotely (Pink, Ferguson & Kelly, 2020; Miller et al., 2020).

#### **2.4.2.7 Interpersonal relationships**

McFadden (2020), found that social workers experienced guilt regarding their family life because their work spilled over into their time with their families. This was due to the stress and pressure associated with the job and having to either work late or bring work home. The parenting practices of CPSW'ers are also influenced by their work where they become hypervigilant towards their own children due to their exposure to neglected and abused children (O'Reilly, Wilkes, Luck & Jackson, 2013) and this exposure also negatively influences their family interaction (Zheng, Molineux, Mirshekary & Scarparo, 2015).

#### **2.4.2.8 Supervision**

Literature highlights that supervision fulfils a very important role in assisting CPSW'ers with the everyday pressures they experience in their job but it presents a challenge when supervision's primary focus is on its administrative function (Truter & Fouche, 2015; Vefuti et al., 2019) and the emotional support function of supervision is absent (Bradbury & Jones,

2013; Vetfuti et al., 2019; Truter & Fouche, 2019). This focus on efficiency instead of encouragement for honest conversations about CPSW'ers emotions, underscores the negative influence this can have on CPSW'ers resilience as well as the increasing of their risk for burnout (Taylor, 2016).

The development of an emotionally supportive relationship could however prove to be challenging due to the inherent power imbalance between the line manager and employee (Beddoe, 2012) but this could be addressed by the employment of an external supervisor who could provide this support focused on the emotional needs of the CPSW'ers.

### **2.4.3 Resilience**

When discussing the support that is required by social workers it is essential to also consider resilience as literature has found resilience to be an important protective factor in assisting SW'ers in coping with the professional and personal challenges associated with the occupation (Grant & Kinman, 2013; Kapoulitsas & Corcoran, 2015; McFadden et al., 2018; Truter et al., 2018; McFadden et al., 2019). Empathy and emotional regulation facilitate resilience (McGarrigle & Walsh, 2011; Schneider, Lyons & Khazon, 2013) and are skills that form part of emotional intelligence which is crucial to social workers (Platt, 2012; Grant, Kinman & Alexander, 2014).

Resilience is a complex construct and there are differing and conflicting views in the literature regarding the finer nuances of this concept. There are a range of definitions for resilience, but Masten (2014b, 2014a: 6) refers to resilience as the “capacity of a dynamic system to adapt successfully to disturbances that threaten system function, viability or development”. Literature regarding resilience has also moved from a focus on individual characteristic/ personality trait towards a characteristic or ability, depended upon the relational context, -culture and system within which the individual functions. Ungar (2013;2016) argues that resilience is viewed as the ability to cope successfully with adversity across a range of social- and economic contexts.

The relationship between CPSW'ers work experience and well-being necessitates the fostering of resilience and this is aided by the support that CPSW'ers receive.



## **2.5 Support required by child protection social workers**

Gaining a comprehensive understanding of the support that CPSW'ers require is important for all stakeholders so that this may inform support policies and -practises. Support will be discussed in terms, workplace support and personal support.

### **2.5.1 Workplace support**

Work-related support is concerned with establishing a high level of well-being at work as it can lower the risk for burnout and this includes; quality supervision, strengthening teamwork, self-training programmes, self-regulation and an increased level of self-knowledge (Lichner, Halachova & Lovas, 2018).

#### **2.5.1.1 Supervision**

McFadden (2020) suggests that supportive supervision, characterised by positive feedback and recognition plays an important role in developing and maintaining resilience and personal efficacy in staff. Engelbrecht (2019) describes supportive supervision as a process where workers are enabled to use their emotional energy with the aim of working effectively. Resiliency as a coping factor for CPSW'ers has been mentioned before and supervision plays a role in enhancing resiliency when the following exists; an emotionally supportive atmosphere where a trustworthy relationship between the supervisor and supervisee can develop, as well as a sense of realism from the supervisor regarding the challenges that CPSW'ers experience (Beddoe, 2010).

#### **2.5.1.2 Debriefing**

Debriefing is defined as exploring how an individual has reacted cognitively, emotionally, physically and socially to a traumatic situation by reviewing occurrences (Miller, 2004). As mentioned above CPSW'ers are exposed to a myriad of traumatic incidents, and this can result in negative mental and physical health consequences as previously discussed. In an attempt to mitigate the influence of these factors on CPSW'ers personal- and work well-being, supervisory practices that includes an opportunity where social workers are supported in managing their feelings as well as their client-relationships must be provided. Ferguson et al. (2021) suggest, this needs to take place separately from supervision that is focused on administration, target- and performance evaluation. If such a space is not available and social workers do not verbalise their exposure to trauma in the workplace, this may negatively affect their interaction with their clients (Hingley-Jones & Ruch, 2016).

This is not only a concern for the social workers themselves but also for their employers as previous literature mentioned suggest that there is a link between unprocessed emotions and the quality of service delivery. Literature demonstrates that the implementation of personal counselling for workers may affect work performance and productivity where these workers are able to function optimally (Kamau, Mukaya, Muleke & Magoki, 2013).

### **2.5.1.3 Training**

Child protection social workers are empowered with several different skills and expertise in the field of social work and these personal resources (Chan et al., 2021) can be used in their personal lives as well. Social work is also experienced as a continued source of personal development and training or education is viewed as a supportive factor for CPSW'ers in remaining in this specific field (Cabiati, Raineri & Folgheraiter, 2020).

The following section will discuss the personal support required by social workers.

## **2.5.2 Personal support**

### **2.5.2.1 Self-care**

Self-care is an individual-specific, interconnected concept that refers to the engagement in activities focused on the management of the physical and emotional health of a person (Lee & Miller, 2013; Bloomquist, Wood, Friedmeyer-Trainor & Kim, 2016). Self-care can involve physical, emotional, spiritual, social and recreational activities. Self-care is necessary, especially in an environment characterised by high levels of stress and thus social workers specifically, require self-care due to the many challenges they consistently experience (Newel & Macneil, 2010), as these challenges place a high demand on their psyche (Šlosár, Šoltéssová & Plavnická, 2017).

Self-care is viewed as a mitigating factor for the negative influence that CPSW'ers work stress may have on their personal lives (Kossek, 2016b) and another form of selfcare is taking time off from work and this is needed in order to recuperate from work stressors and work demands (Fapohunda, 2014). Compassion satisfaction, as previously discussed can also be increased by engaging in relevant self-care practices (Salloum et al., 2015) where these practices enable CPSW'ers to become aware of and implement coping strategies needed for increased well-being (Pack, 2016). The proactive engagement and maintenance of self-care and the well-being of CPSW'ers should thus be a focus area for social workers themselves, as well as their supervisors and employers.

### **2.5.2.2 Personal strengths**

Factors such as self-knowledge, self-confidence and self-assertiveness was found as key factors for increasing resilience (Kearns & McArdle, 2012; Ungar, 2011; 2013; 2016) which lead to better adaptation to challenging working experiences (Truter, Fouche & Theron, 2014). The ability to also assertively implement boundaries between one's work and personal lives assist with not only the management of stress (Kossek, 2016b), but also being able to function optimally in both spheres of life (Chan et al., 2021). Maintaining realistic expectations of oneself was also found to aid in managing work stressors (Pooler, Wolfer & Freeman, 2014).

### **2.5.2.3 Interpersonal relationships**

Literature posits that support from family aids workers in managing work stressors (Kwok, Cheng & Wong, 2015; Li, Butler & Bagger, 2018; Zhang, Foley, Li & Zhu, 2018) and promotes the resiliency of social workers (Kheswa, 2019). This leads to a positive mood and attitude, which in turn produces job satisfaction and a sense of well-being at work (Kalliath, Kalliath, Chan & Chan, 2020). Authors (Truter et al., 2014; Truter et al., 2018) mention the existence of sometimes unsupportive/ unavailable supervision opportunities and found that CPSW'ers use personal relationships to debrief and relax which can be concerning due to the confidential nature of CPSW' work.

## **2.6 Conclusion**

Previous literature pertaining to the area of study was reviewed in this chapter and the relevant theoretical frameworks, policy and legislations applicable to this study was presented. The positive aspects of CPSW as well as the challenges associated with a career in this field of social work was included as well as supportive measures needed. The methodology for this study will be presented in the next chapter.

## **CHAPTER THREE**

### **METHODOLOGY**

#### **3.1 Introduction**

This chapter discusses the methodology that was used to conduct the research. The chapter includes a discussion of the research design, population and sampling, data collection, data analysis, data verification, and limitations of the study. A conclusion will finalise the chapter.

#### **3.2 Research Design**

A qualitative research approach was used as Shaw and Holland (2014) state that it allows for reshaping and change as the research process develops and it is thus viewed as being flexible and dynamic. An exploratory design was used as qualitative research is characterised by having a subjective, exploratory nature where it is concerned with the understanding or interpretation of phenomena in terms of the meaning assigned to them by people (Creswell, 2014; Pandey & Patnaik, 2014) instead of the explanation and prediction thereof (Creswell, 2014). This study attempted to describe the everyday experiences of participants and so a phenomenological design was furthermore used, where the focus is on describing the lived experiences of individuals regarding a specific phenomenon as perceived and experienced by those individuals (Creswell, 2014).

Human beings are complex and dynamic and a qualitative research is a process of in-depth exploration, identification and building of connections between what people think, say and do with the goal of understanding the influence of different aspects on one another (Roller & Lavrakas, 2015). Qualitative research utilises an interpretive approach in viewing issues from participants' perspective and understanding how they themselves interpret events and behaviour as well as how this is shaped or influenced by their specific context (Hennink, Hutter & Bailey, 2020). In this study the researcher aimed to understand participants' views on the influence that their experience of work has on their well-being and vice versa hence a qualitative design was selected for the study.

This research design further requires the researcher to be open-minded, curious and empathic as well as having the ability to listen to people's narratives (Hennink et al., 2020). The researcher was curious as to what the experiences of CPSW'ers are and she was also

interested in how they viewed their level of well-being and the influence that this has on their work experience.

The nature of this research focused on the participants' unique lived experiences and perceptions of how their experience of work and their well-being influence each other within a Non-Governmental Organisation (NGO) in the South African context. A qualitative research design was most suitable for this study as there is limited literature on this topic in South Africa. By utilising a qualitative research design the researcher was able to gain a contextualised understanding of the meanings that the participants attach to their lived experiences.

### **3.3 Population and Sampling**

The term population refers to the individuals who share specific characteristics (Arkava and Lane, 1983, in de Vos et al., 2011:223-224). The population in this study is all child protection social workers in South Africa. Sampling is described as the process of using a smaller amount of the population that is considered for the study (de Vos et al., 2011: 224) with the purpose of providing representation of the population as accurately as possible (Wood & Ross-Kerr, 2011:71). The sample group in this study was child protection social workers employed by ACVV in the Western Cape.

A qualitative paradigm generally uses non-probability sampling due to the sample size not being formulated by statistics (de Vos et al., 2011). Purposive sampling is a form of non-probability sampling where the researcher uses her own discretion and judgement when deciding on the sample that would be most representative in terms of having the characteristics being studied (Creswell, 2014) and this method of sampling was used in this study.

The researcher acquired permission from the manager for child protection services of ACVV to conduct the study. After receiving a list of social workers that qualified in terms of the sample criteria the researcher contacted these social workers and enquired whether they would be interested in participating in the study. The first twenty participants that indicated that they were interested received the consent form and interviews commenced. Twenty participants were involved as well as two separate child protection social workers who were used for the pilot study. The participants that participated in the study included child protection social workers working in urban and rural areas. This is however not included in

participants' profile descriptions in chapter four as this could jeopardize their anonymity. The sample criteria did not specify gender or age, but at least one year of experience in the child protection field was required so that participants had some experience within the field and they could thus provide some account of their experience in this field.

