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The experiences of social workers in referring cases to designated child protection organisations in Gauteng

by

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(Play-based interventions)

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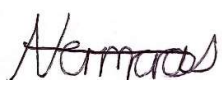

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Lastly, I would like to dedicate this research to those who tirelessly advocate for children's rights. I hope that through increased dialogue around the processes in place that protect children we can strengthen the systems that support their safety and well-being.

ABSTRACT

The experiences of social workers in referring cases to designated child protection organisations in Gauteng

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DEGREE: Masters of Social Work (Play therapy) (Play-based interventions)

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"Children take the chance to tell their story to someone hoping for relief, or help, or support, and then nothing happens. What do they believe about the world and about adults if that happens?" – Quote from Research Participant

South African social workers face multiple challenges in working with children. The high rates of violence against children pose a strain on the country's child protection system, which is already burdened with a shortage of social workers and a lack of government funding. Collaboration plays an important part in this system, and referrals ensure that vulnerable children are identified and able to access services. Social workers are mandated by the Children's Amendment Act 41 of 2007 to refer cases to designated child protection organisations [DCPO's] when they believe a child has been physically or sexually abused, or neglected, and may also refer any other case where they believe a child to be in need of care and protection. Once a referral has been made, DCPO's have the responsibility to investigate the matter and ensure the child's safety. However, DCPO's are reported to not act sufficiently and to handle cases poorly, resulting in the system failing to protect children.

This study aimed to explore and describe the experiences of social workers in referring cases to DCPO's in Gauteng. An interpretivist qualitative approach was utilised, whereby semi-structured interviews were conducted with seven registered social workers. This allowed the researcher to gain a holistic and in-depth understanding of social workers experiences in the referral process. Furthermore, an instrumental case study design was used to allow for close collaboration with participants. General Systems Theory [GST] was used as the theoretical lens that guided this study as it allowed for the different connections in the child protection system to be considered, and the system and its influences to be viewed as a whole, instead of focusing on the referral process in isolation.

The study revealed that social workers had predominantly negative experiences when referring to DCPO's. These included receiving poor feedback and communication from DCPO social workers, experiencing a lack of action when referrals are made, and having feelings of frustration and helplessness during and after the process of referring. Some positive experiences were however mentioned. Social workers felt that the referral process in and of itself was an easy and straightforward one, and that some DCPO social workers were helpful and efficient once a case had been referred to them. When a referral was unsuccessful, social workers would escalate the matter within the DCPO to the supervisor or manager and would also at times approach the children's court for assistance. Social workers also spoke about their common reasons for making a referral, such as child abuse, when they felt the best interest of the child was not being met, and when they felt that they have reached the limits of their professional mandate. Collaboration with other parties formed an important part of the referral process, and social workers felt that by building relationships with DCPO social workers and by an increase in training and supervision within DCPO's, the referral process could be improved.

It is recommended that there be increased efforts to build relationships between social workers in DCPO's and those in the community, and that future research evaluate the use of technology to assist with case management processes in DCPO's. Furthermore, research and policy should be geared towards specialised training for social workers in the field of child protection, and an increase in supervision and support to those already working in DCPO's.

Key Concepts:

- Designated child protection organisation
- Designated child protection services
- Referring
- Social worker

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LIST OF ACRONYMS

ACRWC	African Charter on the Rights and Welfare of the Child
DCPO	Designated Child Protection Organisation
DoH	Department of Health
DBE	Department of Basic Education
DSD	Department of Social Development
FBCPM	Faith-based Child Protection Movement
GST	General Systems Theory
NASW	National Association of Social Workers'
NCCPP	National Child Care and Protection Policy
NCPR	National Child Protection Register
NDP	National Development Plan
NPO	Non-Profit Organisation
SACSSP	South African Council for Social Service Professionals
SAPS	South African Police Service
SDG	Sustainable Development Goals
SWIPP	Social Workers in Private Practice
UNCRC	United Nations Convention on the Rights of the Child
UNICEF	United Nations Children's Fund
WHO	World Health Organization

CHAPTER 1: INTRODUCTION

1.1. INTRODUCTION

There are multiple challenges that South African social workers who work with children face, such as child poverty, child trafficking, child labour, juvenile delinquency, and child abuse and abandonment, as well as other quagmires such as HIV/AIDS, gender-based violence, and substance abuse (Murote Kang'Ethe, 2023:1). Children have the constitutional right to be protected from abuse and neglect as well as