### **3.4 Data collection**

#### **3.4.1 Pilot Study**

A pilot study serves the purpose of testing the planned interviewing schedule so that if necessary, certain changes can be made in order to obtain relevant information to the specific study (de Vos et al., 2011). A pilot study was conducted with two social workers who met the sampling criteria. Some of the questions in the interview schedule were adapted as these questions were either confusing or only elicited superficial responses.

#### **3.4.2 Data collection method**

A commonly used data collection method in qualitative studies is interviewing and more specifically, semi-structured one-to-one interviewing (de Vos et al., 2011). This manner of data collection consists of gathering information by talking directly to participants as well as observing their behaviour in their specific context (Creswell, 2014) whether it was at their offices or at home.

The building of a relationship takes place during the process of one-to-one interviewing and this may enable the credibility of information collected where response bias is minimised as the interviewees are able to provide honest feedback (Roller & Lavrakas, 2015). This was the ideal data collection tool as the researcher was able to connect individually with the participants and build a rapport where they felt comfortable enough to share their views which subsequently led to the researcher being able to gain in depth data on the topic.

With the use of open-ended questions, the participant is viewed as the expert (Creswell, 2014) and the use of this method contributed to participants actively participating in the research process. Twenty semi-structured one on one interviews, were held via "Zoom" with the participants from twelve different social service offices of ACVV. These interviews were on average 50 minutes.

### **3.4.3 Data collection tool**

The data collection tool that was used in this study was a semi-structured interviewing schedule (Annexure B) which consists of predetermined questions that are used. The researcher followed de Vos et al. (2011)'s suggestion of creating an interviewing schedule in preparation for the interview so that she could critically think of open-ended questions that would not only provide the data required for the specific study, but also give the participants the opportunity to freely express their views on the topic. Adams (2015) agrees and states that this data collection tool is a work in progress, which can be adapted as needed. Due to the flexible nature of qualitative studies the questions in the interview schedule could be refined and adapted with time as the researcher became more adept at asking questions that elicited the most in-depth feedback.

### **3.4.4 Recording of data**

There are certain advantages of recording interviews as stated by de Vos et al. (2011) as it assists the researcher in focusing on the flow and process of the interview as well as obtaining more detailed information. Permission to be recorded is however required from the participants. In this study, permission to record the interview was included in the consent form (Annexure A) and participants were asked at the start of the interview to confirm their permission for the interview to be recorded.

### **3.5 Data analysis**

Data analysis involved the studying of the transcriptions, distinguishing between significant and insignificant data, considering potential patterns and themes that emerged in the process of organising and providing meaning to data collected (de Vos et al., 2011). This consists of organizing raw information, sifting and identifying specific patterns (de Vos et al., 2011) in the process of understanding, representing and interpreting the meaning of data collected by means of reflection and coding processes (Creswell, 2014). The audio recordings of the interviews were transcribed, translated by a third party. The researcher listened to the recordings and used the transcripts to, analyse and arrange the data into themes, categories and sub-categories by using Tesch's (1990) model as presented in Creswell (2014).

- 1) The researcher read through the transcriptions in order to become familiar with the data.
- 2) Similarities, themes and topics were identified and highlighted next.
- 3) Similar topics were clustered together into themes, categories and sub-categories.

- 4) Topics were furthermore inserted into a coding framework created by the researcher and any new topics that emerged was added to the existing structure.
- 5) The most applicable description for each theme, category and sub-category was created with a name that was most descriptive.
- 6) Categories were listed alphabetically.
- 7) A preliminary analysis was done after the data assigned to each category was assembled.
- 8) Lastly, existing data was recoded where necessary.

### **3.6 Data verification**

De Vos et al. (2011:419-421) cite Lincoln and Guba (1999) in proposing the four criteria in verifying the quality of the research done and they will be discussed accordingly.

The first criteria is *Credibility/Authenticity* which relates the researcher accurately depicting participants' feedback (De Vos et al., 2011). During the interviews the researcher frequently clarified the feedback received from participants in order to verify that she had accurately understood their opinions. The interviews were also recorded on "Zoom" and e transcribed, which assisted in the accurate representation of the data collected during the interviews.

Evaluating whether the findings of the specific research that was done, can be generalised and made applicable to another situation, speaks to the *Transferability* of a study; but this can prove challenging in qualitative research due to the exploration of subjective experiences (de Vos et al., 2011:420) as well as the findings being applicable to a specific environment or group of individuals (Pandey & Patnaik, 2014). There are however strategies in which the researcher can mitigate this challenge and one of them is linking the findings back to the literature (de Vos et al., 2011:420). In chapter four the researcher provided a detailed description of data collected which was linked back to literature.

Another criterion in verifying data is *Dependability* which refers to the possibility that if the study would be conducted in another similar context, with similar participants, the outcome could be replicated (Pandey & Patnaik, 2014; de Vos et al., 2011). The quality of dependability can be established if the study has credibility (Lincoln & Guba, 1985). The study was also closely supervised by the supervisor from the University of Cape Town.

The last criteria, *Conformability*, is concerned with the researcher's own bias, whether she has evidence supporting the findings and whether these findings can be confirmed by anyone else (Pandey & Patnaik, 2014; de Vos et al., 2011). In this study the researcher was aware of her own biases, prior to starting the research process and she received supervision throughout



the process, which mitigated the effect of researcher bias on the outcome of the study. Evidence in the form of notes, raw data and other tools that was used during data analysis was kept and could be provided if necessary. Any new findings that were significant in this study were accounted for and discussed.

### **3.7 Limitations of the study**

The limitations of this study are in relation to:

#### **3.7.1 Research Design**

A qualitative research design is viewed as challenging in terms of generalisation due to the subjective experiences being explored (de Vos et al., 2011:420). However, this research design was most applicable to the study because its purpose is that of exploring what the participants' views are of how their experience of work and their well-being influence each other instead of the collection of numerical data. The purpose of the study was also not to generalise.

#### **3.7.2 Sampling**

Sampling is a limitation due to the small size of the sample group making generalisability difficult (de Vos et al., 2011:420). The purpose of this study was to explore and gain an in-depth understanding of how the participants experience not to making the findings applicable to another case or situation. There cannot be an assumption made that the views and experiences of the participants in this study are shared by all child protection social workers in South Africa, however the purpose of collecting in-depth data from the participants in terms of the aim of the study, was achieved.

#### **3.7.3 Data collection method**

The data collection method could be one of the limitations as the researcher' skills has the biggest impact on the quality of the interview which relates to the collection of the specific data needed and the level of participation and sharing by the participants (de Vos et al., 2011). In an attempt to address these limitations, the researcher used open-ended questions in the interview schedule which was tested through the pilot study. The researcher also maintained a non-judgmental, engaged and reflective stance where confidentiality was ensured in order to motivate participants to feel comfortable and freely share their views on the topic. The researcher was aware that participants may feel pressure to provide positive

feedback about their experiences because of the fear of jeopardising their relationship with their employer, and an informed consent form was utilised.

#### **3.7.4 Data collection tool**

The use of interviews as a data collection tool has limitations including the potential for the interviewer being biased towards the interviewees, due to the personal characteristics (such as gender or race) or stereotyping based on the external appearance of an interviewee. This will in turn influence the accuracy of information gathered (Roller & Lavrakas, 2015). Other concerns when using interviews is the power dynamics present within the interview where the researcher assumes the superior role and takes command of the interview (Kvale, 2006), it is time consuming and requires the researcher to have knowledge about the essential issues of the research study (Adams, 2015). The researcher made use of the pilot study in preparation for using the data collection tool with participants. During the interviews the interviewing schedule was used as a guideline, but the researcher explored and probed further when it was necessary to extract more in-depth feedback.

#### **3.7.5 Data collection apparatus**

The use of a tape recorder may make participants uncomfortable during the interview and this could also influence participants to withdraw from the study (Greeff, 2011). The recording of data and persons having access to it was discussed in the consent form provided to participants and during the start of the interview participants were again asked to confirm their permission for the interview to be recorded. Within the “Zoom” application they were also able to see when the recording of the interview began and ended.

#### **3.7.6 Data analysis**

Limitations in terms of qualitative data analysis relate to the interpretive nature of this research design where data analysis is influenced by the researchers social, political and historical context wherein personal interpretation of data follows, which may influence the accurate representation of findings (Creswell, 2014). The researcher followed Tesch’s (1990) 8 steps of data analysis which assisted in the organising and structuring of the textual data collected in order for the emerging themes to reflect and reveal the essence of the data collected from participants.

### **3.8 Conclusion**

This chapter discussed the methodology used in this study pertaining to the research design, population and sampling, data collection, data analysis and limitations of the study. The findings of the study will be presented in the penultimate chapter.

## CHAPTER FOUR

### RESEARCH FINDINGS

#### 4.1 Introduction

The fourth chapter discusses the findings of the study. It includes a profile of the participants as well as the framework for the findings. The findings of the study will be discussed in relation to the research objectives.

#### 4.2 Profile of the participants

**Table 1: Profile of participants**

<b>Participant</b>	<b>Gender</b>	<b>Age</b>	<b>Marital status</b>	<b>Years' experience in child protection social work</b>
1	Female	62	Married	17 years
2	Male	40	Single	7 years
3	Female	34	Married	10 years
4	Female	40	Married	10 years
5	Female	25	In a relationship	3 years
6	Female	34	Married	11 years
7	Female	39	Married	13 years
8	Female	49	Divorced	7 years
9	Female	38	Married	14 years
10	Female	50	Married	27 years
11	Female	63	Single	40 years
12	Female	37	Married	9 years

<b>Participant</b>	<b>Gender</b>	<b>Age</b>	<b>Marital status</b>	<b>Years' experience in child protection social work</b>
13	Female	27	Married	3 years
14	Female	35	Single	4 years
15	Female	40	Married	10 years
16	Female	31	Married	3 years
17	Female	37	Single	13 years
18	Male	30	In a relationship	2 years
19	Female	31	Married	9 years
20	Female	32	Single	8 years

In order to ensure anonymity each participant was assigned a participant number randomly and these will be used as pseudonyms when using quotations. In terms of the demographics of the participants, there were only two male participants and the rest were female with an age range of 25 to 63. Most of the participants were married. The number of years' experience they have in child protection services range from 2 to 40 years.

### **4.3 Framework for discussion of findings**

**Table 2: Framework of findings**

<b>THEMES</b>	<b>CATEGORIES</b>	<b>SUB-CATEGORIES</b>
Child protection social workers' perceptions of how their experience of work positively	Supportive factors in the workplace	<ol style="list-style-type: none"> <li>1. Collegial relationships</li> <li>2. Supervision</li> <li>3. Training</li> <li>4. Time off</li> <li>5. Work Experience</li> </ol>

influences their well-being.	Having a sense of purpose	<ol style="list-style-type: none"> <li>1. Protection of children</li> <li>2. Making a difference</li> </ol>
	The nature of child protection social work	<ol style="list-style-type: none"> <li>1. Unpredictability of the work</li> </ol>
Child protection social workers' perceptions of how their experience of work negatively influences their well-being.	Workplace challenges	<ol style="list-style-type: none"> <li>1. Covid 19</li> <li>2. Nature of child protection social work <ul style="list-style-type: none"> <li>i) Unpredictability of the work</li> <li>ii) Caseloads</li> <li>iii) Lack of resources</li> <li>iv) Level of responsibility</li> <li>v) Personal safety</li> <li>vi) Repeated exposure to trauma</li> </ul> </li> <li>3. Supervision</li> <li>4. Expectations from the community</li> </ol>
	Negative personal consequences	<ol style="list-style-type: none"> <li>1. Emotional and physical health</li> <li>2. Influence on Family life</li> </ol>
Child protection social workers' perceptions of how their well-being positively influences their experience of work.	Family life	<ol style="list-style-type: none"> <li>1. Supportive relationship with partner and family</li> </ol>
	Intrapersonal factors	<ol style="list-style-type: none"> <li>1. Selfcare</li> <li>2. Spirituality</li> <li>3. Attitude</li> <li>4. Boundaries</li> <li>5. Self-assertiveness</li> </ol>

Child protection social workers' perceptions of how their well-being negatively influences their experience of work.	Factors effecting emotional well-being	<ol style="list-style-type: none"> <li>1. Stress</li> <li>2. Mood</li> <li>3. Own trauma</li> </ol>
	Negative influence of emotional well-being on working environment	<ol style="list-style-type: none"> <li>1. Decrease in work performance <ul style="list-style-type: none"> <li>Productivity</li> <li>Professionalism</li> <li>Level of concentration</li> </ul> </li> </ol>
Recommendations child protection social workers would make to their organisation in terms of the support they need.	Workplace support	<ol style="list-style-type: none"> <li>1. Teambuilding</li> <li>2. Debriefing services</li> <li>3. Reflective space</li> </ol>

#### 4.4 Discussion of findings

The findings of the research study will be discussed in relation to the research objectives of the study.

##### 4.4.1 Objective 1: To explore child protection social workers' perceptions of how their experience of work positively influences their well-being.

Participants identified three aspects of their experience of work that positively influences their well-being. These will be discussed below.

##### 4.4.1.1 Supportive factors in the workplace

The supportive factors in the workplace refer to five areas as discussed.

##### Collegial relationships

The majority of the participants felt that their colleagues formed an integral part of their support system where participants could share their experiences with each other, debrief with each other after a difficult day or case, as well as exploring solutions to challenges faced.

This provided participants with the opportunity to receive emotional support from people who they felt could relate to their experiences.

**Participant 8:** *“You know it is yes it is also what we find now of working from home there is this disjointedness ... we've been two in an office so you know you just got off the phone then you can turn around and say, you want to say something and you can say something or I get up and walk next door and say can you believe what the client said now or that social worker has not done my things yet. Here at home now I have to call and you kind of lose I think then a person starts to internalise a lot more, internalise so you, I miss not having my colleagues where I can have a soundboard yes.”*

**Participant 3:** *“At work we are, work together rather well as a team. So we give good support to each other too and then you de-stress here, because at home it is not really about the things we deal at work with ... but at work everywhere I've basically worked we have been sort of a team and like a family type of team so it is as if they also understand what a person goes through.”*

This finding is supported by research that indicates that collegial relationships are a support factor to social workers as it provides feedback, connection and opportunities for collaborative problem solving (Pösö & Forsman, 2013; Graham et al., 2014; Gorman, 2018; Rose & Palattiyil, 2020). The negative emotional health consequences of CPSW have been well noted in research and these relationships at work mitigate the risk of burnout as highlighted in several other studies (McFadden et al., 2014; McFadden et al., 2018).

These findings are supported by the JD-R Model whereby Demerouti et al. (2001) theorised that a job resource assists in the completion of goals as well as individual growth, thus the collegial relationships that the participants have assisted them in the resolution of certain cases as well as providing emotional support to them.

## **Supervision**

More than two thirds of the participants felt that the supervision they received was meeting their needs and providing the necessary support for assisting them in keeping a balance between their work demands and their personal life. A supportive supervision relationship enables participants to cope despite challenges experienced at work.



**Participant 10:** *“We definitely have an extremely nice area manager, I really think she supports us a lot you know. She will even come on a Friday afternoon and if you had a really bad week she will come with cappuccino in a cup, and we will drink cappuccino that afternoon or she will phone you or send a note or a voicemail.”*

**Participant 15:** *“Our supervisor has an open door where we can go in at any time to unpack with her and just tell her this is how I feel many times if you have experienced a lot of trauma in the community. Then she will always say it is fine go to your office, I see you worked through your lunch time, go home a little earlier and what she will also do is that she also sometimes we had a difficult day then she rewards us then she will say here is a message with a chocolate or a soap with a candle so she is very supportive regarding it.”*

Consistent with these findings, literature indicates that one of the functions of supervision is to provide support to the social worker, where a positive, supportive relationship between the supervisor and supervisee can promote their development, commitment and well-being as well as assist them in building resilience where they are able to face challenges and overcome adversity faced in their daily practice (Kadushin & Harkness, 2014). This finding of supportive supervision promoting resilience was also echoed by authors (Truter & Fouche, 2015; Mamaleka, 2018).

## **Training**

Most of the participants felt that they received sufficient formal training opportunities from their organisation as well as informal training through practice, where they have been equipped with knowledge, awareness and skills that they could also use in their personal lives. These include the ability to manage a lot of pressure, being open-minded, willing to learn from clients and the ability to interact with different people. Participants felt that this had a positive influence on their personal lives as it contributed to their personal growth.

**Participant 5:** *“I mean I am 25 and sometimes it feels to me like I am much older than I am actually or I feel older. I think it makes you an adult quicker and it gives you another perspective of life ... you get or come into contact with different types of situations. I know in other specialised fields you don't get this type of experience and it lets you grow quickly, find solutions quickly, quickly see if you can work under pressure.”*

**Participant 18:** *“You kind of open your eyes and your mind to understand these social issues and the impact that they make in families, children and in communities. So it, if I can put it that way, it broadens your mind to understand where does this person come from? What are the social issues, how does the social issue impact this family’s life, this child’s life, this communities’ life? So I think in that way of understanding and learning more about the social issues.”*

This finding is supported by research that indicates that on-going CPSW education and training provided CPSW’ers with a sense of mastery and agency as well as self-confidence and self-efficacy and other skills which they can transfer to their personal lives (Truter et al., 2018; Chan et al., 2021) such as conflict management and relationship management. Pooler, et al. (2014) further indicate that CPSW’ers training led to workers’ becoming mature, open and teachable as well as gaining confidence and the opportunity to grow which provides them with a sense of joy.

### **Time off**

Several participants felt that having a half day off provided them with the opportunity to be able to take a break from work both physically and mentally and this assisted them with feeling re-energised.

**Participant 18:** *“Yes I think that’s very important we also in our organisation we do that once a month you get a half day on a Friday, it’s ja it’s very nice that day when you get that half day, it’s so nice you leave the office early you can do whatever that you want to so ja I think also some of the organisations as well should try that even if it’s a day off or a half day but it does a lot of a difference.”*

**Participant 14:** *“I don’t know if other organisations have it, once a month we have a half Friday where it is that you can go do your hair or your nails or whatever and then we work until 12 o clock so that also helps.”*

Previous research indicates that taking breaks helps social workers to find a balance between their work- and personal life and it also provides the benefit of a rest period where they can recover from work demands (Graham et al., 2014; Fapohunda, 2014) which alludes to participants experiencing feelings of restored energy levels. This finding also agrees with Systems Theory which discusses equilibrium as a systems’ ability to adapt and achieve a state

of balance after instability (Payne, 2014) as CPSW'ers may receive an opportunity to adjust to work stressors by taking time off from work.

### **Work Experience**

Most of the participants indicated that experience gained in the field of child protection assisted them in understanding the importance of and engaging in self-care practices which in turn aided them in keeping their work separate from their personal lives.

**Participant 4:** *“Look you know at the beginning when a person is still sort of fresh in the profession and so then there are certain techniques that you learn from colleagues that have gained more experience already and you also learn from your own mistakes ... I will say that’s why I mention from experience because social work for me is a school ... but from it you get a lot of experience you gain good experience and what you can just grow, you cannot go backwards and to grow is good. Because it is part of your strengths.”*

**Participant 2:** *“A person has to build up experience and work with different people and all the challenges deal I think a person gets sort of it gets normal I almost want to say. You learn to cope with it, you get techniques for yourself and things that work for you to debrief ... like exercise or something that just gets you a little relief from the workload and the stress that we have on a daily basis. I think with time everything goes better and you learn to adapt with what happens.”*

**Participant 3:** *“I think my experience helps me to handle it better and to process it better how to de-stress and those types of things that is yes very important.”*

Several factors associated with burnout has been identified in literature, of which age and years of work experience are deemed influential in terms of stress levels and risk of burnout. The literature underscores the finding as it seems that with age and experience workers are better able to manage the influence of their working environment on their personal well-being (Craig & Sprang, 2010; Kim, 2011; Dagan et al., 2020; Chan et al., 2021) as they are able to manage expectations, implement emotional regulation practices that assist them in processing traumatic content as well as being beneficial to their ability for growth. This also concurs with a study done by Munro (2011) which suggests that frontline child protection services be carried out by veteran social workers as opposed to inexperienced social workers.

#### **4.4.1.2 Having a sense of purpose**

The researcher explored the child protection social workers' reasons for choosing to work in this field of social work. Two categories emerged.

##### **Protection of children**

All of the participants in the study expressed that they had the opportunity to protect children and this was their purpose in life which ultimately added satisfaction and value to their personal lives. Some of these participants further stated that protecting children was their passion in life.

**Participant 13:** *“So and obviously the usual I have a love for children and I feel it is a lifelong quest to protect children so why not? Why not start with this?”*

**Participant 1:** *“You know it’s just children. The defenceless, the vulnerable and then we have people must take responsibility for our community’s children ... so yes it was just the children, the defencelessness of it.”*

This finding concurs with research that indicates that the pursuit of the protection of children is one of the reasons or motivational factors for CPSW’ers doing this specific job (Westbrook et al., 2006; Stalker et al., 2007) which alludes to the participants experiencing the opportunity to protect children as valuable and adding to their life satisfaction.

##### **Making a difference**

Building relationships and being able to effect positive change in clients' lives was identified as rewarding at a personal level by the majority of participants. The participants mentioned that these relationships and clients' progress add to the purpose of their personal lives and gives them satisfaction and a sense of purpose.

**Participant 3:** *“I think to build a relationship with clients are the nicest to get to know them and to walk a path with them ... with child protection children it is a very different path that you walk with them than any other social work profession.”*

**Participant 18:** *“It’s when I know that the child is safe you know. When you believe in yourself that you’ve assisted someone and you can see the change it’s not always that you’re going to see the change now but when you see that I’ve placed this child in a safe*

*place I've made sure that this family is much more better compared to the state they were in so the most achieving day is when I can see there's progress, growth in what I was trying to achieve so that's the most rewarding."*

The findings are supported by literature which concurs that one of the occupational factors that contribute to social workers experiencing enjoyment and satisfaction in their lives, was the ability to make a difference by building deep connections with clients which effected positive outcomes in their lives (Schmied & Walsh, 2010; Pösö & Forsman, 2013; Pooler et al., 2014; Chan et al., 2021).

These findings also link to the JD-R Model where Demerouti et al. (2001) suggests that rewards can form part of job resources and participants in this study experienced a sense of accomplishment and reward when making a difference in clients' lives and this can in turn motivate CPSW'ers to endure and remain positive.

#### **4.4.1.3 Nature of child protection social work**

##### **Unpredictability of the work**

The majority of the participants also felt that the unpredictable nature of their work was one of the reasons they enjoyed their job as they had the opportunity to fulfil different roles and they were never bored. However the unpredictable nature of child protection social work was also experienced as challenging at times by most of the participants as this contributed to the amount of stress and pressure they were under when their planning had to constantly change due to crises.

**Participant 4:** *"But it is actually part of professionally, your development, your growth. Because I will get boring if every day had to play out the same because then you know your routine already. You don't look forward to it anymore ... now that is what is at social work, you can't, you don't know what is coming to you. And that is an experience, but a person enjoys it."*

**Participant 1:** *"I love getting into the office and getting a call from a child now, grab a cup of tea and there we go. I like it because I think I am a bit ADHD ... I enjoy it and then it lets me then I'll rather go type my report tomorrow morning but I like this being busy I can't sit still it's my problem."*

**Participant 18:** *“When you are a designated social worker you tap into all of those roles of child protection so you are an all-rounder because one day you are working with the CYCC you are working with the courts so, the hospital so you are kind of an all-rounder.”*

This finding shows that although CPSW can be viewed as unpredictable it also is found to be stimulating as no day is the same. This concurs with literature identifying the stimulating nature of CPSW as a retention factor as well as a contributing factor to social workers’ subjective well-being (Graham et al., 2014; Frost et al., 2018) if there are opportunities to fulfil a variety of work roles. (Shier & Graham, 2011). This also concurs with literature (McLean & Andrew, 2000; Aamodt, 2004) that identifies that a limited amount of stress could be advantageous for workers as it may lead to the experience of work being stimulating, challenging, interesting and meaningful.

The first objective of this study was to explore child protection social workers’ perceptions of how their working experience positively influences their well-being. The findings indicate that participants experienced their collegial relationships, supervision, training, time off from work and work experience as factors positively influencing their well-being. The participants also felt that the protection of children, making a difference in people’s lives and the unpredictability of CPSW had a positive influence on their well-being.

#### **4.4.2 Objective 2: To explore child protection social workers’ perceptions of how their experience of work negatively influences their well-being.**

This section will consider the participants’ perceptions of how their experience of work negatively influences their well-being. The findings indicate that these influences are in relation to workplace challenges, working in the communities and negative personal consequences.

##### **4.4.2.1 Workplace challenges**

The researcher explored the child protection social workers’ challenges that they experience at work and the negative influence these challenges have on their well-being.

## **Covid 19**

More than half of the participants identified COVID19 as a challenge in the work-context that negatively influenced their emotional well-being as their work environment abruptly changed, their access to clients and colleagues were limited and they felt overwhelmed by the material needs of clients which they could not provide. Participants experienced the consequences of Covid 19 as challenging on their ability to render effective services as well as feeling overwhelmed by the pandemic and its consequences on humanity. Concerns surrounding CPSW'ers exposure to the virus during their service delivery were also identified by the participants in the study as increasing their stress and anxiety.

***Participant 11:*** *“The Covid, that just makes it worse because you don’t know what you will walk yourself in against and we still do at the moment skeleton staff so you don’t know if the person that comes in, if he is affected ... I have found out about two of my foster parents that died of Covid ... have just found out now. So it is things that sit in your skin or sit on your clothes it’s people with who you had a far, had a close relationship, the most beautiful people.”*

***Participant 1:*** *“Let me tell you Covid has a bit of an effect on a person. You must remember I sit with a lot of people that came from elsewhere ... with no house, no car, no food and I must now provide to those and they have nothing. So you see but it’s not just me it’s everyone, we must give and we must give and our buckets are getting empty and nothing happens to fill them up.”*

The challenges of Covid 19 on service delivery has been noted in literature where several restrictions have been placed on child protection services in keeping with guidelines relating to the management of the pandemic and these restrictions further challenges the management of child protection cases (Levine, et al., 2020). Research indicates that one of the work-related changes that CPSW'ers have experienced due to covid 19 is the shift to remote work (Pink et al., 2020; Miller et al., 2020; Chan et al., 2021) and this alludes to participants reporting that they have found the lack of personal contact with not only each other, but also with their clients as negatively influencing their emotional well-being. Miller et al. (2020) also found that fear of exposure led to mild or severe peritraumatic stress related to covid 19 among professionals.

## **Unpredictability of the work**

As mentioned earlier, most of the participants felt that the unpredictable nature of child protection social work was one of the reasons they enjoyed their job however this unpredictability was also experienced as challenging at times by most of the participants as this contributed to the amount of stress and pressure they were under when their planning had to constantly change.

**Participant 5:** *“It’s just about the unpredictability of our work ... it is not like other fields where you have a session or a planned programme with someone and can execute it decently. I can have a plan with one client and suddenly there is a crisis with another client and I must look at it first ... so it is not always the best or easiest to do.”*

**Participant 4:** *“Oh, look because all your days are not the same when you walk into the office here you never know what is waiting already understand? So a day sometimes starts peacefully and then it’s a mess later in the day so a social worker cannot really do any planning because your planning is there but you do not know what the day will hold.”*

**Participant 9:** *“I have also learned in this profession usually when everything explodes and then you have a period of rest again. Before the next six bombs explode again. It feels to me like it’s these curves that are extremely intense everything at once and then where you can gather all the ropes again.”*

Child protection social workers, have unpredictable work schedules due to being expected to immediately attend to crisis events. This finding correlates with that of Chan et al. (2021) who reported that CPSW’ers experienced a lack of control in terms of their schedules due to crises which led to them having to put aside their planning and focus on these crises which intensified their already high workload and increased their anxiety. This finding also links to Systems Theory which postulate that one system will affect the other systems and this impact is sometimes unpredictable (Walker, 2012) where CPSW’ers exposure to unpredictability in terms of their work demands negatively influences their ability to manage their caseloads but also their stress levels.



## **High Caseloads**

Many participants experienced their caseloads as being excessive and a few participants mentioned that it was more than what it is supposed to be in relation to the minimum norms and standards set out for CPSW'ers in South Africa. This along with the associated administration duties caused fatigue and negatively influenced their family life as they sometimes had to take work home.

***Participant 6:*** “Remember according to paper you have to have a caseload of sixty for example, it has never happened as far as I know. So if you now have to look at the short term and the long term our caseload me and my colleagues’ are both over hundred and fifty, so now you must know there are still new reports that come so it does not become less it becomes more. And remember to think it's maybe hundred and fifty cases, but it's not hundred and fifty children, maybe two hundred children. Now you have to pay attention to two hundred children and just think for yourself how you should pay attention now.”

***Participant 17:*** “I have rather a high caseload. I am the worker in our office that has the most statutory cases, I probably have one hundred foster children, so I must, I keep myself busy every day with foster care supervision services that has to be provided besides the other cases that also has to get attention ... for me it is also a lot ... so that for me is also challenging.”

CPSW'ers high caseloads is recognised by several authors as a work stressor (Kim et al., 2011; Blome & Steib, 2014; Wilberforce et al., 2014). The emotional consequences of high caseloads are well documented and can contribute to stress, burnout and illness (Wilberforce et al., 2014; Kangethe, 2014; Salloum et al., 2015, Griffiths & Royse, 2017). The JD-R Model identified overwhelming workloads as a job demand (Demerouti et al., 2001) and due to CPSW'ers working with sensitive and urgent type of client-issues, the excessive amount of these type of cases are an ongoing challenge for the participants as this can lead to physical and emotional exhaustion and burnout.

## **Lack of resources**

There were some resources that the participants felt that they could manage without, for instance vehicles however most of the participants felt that the lack of essential resources,

such as alternative placements for children, amplified their level of stress and influenced their personal lives as they took their concerns home with them.

**Participant 3:** *“When you struggle when someone brings in a child again and says he doesn’t want him anymore and the chance that you can convince him that he mustn’t go home, and you sit with your hands in your hair, and you think where do I go with this child? Most of them has a variety of problems and to just drop them off at the next house yes that is challenging or yes when a report comes that the child is neglected, and you don’t have a clue where to go with these children then it gets difficult.”*

**Participant 17:** *“When you sit with a case where you must remove a child and now you maybe don’t have a place where the child can go so then you maybe place the child for the evening and then you go home with that, because then you are still worried about the child. So if I am not one hundred percent sure the child is safe with the person then I don’t sleep very well in the evening.”*

**Participant 7:** *“You do not get safety parents and then you think to yourself I should now just go home with the child or what should I do now with the child?”*

The literature confirms that a lack of resources in CPSW is a workplace stressor (Gonzalez et al., 2009; Bertotti, 2016) and the psychological consequences of this is documented in literature as contributing to social workers experiencing anxiety (Johnson, 2014; Cooper & Lees, 2015). The literature surrounding work-life conflict (ten Brummelhuis & Bakker, 2012) indicates that if one domain of an individual’s life, for instance the work domain, is characterised by low resources and high demands it may negatively influence the other domain, that of an individual’s personal life.

In South Africa this specifically links to literature by Sewpaul and Hölscher (2007) who reported that the resource shortage counteracts child welfare policies focused on developing self-reliant families. This challenge negatively influences CPSW’ers emotional well-being as well as the purpose of their services.

### **Level of responsibility**

The majority of the participants experienced the type of decisions that child protection social workers have to make on a daily basis with regards to the safety of children as a challenge as they fear making the wrong decision and this contributes to their stress levels.

**Participant 19:** *“I don’t think there is room for error you need to know exactly what you are doing where you are going. Because this is a crucial moment in the child's life so you must not be confused yourself you must be able to calm this child you must be able to show this child you know everything is going to be okay ... So you need to be able to move your insecurities aside ... So there are a lot of things that go into it to make sure that this process goes well.”*

**Participant 16:** *“Because in the end if anything happens to the child it falls on you because you have not, I know a person tries everything and you put steps in place and things but a person never knows and I think that is quite a challenge to have it be okay with it and now just hope and trust things will work out.”*

The burdensome weight related to decision making that CPSW’ers carry can negatively influence their well-being, their job satisfaction, quality of services rendered and their intention to remain in the profession. This finding agrees with literature that highlights CPSW being characterised by having to make difficult and important decisions regarding children’s short- and long-term futures within a very short time-frame (Truter & Fouche, 2019; Chan et al., 2021). The challenges of this level of responsibility have been documented in literature whereby responsibility for child abuse is laid at the door of CPSW’ers and they are often publicly blamed for these tragedies (Davies & Duckett, 2016; Dagan et al., 2016; Mcfadden et al., 2018) and this public blaming of CPSW’ers contribute to their anxiety as well as the unrealistic expectations surrounding child protection outcomes (Horwath, 2016).

Other factors of CPSW’ers’ working experience that negatively influence their well-being also include working in the communities and this will be discussed next.

#### **4.4.2.2 Working in the community**

##### **Personal safety**

Most of the participants felt that working with threatening or aggressive clients in communities that are characterised by poverty, drug use and gangsterism, negatively influenced their sense of safety and contributed to their anxiety.

**Participant 14:** *“Clients threatening my life ... Well in the past month it happened twice in February.”*

**Participant 13:** *“Many crises, you do not have much information, so you just go in and at many crises especially in the type of community where I work here, people are very aggressive and your social worker's reputation ... so when people see you it is already, they just want to attack you because you're coming to take children now... as we speak there are many as they call tik houses where people sell drugs ... obviously you have now the gangs and gang-wars, gang-violence and we already know in what streets it happens regularly so it is challenging. You get a report that you have to make a home visit at the home at this address and you know you as a social worker know that that is a street where there is regular gang violence, it is very challenging because now you sit and think to yourself okay I have to go do the home visit now, I have to go assess the situation now, assess the child's safety, what about my safety? What happens when a shot is fired, when a shot is fired? do I flee, you know? So, you do not know, and it makes it challenging at the end of the day we're social workers, we always go and it also messes with your psyche, it messes with your mental health because you are paranoid, anything can happen you do not know if that house you're going to is gangsters, so it's a lot of things can go along with it.”*

This finding of CPSW's concern surrounding their safety and the subsequent influence this has on their functioning is consistent with literature that report the common occurrence of violence and threats against social workers including threats from clients (Nhedzi & Makofane, 2015; Littlechild et al., 2016; Lamothe et al., 2018; Truter & Fouche, 2019; Dagan et al., 2020; Chan et al., 2021; Ferguson et al., 2021) and that child and family social workers have been found to be the most susceptible to threats of violence and aggression (Shin, 2011; Robson, 2014). The psychological consequences of this safety concern is documented in literature (Padyab et al., 2012). These findings are also consistent with the JD-R Model that explored the appropriateness of the physical environment of workers as a job demand (Demerouti et al., 2001) and also Systems Theory's argument that one system affects another (Payne, 2014).

### **Repeated exposure to trauma**

Most of the participants shared that they are repeatedly exposed to a variety of traumatic incidents where this can negatively influence their emotional health. A few participants mentioned that they take medication for insomnia and anxiety.

**Participant 8:** *“I think just that harsh harsh reality of how cruel life can be. I think if you, it's one thing to read in a book about a child's legs are broken and bruises and the child is dead. It's a completely different thing when you stand there yourself and you look at that little body. That is chalk and cheese you know and there is nothing that can prepare you.”*

**Participant 14:** *“I think just because of the specific case, the last 2 cases that I'm busy with it's just I'm not 100% uhm I think that I actually developed an ulcer ja I'm overtired, exhausted so at the moment it's just a lot of rapes.”*

**Participant 20:** *“That high levels that are so high that it literally drives you to the doctor to tell him he must just prescribe anxiety medication, that.”*

Social workers' regular exposure to trauma in their work-capacity and the negative influence this has on their emotional health was not a surprising finding as several authors recognise that the nature of CPSW; exposure to aversive details of traumatic incidents such as abuse, neglect and deprivation which can create unmanageable levels of anxiety for social workers. This could potentially have several negative physical and mental well-being consequences (McFadden et al., 2014; Sage et al., 2018; O'Sullivan, 2019; Rienks, 2020).

#### **4.4.2.1.2 Supervision**

When exploring supervision services, the majority of the participants felt that supervision services received was sufficient. However, several participants felt that there was room for improvement as they did not experience a sense of emotional support during supervision, and they felt that supervision mainly fulfilled an administration function. This has a negative influence on their personal well-being as it leads to work stress negatively influencing their emotional state. It is important to note that although most of the participants expressed that they found supervision to be adequate, the majority of participants also felt that they had a need for additional debriefing services, which will be discussed later on.

**Participant 18:** *“Yes supervisors are there but you find that mostly supervisors are doing the admin part of supervision so the emotional part, the psychological part they neglect because we need to attend, we need to finish up these cases ... so we need to achieve those targets but not understanding that the emotional the psychological part is the one that is dying in that social workers' life ... You talk about this case etc. but not really about me and what am I going through and sometimes do you understand, you know the skills how*

*to go about this but sometimes because you're overshadowed by there's too many things that are happening to you, personally and at work so you feel like sometimes you are drowning so I think most of the challenge comes from not having adequate supervision if I can put it that way."*

**Participant 5:** *"We need another department for emotional things, because our area managers cannot focus on you emotionally and be your manager of your work ... I think it is a bit unrealistic to expect all that from them and just from that one person. I know our area manager is one person between seven or eight maybe more social workers ... I think it is a thing that we lack in our profession and it's actually funny because we work with emotions, and we work with these things but that is not provided for us. We are told to work ourselves on our self-care, but it is sometimes very difficult because you need a bit more time in your industry too or in your workplace someone that is objective that is outside of the normal where you can be or talk to about certain things which you cannot actually discuss with your area manager."*

The literature supports the finding and highlights the important role supervision fulfils in assisting CPSW'ers with the everyday work pressures and the challenges when there is a lack or absence of emotional support in supervision and the focus is only on administration (Bradbury & Jones, 2013; Truter & Fouche, 2015; Vetfuti et al., 2019; Truter & Fouche, 2019). The focus on efficiency instead of encouragement for honest conversations about CPSW'ers emotions links to literature stating the negative influence this can have on CPSW'ers resilience as well as the increasing of their risk for burnout (Taylor, 2016).

The final working experience factor that negatively influences CPSW'ers' well-being is expectations from communities which will now be discussed.

### **Expectations from communities**

Expectations from the communities and other role players was identified by most of the participants as contributing to their already high stress as they are expected to assist everyone within a limited timeframe and with limited resources whilst adhering to administrative responsibilities. The communities' expectations regarding the role of the child protection social worker also complicates their ability to build a relationship with clients and being faced with all these community expectations sometimes frustrates them.

**Participant 17:** *I don't think the community really knows what we are dealing with, we a lot of times in every town where they say the social worker is not doing her job, but they don't realise what it is to remove a child, to type your report, find a safe place because like I've explained earlier, a case like that can keep you busy for 2 days as well ... because every client that walks in there feels that his case is important and must get attended to."*

**Participant 3:** *"Yes yes it's definitely also a challenge especially people like SASSA and Home Affairs which expects us to do extra things which we don't have time for that actually makes it more work for us and for them it is just write a little letter and it is not just write a little letter it is an investigation before the little letter can be written ... Children's homes as well when they want holiday placements. We can't just place children with someone they say we should place them with there must be background checks and there must be police clearance submitted and that takes a lot of time and they are like can't you send something next week and it can't just happen next week, so yes people expect a lot from child protection social workers, and they think we can I don't know move mountains."*

The participants' frustration with external expectations is consistent with literature where these expectations may lead to a high level of external and internal pressure, especially where roles assigned to them are not always feasible and this can negatively influence their well-being (Graham & Shier, 2014). The literature stipulates that communities often have unrealistic expectations of the CPSW (Griffiths & Royse, 2017; Truter & Fouche, 2019).

Research (Alpaslan & Schenk, 2012; Schiller, 2017; Payne, 2018) supports this finding of a lack of cooperation and teamwork among professionals as a factor that leads to stress as well as a decline in quality of services rendered.

The negative influence that participants' working experience has on them in a personal capacity will be discussed below.

#### **4.4.2.3 Negative personal consequences**

Participants mentioned that their working experience had a detrimental influence on their emotional and physical health which in turn had an adverse influence on their family life.

## **Emotional and physical health**

More than two thirds of participants mentioned that their working experience had a detrimental influence on their emotion health where they experienced burnout, anxiety and challenges with insomnia which in turn had an adverse influence on their physical health as well.

**Participant 10:** *“I think with my health as well it has suffered a bit and not just now, over all the years ... if a person neglects yourself then you end up with certain results and I think that is what happened, and everything simply snowballed. So, it is important that we look after ourselves.*”

**Participant 13:** *“Because it can get dark in front of you if you just go on and on ... to me it physically gets dark where everything just looks dull in front of me where I'll just feel wow you only see the files in front of you, you only see the tasks you have to do, even if you go home on some days then you also only see that in front of you ... to me it feels when I go into those stages where I just feel my well-being is not good, you feel you are lying in a hole and then it's the light is up there but everything around you is dark so it feels and in that hole are all your files and your laptop and you work in the dark. That's how it is ... I know I smoke a lot of cigarettes, so that can also be due to stress. It definitely has an impact, or you overeat again because a lot of people are emotional eaters, everyone has their own way of dealing so it has a physical impact as we mentioned, the emotional, the mental impact that it also has.”*

**Participant 6:** *“Where the boy was sexually abused... he did the very bad things with that child. I could not sleep for days because it affected me so that I later had to go see the doctor that he had to give me something to sleep.”*

CPSW'ers work negatively influencing their emotional health is not an unexpected finding as several authors recognise the presence of emotional health challenges such as secondary traumatic stress, compassion fatigue, emotional exhaustion and burnout among this specific population of social workers (Shier et al., 2012; Lizano & Barak, 2012, 2015; McFadden, Campbell & Taylor, 2014; Dombo & Blome, 2016; Griffiths, 2017; Campbell & Holtzhausen, 2020; Chan, Fan & Snell, 2021). Most of the symptoms experienced by the participants concurs with literature describing compassion fatigue, burnout as emotional



exhaustion, depersonalisation and reduced feelings of personal accomplishments (Maslach & Leiter, 2008; Maslach et al., 2014).

The participants experiencing challenges with their sleeping patterns are also similar to findings of Griffiths (2017) who found that disruption of sleep and neglecting oneself was experienced by participants working in public child welfare.

### **Influence on Family life**

Many of the participants felt that when they experienced a challenging day at work this negatively influenced their mood and energy levels which adversely affected their relationships with their families.

***Participant 7:*** “*I find it difficult to switch off ... when I go to sleep tonight then I dream of what happened anyway, so you never switch off it influences a person ... I'm tired and then I don't have strength to listen to my children I don't have strength to listen to my husband, I don't have enough energy to give to my children at home so that is one of the negative aspects and a person is moody when a person is tired. You don't want to fuss you are irritated.*”

***Participant 13:*** “*When I get home and I now have to engage with my husband or with my child or with any other family members then I just want quiet time I just want to switch off first or just not talk because we talk all day. So just that little bit of quiet time so sometimes it can really also have a negative impact on relationships because the first thing that family members since they do not understand now sometimes how bad the work is they will think oh what is going on with her now?*”

***Participant 9:*** “*If a person had a difficult, rough day at work then you go home with those emotions yes and then you are tired or yes sleep. You don't have as much energy for the kids or the husband yes, so it definitely has and yes I am quite inclined to get nightmares about clients and such types of stuff. So that's now something that affects your sleep.*”

The finding of CPSW'ers work experience negatively influencing their personal lives agrees with literature which highlights that when CPSW'ers are overwhelmed by work demands and this outweighs their personal coping resources, their work interferes with their home circumstances (McFadden, 2020; Chan, Fan & Snell (2021). The literature also indicates that the regular exposure to psychological distress in a SW'ers life could negatively influence

their interaction with their family (Zheng et al., 2015; Griffiths, 2017; Bartels et al., 2019; Chan et al., 2021) where they for instance do not have the necessary physical energy or emotional capacity left to empathise and effectively manage conflict at home. Systems Theory notes that there is a mutual influence between an individual and the other systems they are part of (Payne, 2014), thus the CPSW's stressful experiences at work may influence their family system.

This objective explored child protection social workers' perceptions of how their working experience negatively influences their well-being. Covid 19, the nature of child protection social work, supervision, expectations from the community, emotional and physical health as well as the influence on family life was indicated as work experience factors that negatively influence well-being.

#### **4.4.3 Objective 3: To explore child protection social workers' perceptions of how their well-being positively influences their experience of work.**

This section will consider certain factors contributing to participants' well-being and how this positively influences their working experience.

##### **4.4.3.1 Family life**

###### **Supportive relationship with partner and family**

Almost all of the participants stated that they had supportive family members which included their spouses, partners or extended family and spending time with these support systems assisted them with coping with the demands of their work.

**Participant 1:** *“Let me tell you, I am blessed with the fact ... that I have a husband that supports me very much and yes. I don't carry these burdens too heavily.”*

**Participant 17:** *“I have a lot of support from my parents, I still live with them ... I have support from my brother, my friends so I have a lot of support.”*

Participants mentioned that their relationships with supportive significant others assisted them in coping with the physical and emotional demands of their working environment and this is confirmed by research that indicates that family support has been found to assist workers with coping with work-related stress (Kwok et al., 2015; Li et al., 2018; Zhang et al., 2018; Kheswa, 2019; Chan et al., 2021). The literature asserts that family support positively

influences social workers achievement of job-related well-being and job satisfaction (Kalliath, 2020).

These findings also demonstrate what Systems Theory argues whereby an individual is part of a larger system divided in subsystems and it does not function in isolation, but rather in interconnectedness (Walker, 2012). The support that CPSW'ers receive on a micro level from their family or partner will thus influence how they experience the other systems that they are involved in.

#### **4.4.3.2 Intrapersonal factors**

##### **Self-care**

Self-care was identified by most of the participants as assisting in having a good sense of personal well-being that helps them manage work-related stress. The following examples of self-care was identified; physical exercise, taking a break or leave when needed, reading and other recreational activities.

***Participant 2:*** *“Personally I think get your things even like exercise or something that just gets you a little relief from the workload and the stress that we have on a daily basis”.*

***Participant 20:*** *“I love it, gardening. Then I also used to gym very hard which is amazing for work, that you just let go ... and I love to read.”*

Research confirms that selfcare is important in the management of a high stress environment (Newell & Macneil, 2010; Lee & Miller, 2013) and selfcare is a critical coping mechanism for social workers as this requires them to be mindful of their psychological state as well as the interventions needed for increased coping (Pack, 2016). Self care may mitigate or prevent negative consequences in social workers' personal lives, resulting from their high stress working environment (Newell & MacNeil, 2010; Kossek, 2016b; Lichner et al., 2018; Chan et al., 2021).

##### **Spirituality**

Several participants felt that their spirituality helped them self-regulate which assisted them with dealing with stressful situations or cases at work. This spirituality could include going to church, having a relationship with a higher being or meditation. Spirituality was identified

by participants as increasing their resilience and subjective well-being which in turn assisted them with adapting to work stressors.

**Participant 14:** *“I think for me being a spiritual person helps and under normal circumstances I go to church every day but due to what we’re going through as a country we go twice a week, Sundays and Mondays which helps.”*

**Participant 6:** *“Yes the church we have a community for example they support me an awful lot. I'm part of Josh Generation Joshua Generation so we have a really especially now that we can start going to church again but we are on the phone with each other if you need anything spiritual or you need prayer or you need anything then I will contact my community leader.”*

**Participant 19:** *“Daily prayers help us a lot.”*

This finding is similar to literature which reported that spirituality promoted SW’ers’ adaptability as well as supporting them in the execution of their duties and persevering in this stressful occupation (Truter, Fouche & Theron, 2014; 2018; Kheswa, 2019). This finding further links to research that identified a connection with faith and religion as positively influencing social workers’ level of subjective well-being (Graham & Shier, 2010).

### **Personal Attitude**

A positive attitude and frame of mind was identified by more than half of the participants as keeping them motivated to endure through challenging times at work. A positive mind-set also assisted participants in maintaining perspective and thinking differently about challenges they experience at work.

**Participant 19:** *“It’s very very important to be able to build a relationship obviously at the beginning or in most cases at the beginning it is not positive but I have still achieved hundred percent success in the sense that you don’t you do not give up ... it is what it is it just has to work you just have to make a plan. There is no sitting in a heap and crying you just have to you just have to do it yes. So I just cope I just cope.”*

**Participant 8:** *“In essence that's our job, is change managers. That's why we do it, if you the day and the moment when you stopped believing that you can make a difference you*

*should look for a different job because that's what we do. That's in essence why we do this."*

**Participant 12:** *"A person tries to be positive and think of something to see if it won't work, but it, sometimes you can really not do anything about it and that's it so we try to work with what we can. When I am negative for a day then I tell the office come let's just go sit and do something that we just get a bit more positive or just break for a bit so that you are just positive again and then you take on things again or you think a bit differently about things."*

This finding confirms literature which highlight the influence of social workers' outlook, personal attitude and motives serving as a mitigating factor for work related stress when they had realistic expectations of themselves, they focused on small successes and maintained perspective (Pösö & Forsman 2013; Pooler et al., 2014).

#### **Maintaining Boundaries and being assertive**

The personal skill or ability to enforce boundaries between the demands of their personal lives and their work assisted most of the participants in remaining emotionally balanced, professional and resilient in their job. Some of the participants felt that having the ability to be assertive was a supporting factor when it came to dealing with the challenging nature of their work.

**Participant 2:** *"If you prepare yourself for the day and then you come from home and come with a positive attitude, so the emotions and the things that I feel and bring with me I must first leave it outside and then when I go home then I can go pick it up again ... I think it is just a decision that you make to say I am now at work so I am at work and when you are at home you are at home ... I almost want to say you change your hats."*

**Participant 4:** *That is why a person must keep a balance between your work and your personal life. When I am here at work I am focussed just on my work and on what I have to do but when I walk out of here 16:00 this afternoon then it is I am switched off from work tomorrow morning comes again come think about work ... so there are certain times where cases get you emotional but in a person's professionalism you must always be able to process it ... to keep a balance between your work load and your personal lifestyle, there must be a balance otherwise you will burn out."*

**Participant 8:** *“I had to learn how to say no I had to without feeling guilty so and I think it's a skill that a person yes a person gets sometimes people that have strong personalities and can say no but I think it is few.”*

The literature confirms that that being assertive in managing the boundaries between an individual's work and personal life can lead to not only the reduction of the conflicts that develop between these two domains but also the reduction of stress, burnout, mood disorders and the improvement of physical and mental health for CPSWers (Pösö & Forsman, 2013; O'Reilly et al., 2013; Graham et al., 2014; Kossek, 2016b; Truter & Fouche, 2019). Chan, et al. (2021) confirm that where CPSW'ers implemented boundaries between their work and non-work environment in order to separate the two on an emotional, psychological and behavioural level, they could thrive in both roles.

The third objective explored CPSW'ers' perceptions of the positive influence that their well-being has on their experience of work. The findings indicate that family life, intrapersonal factors, personal attitude, maintaining boundaries and being assertive are factors of CPSW'ers' well-being that positively influence their experience of work.

#### **4.4.4 Objective 4: To explore child protection social workers' perceptions of how their well-being negatively influences their experience of work.**

There were two areas of participants' well-being that negatively influence their work experience. These are factors influencing participants' emotional well-being and how it influences their working environment.

##### **4.4.4.1 Factors influencing emotional well-being**

###### **Stress**

Participants in this study stated that a low level of emotional well-being could negatively influence their experience of work. A significant number of participants felt that if they were experiencing stress in their personal lives, it negatively influenced their ability to perform well at work.

**Participant 1:** *“Yes I think any social worker I think any person that works with people must take care that their well-being must be good. Therefore, if you don't feel well go on holiday or just do something but you cannot do this job if you have issues in your personal life or it's not going well with you.”*

**Participant 3:** *“Well it is not supposed to influence it, but it does a little bit when the stress gets a bit high then it will maybe influence it yes. You must not bring everything from home to work.”*

These findings are consistent with research done by Kossek (2016b) that found that an individual’s physical, emotional and cognitive aspects of their personal life is carried over to their work life and this can have an adverse influence on productivity as well as concentration. These findings demonstrate what Systems Theory argues whereby any change in one system will affect the other systems (Walker, 2012), so if a CPSW’er is experiencing stress in a personal capacity this may affect their work experience and -performance.

### **Low mood**

A third of participants felt that when they experienced challenges in terms of their mood, it had an influence on their ability to perform well at work especially in terms of their professionalism.

**Participant 16:** *“If a person is frustrated and irritated it also affects how you work with clients, how you see cases, if you are tired and burnt out and exhausted you will not necessarily do the work as a person can do it.”*

**Participant 19:** *“So if you are feeling down if you are under the weather if you are whatever then it is difficult to produce good productivity so it's good that you know your job affects you A, B and C then you also need to know what you can do to overcome it how you cope.”*

Participants reported that their mood influenced their ability to respond professionally to their clients and render an effective service to them. This finding concurs with literature that argues that mood can have an impact on the quality of the CPSW’ers relationship with clients (Ingram, 2013; Ferguson, 2017). The findings is also consistent with Systems Theory’s argument that one system affects another (Payne, 2014).

### **Personal trauma**

A few participants identified their own as well as their colleagues’ trauma being triggered by this job as having a negative influence on their ability objectivity when dealing with similar cases.

**Participant 18:** *“We come from these communities which are affected also by similar social evils that the client is facing ... I’m not different from the child that is going through that, yes I’ve overcome some of those challenges but that does not mean I’m better than that child I’ve experienced a similar challenge so when you are confronted with a case that presents similar challenges and you are bound to be influenced by that ... you are bound to react personally.”*

**Participant 1:** *“A lot of people that go and study social work, studies it for a specific reason, it is normally to handle a crisis themselves ... So yes there is a big emotional burden ... Because you can’t work with baggage, then you sit with the people that are unstable or that often completely overreacts at the client.”*

Some social workers’ decision to enter the field of social work is motivated by their own desire to address societal challenges as they themselves were exposed to challenging circumstances or struggles (Mamaleka, 2018). This finding is further supported by literature that suggests that there is a link between CPSW’ers adverse childhood experiences (ACE) and their ability to cope with work stress (Dagan et al, 2015; Lee et al., 2017; Bartels, et al., 2019).

#### **4.4.4.2 Negative influence of emotional well-being on working environment**

Participants mentioned that their emotional health can negatively influence their working environment where there is a decrease in work performance, professionalism as well as concentration.

##### **Decrease in work performance**

###### **Productivity**

A third of participants experienced having a low mood leading to a decrease in their ability to get their work done or to keep to their planning.

**Participant 16:** *“If your well-being is not so sort of semi okay it definitely flows over into your work and how your productivity and then also in terms of how you then handle your cases or the situations then now see or manage.”*

**Participant 7:** *“Of course your personal well-being influences your way how you go to work that day and your how productive you are going to be or can be but when things*



*happen at home I always try not to, unless it comes to my children my children are sick and I have to pay attention to that now then I'm going to influence myself here at work now.”*

The literature identifies personal stress as having a negative influence on work, including poor work performance and burnout (Jeweiks, 2002; Yavas et al., 2008; Wang et al., 2012; Meenashki et al., 2013) and thus confirms this finding.

The literature also posits that the exposure to prolonged personal stress negatively influences workers' health (Burke & Greenglass, 2007; O'Donovan, et al., 2013; Young, et al., 2013) and this in turn negatively influences work performance. These physiological problems lead to emotional challenges at work where it may also contribute to the development of conflict within the work-context (Masters & Albright, 2002).

### **Professionalism**

When some participants were under pressure in their personal lives, they did not have the ability to fully support and have patience with their clients.

**Participant 5:** *“There are days that your personal life brings things forward where you feel very bad or you feel oh wow I can really not get through this day or you are emotionally really in a bad place and then must come to this side to come work ... I think from the start you must know how to regulate it especially when it comes to your personal life that you don't come here with a sad countenance and so and also you can't how can I say, be that resource for your clients on that day, because even if we aren't doctors, we have a big influence on other people's well-being. So if you don't feel good on the day and you know you don't feel good, you must then rather talk to someone and say that you cannot put on your smile and help someone.”*

**Participant 9:** *“If there is a bad thing that has happened personally, I just think back to the past when things were bad for me maybe. It definitely has an influence, because when you yourself have big issues then other people's crap really feels like, really no, but you really don't have time for this. So I went through such phases so it definitely has an influence on your patience and yes how you are open to listen to people maybe. If it goes well yes if it goes very well and you are yes you have how can I say? You don't have any issues and such stuff, then yes then I think your heart is more open for people to listen and to try and understand what they are going through.”*

Literature posits that conflict can ensue between an individual's personal life and their work where demands in the one context drains their personal resources which in turn leads to insufficient resources needed to for optimal performance in the other context (ten Brummelhuis & Bakker, 2012) which alludes to participants not having the necessary emotional resources to be supportive or patient towards their clients. This finding is supported by other literature that identified personal resources such as physical energy and a positive mood as important factors in the relationship between an individual's personal- and work life (Carlson et al., 2006; Wayne et al., 2007).

### **Level of concentration**

Some participants felt that when they were struggling emotionally it negatively influenced their concentration and also led to challenges with their memory.

**Participant 14:** *“It does influence my work for instance I was supposed to send you a consent form and I completely forgot. Now I can't even remember how I saved it so it does and sometimes I'll forget the next appointment of where I was supposed to be because of the level of stress at the moment it does effect my work.”*

**Participant 19:** *“So it definitely has a positive and negative because if you are not feeling well, now you are sitting and you cannot focus and certain things need to be done so yes it plays a big role that which you do.”*

**Participant 20:** *“So yes I am tired I am tired I feel emotionally and physically tired it is really difficult to get up in the morning, it is difficult to do a lot of reports because it takes a lot of brain power and my brain is tired.”*

Consistent with these findings is literature which indicate that employees who cannot adequately manage personal stress feel drained and distracted while at work (Schmidt, 2012; Meenakshi et al., 2013). Literature relating to this finding further argues that when workers are happy in their personal lives, they will be productive at work (Joo & Lee, 2017; Abualoush, et al., 2017).

The negative influence that CPSW'ers' well-being has on their working experience was explored by this objective. Findings indicate certain factors that influence CPSW'ers' emotional well-being which negatively influence their working experience.

#### **4.4.5 Objective 5: To determine what recommendations child protection social workers would make to their organisation in terms of the support they need.**

The final section considers recommendations made by the participants to their organisation in terms of work-related support that they need to cope effectively with work challenges.

##### **Need for Teambuilding**

Several participants felt that regular teambuilding activities would serve as a method of support in increasing their well-being at work and being able to address challenges experienced.

**Participant 15:** *“If the management of the organisation can also look to put team building opportunities in place regularly... if we can do more team building.”*

**Participant 6:** *“Let's go eat somewhere it does not have to be eating let's go for a walk somewhere as a team just to get rid a little bit of that things understand?”*

**Participant 20:** *“Maybe once a quarter take us to do teambuilding, something like that.”*

Collegial relationships were earlier on identified as a key support system and this finding corresponds with literature that reported that formal team building as well as informal social activities can contribute to and strengthen collegial relationships which can serve as an intervention method for burnout (Lichner et al., 2018; Rose & Palattiyil, 2020).

##### **Need for debriefing**

As indicated previously the majority of the participants felt that debriefing services were a necessity due to the traumatic nature of their work and they do not always feel comfortable or have the opportunity to debrief during supervision.

**Participant 10:** *“Yes, I think at this stage it is not such a big issue for me but I think it will be rather important that there should maybe be another channel for social workers for example say like relief after a difficult case ... I think in future it might be a good thing ... I often think if I had such an open channel in my younger years if I might have handled things differently and I might not have, when I worked at ... have burnt out you understand.”*

**Participant 12:** *“Oh I will love that, go and lie on a couch at a psychologist and share all my issues and how I feel about my clients, one hundred percent they can come. We have already asked for a very long time when we started working here when I started in 2015 it sort of came on the table what ACVV thought about it. I think they don’t always have the manpower and the finances to cover it ... I think it will a lot, let you feel lighter because you just walk around with a lot of stuff in you inside that a person cannot actually share with someone.”*

**Participant 11:** *“I have found a way to keep to myself that which I struggle with, they do not notice anything, they don’t realise how I feel because I don’t talk to them about it. There is no place for us to go and talk so I just carry on, I just carry on and do what I must do to the best of my ability ... I would have liked that debriefing sessions and such type of things be implemented that there really be looked at the personnel because we go through very very difficult things and at the end of the day you must make it through on your own.”*

This finding of participants being exposed to traumatic material and not talking about it is supported by research that indicates that social workers are vulnerable to depersonalised defensive practice (Hingley-Jones & Ruch, 2016; Ferguson, 2017) where these anxieties and defences may negatively influence CPSW’ers responses to children and their families if a space for containment, is not provided (Ferguson, 2011; 2017). Participants identifying the need to be able to openly share their work experiences concurs with literature that identifies a containment space as serving as a supportive tool for social workers (Hingley-Jones & Ruch, 2016). This focus on an emotionally supportive space further concurs with other literature surrounding the importance of supervision providing emotional support to social workers (Hingley-Jones & Ruch, 2016; Engelbrecht, 2019; VETFUTI et al., 2019).

These findings also demonstrate what Systems Theory posited regarding the ability of a system to adapt and return to a state of balance or equilibrium (Payne, 2014) whereby CPSW’ers may receive an opportunity to adjust to work stressors by use of debriefing services where this can lead to balance, development and growth.

### **Need for a reflective space**

Some participants felt that if they had a room or a space at the office where they could take a break in between clients and can self-regulate, it would improve their emotional well-being which in turn would assist them with managing the stressful nature of their job.

**Participant 12:** *“I don’t think it is a bad idea, it can work quite a bit. We try to each in our way in your office if you just take a break look for something to just debrief, I like to draw we sometimes go and sit in the hall and do something just to break or we go home we take our things and go home if you have now completely lost it ... something like that is quite a creative way to look to maybe make a balance again ... what now unfortunately happens if you are depressed or don’t feel good then you sometimes lose pace with what you must actually focus on so that which you take in and eat and stuff and exercise. So that will be quite a wonderful way that can work to do it. I just think sometimes with the costs and finances to get it past number one head office or even the management, the management are not always focused on the emotional well-being of the social workers yes.”*

**Participant 15:** *“If our staff room can be set up where there is a rope to jump, there are tools for us that we can use to relax, a yoga something or educational things on a TV that also helps to deal with your feelings around what you have been through. This will definitely help.”*

Participants identifying a need for a space where they can engage in emotional regulation practices links to research suggesting that CPSW’ers are expected, to be empathic towards clients and they need an awareness of self that is separate from their clients as well as the ability to understand and regulate their own emotions (Platt, 2012; Grant, et al., 2014; Rose & Palattiyil, 2020). Literature underscores this finding as certain components of emotional intelligence such as empathy, mindfulness and emotion regulation serve as important coping mechanisms as well as facilitating resilience (McGarrigle & Walsh, 2011; Schneider, et al., 2013). Griffiths (2017) suggested that organisations should consider providing opportunities for workers to implement selfcare strategies as this is very important, not only for the CPSW’ers physical- and emotional health, but also for the organisation in retaining CPSW’ers who can render an effective skilled service.

This last objective explored the support needs of CPSW'ers and included the need for teambuilding, debriefing and a reflective space.

#### **4.5 Conclusion**

This chapter discussed the findings that illustrated participants' perceptions of the influence that their work experience and well-being have on each other. It was found that although participants felt that their working experience positively influenced their well-being they also still experienced workplace challenges. They identified certain ways in which their well-being positively influenced their working experience, however there were also some instances identified where their well-being can have a negative influence on their experience at work. Participants furthermore made some recommendations in terms of support needed to cope with the demands of the job. The final chapter discusses conclusions pertaining to the research study and also makes recommendations for future research as well as recommendations to the ACVV.

## CHAPTER FIVE

### CONCLUSIONS AND RECOMMENDATIONS

#### 5.1 Introduction

This final chapter will discuss the main conclusions of the research study. Recommendations will be made to the ACVV and recommendations for future research will also be presented before the final conclusion.

#### 5.2 Conclusions

The following conclusions can be generated from the findings of the study.

##### 5.2.1 **Child protection social workers' perceptions of how their experience of work positively influences their well-being.**

It is evident that the participants see their work as positively contributing to their well-being and they were able to identify the positive factors that positively influence their well-being.

The value of a positive relationship with colleagues was evident. The sense of unity in sharing the same burdens associated with participants' work in the specific field of CPSW was a key benefit for the participants. The supportive functions of these relationships are not limited to emotional support, but they also provide professional support where advice and experience are shared amongst colleagues when exploring solutions to challenging cases.

Supervision was another positive factor because it assisted participants with maintaining boundaries between their work- and personal lives. Maintaining the work boundary enhanced participants' level of well-being as participants were able to manage their work stress effectively and limit the influence thereof on their personal lives and relationships.

The formal and informal training that the participants receive within their organisation and day to day working experience is beneficial and applicable to their personal lives and relationships as well. This training equipped participants with interpersonal- and interactional skills, the ability to be non-judgemental towards people and manage a lot of pressure. Participants were able to use this knowledge and skills in their interpersonal relationships and this leads to personal growth.

One can conclude that time off was an important positive factor which also influenced well-being and having an extra half day off was seen as beneficial. The time off allowed the

participants to take a break from their work leaving them feeling more motivated and energised.

The value of experience is evident in this study as it assisted participants with having self-awareness about their well-being and the necessity of self-care practices. Gaining experience in this specific field of social work enables participants to better manage and cope with work related stressors.

It is evident that the opportunity to protect children and to contribute to the lives of others are significant factors in ensuring that the participants find reward in their work. The belief that they are making a difference positively contributes to participants' sense of value and life satisfaction.

One can conclude that the unpredictability of child protection social work where situations often arise spontaneously, is stimulating at times. These social workers are exposed to a variety of roles, responsibilities and tasks that they have to attend to, and this prevents their work from becoming monotonous.

### **5.2.2 Child protection social workers' perceptions of how their experience of work negatively influences their well-being.**

There are also several challenges associated with a career in CPSW. Firstly, the COVID 19 pandemic has meant that most of client engagement has happened online and the move to online work has detracted from the relationships with clients. The participants prefer face to face contact. Whilst the unpredictability associated with CPSW can be stimulating it is evident that it is also a challenging factor because it intensified stress levels as participants could not plan their work in advance.

Thirdly high caseloads were identified as contributing to participants' fatigue as well as the negative influence this had on personal relationships because it imposed upon time spent with family. The participants sometimes had to work on cases after hours where they would either take work home or remain at the office after working hours which meant that they were not available to their families.

The lack of resources is another negative factor that negatively compounded the participants' stress. The lack of resources was seen to have a direct influence on service delivery as it challenged the implementation of intervention plans focused on strengthening the families. It



is also evident that participants experience a high level of stress due to the life-altering decisions they must make as well as the responsibility associated with these decisions.

Another factor that is apparent from the findings as well as literature is the risk to personal safety associated with work as a CPSW. The threat to personal safety was experienced by participants as contributing to their anxiety and stress. One can conclude that the repeated exposure to traumatic events negatively influences the participants' emotional and physical health. The consequences of this exposure included disruptions to sleep patterns and the need for medication. Along with the threat to personal safety, the expectations that certain individuals and communities have of CPSW'ers can also be overwhelming. Expectations such as having to address any or all client issues within a limited time frame, regardless of whether it is within the CPSW'ers scope of practice or whether crisis intervention is necessary, can exacerbate their stress levels. These expectations lead to feelings of frustration and exhaustion which in turn negatively influences the participants' well-being.

Although the findings indicate that supervision assisted in the maintenance of boundaries between personal and professional life it is interesting to note that supervision did not always fulfil the need for emotional support. The findings show that the stress of participants' working experience negatively influenced the participants' emotional state and they would like more emotional support.

### **5.2.3 Child protection social workers' perceptions of how their well-being positively influences their experience of work.**

There are several ways in which participant's well-being positively influenced their work experience. It is apparent from the findings as well as literature that supportive personal relationships are a factor that positively contributes to work-related well-being and job satisfaction. It was evident that quality time spent with significant others and family, assisted participants in managing the emotional and physical demands of their work.

The findings indicate that self-care and spirituality assisted the participants in coping with work related stress. One can also conclude that the engagement in self-care practices such as gardening, reading, exercising as well as prayer assists in self-regulation where participants are able to be mindful of and regulate their emotions which assisted with managing work related stress.

Certain attitudes, such as remaining positive and hopeful assisted participants in remaining motivated to provide child protection services. The ability to enforce boundaries between work life and personal life, for instance being able to relax and spend quality time with loved ones after hours, enabled participants to limit the negative influence that their work had on their well-being. One can further conclude that skills like assertiveness where participants are able to confidently state their views and intentions in managing challenging clients and caseloads, were key factors that aided participants in remaining resilient despite the work-related challenges they experience.

#### **5.2.4 Child protection social workers' perceptions of how their well-being negatively influences their experience of work.**

In spite of the existence of positive well-being factors that influence CPSW's work experience, it became clear that there are also certain emotional health factors that negatively influence the participants' experience at work. Participants' experience of stress in their personal lives negatively influenced their ability to concentrate at work and being able to remain solely focused on the client and their needs.

Low mood levels in participants also led to challenges with emotional regulation which influenced their ability to remain professional in their interaction with clients as well as leading to difficulty in executing planned professional activities.

Participants' experience of trauma in their personal lives challenged their ability to uphold emotional boundaries and distance between themselves and clients. This influenced the way in which participants would relate to clients where they sometimes project their own feelings and needs onto the client and the clients' situation. One can conclude that these emotional aspects lead to difficulty in several areas such as work performance, professionalism, productivity and objectivity which ultimately lead to a decrease in the quality of services rendered.

#### **5.2.5 Recommendations that child protection social workers would make in terms of the support they need.**

The participants made certain recommendations based on work-related challenges that they experience. These recommendations pertain to teambuilding, debriefing services and a reflective space. Collegial relationships emerged from the findings as a significant support

system for CPSW'ers and they recommended that team building activities would help maintain these relationships and minimise the risk of negative emotional health consequences such as burnout.

The importance of emotional support for CPSW'ers in managing the challenges associated with CPSW emerged strongly from the findings. Supervision can support CPSW'ers when it fulfils an emotional support function, this is however sometimes neglected. In remedying this, supervision practices should be reflected on and reconsidered in order to provide not just administrative support, but also emotional support. Debriefing services would also further aid CPSW'ers in coping with work challenges and remaining resilient despite challenges experienced in the workplace.

Child protection social workers' roles consist of dealing with their own as well as their clients' emotions daily. Having an opportunity and space where CPSW'ers could be mindful of and regulate their emotions in between consultations with clients were suggested as a supportive measure. This would enable CPSW'ers to process their emotions and reduce stress by engaging in self-care practices whilst preparing for the next appointment. The conversion of a possible office space into a room where participants could engage in practices like yoga, arts and crafts or listening to calming music was also suggested by the participants.

## **Recommendations**

The following recommendations will be made based on the conclusions.

### **5.2.6 The researcher's recommendations for the ACVV**

The first recommendation is the implementation of regular teambuilding activities as it is evident from the study that collegial relationships is a significant factor positively contributing to the participants personal and professional well-being. The researcher is aware of the practical challenges including time-, budget constraints and social distancing due to Covid 19. Therefore, it might be helpful to consider appointing a specific person, perhaps a member on the management board of each child protection office, who would be willing to take responsibility for the organisation of teambuilding activities. Fundraisers could be done to pay for some activities while pro-bono service providers or expert community members could also be utilised in facilitating these activities. Outdoor venues where staff can do outdoor activities can be considered as it still adheres to safety measures for Covid 19.

The supervision practices within the organisation requires ongoing evaluation in terms of whether it provides for the support needs of CPSW'ers. The researcher is aware that supervisors also have a challenging workload, and thus their time and emotional resources may also be limited. Although there are budget constraints to consider, an external supervisor providing debriefing services could contribute to the retention of motivated employees. The involvement of sponsors, government, pro bono service providers or professionals rendering these services at a reduced fee for CPSW'ers, may be considered as a way of overcoming budget constraints.

The third recommendation surrounds the continuation of time off in the form of a half day off as it was clear that this was beneficial for staff's personal and professional well-being. It is also recommended that regular training opportunities continue as it is evident from the study that training is a factor that positively contributes to CPSW'ers work experience and personal lives by equipping them with skills and knowledge that they can utilise at work and at home.

#### **5.2.7 The researcher's recommendations for future research**

The sample of this research study was relatively small and only included three male participants. Future research should thus be conducted with a bigger sample including more male participants.

All the participants in this study had two years' experience or more in the field of child protection social work. A similar research study conducted with participants within their first year of practice in this field could provide useful insight into how to prevent child protection social workers from leaving the field and to ensure the retention of child protection social workers.

The findings of the study identified a lack of emotional support from supervisors whereby participants felt that more emotional support as well as debriefing services could assist in improving CPSW'ers work experience and well-being. The researcher recommends that future research could explore the lived experiences and perceptions of NGO supervisors in South Africa in relation to their role as well as factors influencing the emotional support function of supervision.

This research was conducted in an NGO setting and a study of this nature could be replicated within a governmental setting to see how child protection social workers employed by the government experience their work.

### **5.2.8 Conclusion**

This research study aimed to explore child protection social workers' perceptions of how their experience of work and well-being influence each other. The findings have indicated that although there are several challenges associated with a career in child protection social work, there are also positive factors that motivate participants to continue in this field, despite challenges experienced. Participants' responses also further illustrated the reciprocity between their working experience and well-being including the positive and negative influence that they can have on each other. This study has also served to provide insight into participants' support needs. The final chapter has presented the main conclusions drawn from the research. Recommendations were made to the ACVV and for future research in this field.

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## Appendix A

### INFORMED CONSENT FORM

#### CONSENT TO PARTICIPATE IN RESEARCH STUDY

**Research topic:** Exploring child protection social workers' perception of how their experience of work and well-being influence each other.

**Researcher:** Janita Stander

**University:** University of Cape Town – Department of Social Development

**Qualification:** MSocSc in Clinical Social Work

#### **Purpose of the study:**

This study seeks to explore the perceptions that you as a child protection social worker have of how your experience of work and well-being influence each other. It includes your challenges as well as positive factors of both your work and your well-being. It also further considers the support that you receive as well as any recommendations that you would make to your organisation in terms of any other supportive measures to assist you in your work.

#### **Process:**

Participation will take place in the form of either a face-to-face interview or an interview via “Zoom”; whichever option you choose. These interviews will take approximately 60 minutes and they will also be audio and/ video recorded where after they will be transcribed by either the researcher herself or a third party transcriber who will be required to sign a confidentiality agreement.

#### **Participation and withdrawal:**

This research study is voluntary and it is your choice to participate or not. Should you volunteer to participate, you may withdraw at any time without any consequences. You may also refuse to answer any questions you do not want to answer and still be able to continue with the study.

#### **Payment for participation:**

No participants will receive any payment for their participation in this research study. I as the researcher will also not receive any payment for the study.

#### **Potential risk or harm:**

It is not anticipated that the study will bring any physical harm to you. This research topic could however evoke certain emotions from you when disclosing information. Should you experience any emotional distress, you would be free to withdraw from the study. Debriefing

will also be provided by the researcher and a referral to relevant counselling services will be made if required.

**Confidentiality:**

Any information obtained regarding you or others will remain confidential and will only be disclosed with your permission or as required by law in the instance where harm to self or others are to be reported. Afore mentioned will however be discussed with you first.

Confidentiality will be maintained by means of removing identifying information such as names and replacing it with codes and pseudonyms.

Data collected will be safely stored by the researcher with access limited to the researcher, her supervisor and if necessary, a third-party transcriber who will sign a confidentiality agreement.

Participants and their information will be kept confidential and the results or information that is published will not provide any identifying information about you or anyone you talk about.

The findings will be made available to you, UCT Libraries and other students. Your organisation will also receive a presentation of the findings.

**Contact details:**

Should you require any clarification or further information regarding the research, you are welcome to contact the researcher, Janita Stander on (0829771771; janitavorster@gmail.com) and/or the Supervisor, Fatima Williams on (0216503483; fatima.williams@uct.ac.za).

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I have read and understood the above mentioned information. I was given the opportunity to ask questions and all of the questions were answered to my satisfaction. I voluntarily agree to participate in this study.

.....

Name of participant

.....

Signature of participant

.....

Date

.....

Name of researcher

.....

Signature of researcher

.....

Date

## Appendix B

### INTERVIEW SCHEDULE

### INTERVIEW SCHEDULE

Name of participant:

Date of interview:

**Research topic: Exploring child protection social workers' perception of how their experience of work and well-being influence each other.**

#### **1. Introduction and demographic details**

1.1 What is your name?

1.2 What is your age?

1.3 Gender?

1.4 What is your relationship status?

1.5 How many years of experience do you have in the field of child protection social work?

#### **2. Exploring child protections social workers' perceptions of how their experience of work positively influences their well-being:**

2.1 What were your reasons for choosing to work in child protection social work?

2.2 What aspects of child protection social work do you enjoy the most?

2.3 What are the reasons for this?

2.4 If you had a rewarding day at work, what would that look like?

2.5 Do you think your experience at work influences your personal well-being?

2.5.1 If yes – please state whether it is a positive and/or negative influence and which aspects of your work experience influences your personal well-being?

2.5.2 If no – please describe how you manage to keep a distance between these two aspects?

#### **3. Exploring child protection social workers' perceptions of how their experience of work negatively influences their well-being:**

3.1 If you had a challenging day at work, what would that look like?

3.2 What aspects of child protection social work do you find most challenging?

3.3 What are the reasons for this?

3.4 How do you deal with these challenges?

**4. Exploring child protection social workers' perceptions of how their well-being influences their experience of work:**

4.1 How would you describe your sense of personal well-being at the moment?

4.2 Do you think your personal well-being influences your experience of work?

4.2.1 If yes – please state whether it is a positive and/or negative influence and which aspects of your personal well-being influences your work experience?

4.2.2 If no – please describe how you manage to keep a distance between these two aspects?

**5. To determine what recommendations child protection social workers would make to their organisation in terms of the support they need:**

5.1 What, if any personal support are you receiving at the moment?

5.2 What if any, professional support, for example, supervision are you receiving at the moment?

5.3 What is your views on whether the support you are currently receiving from your organisation is meeting your needs?

5.4 When you consider support, what, if any other forms of support would you need from your organisation?

5.5 What recommendations would you make to your employer in terms of other supportive measures in supporting child protection social workers in their work?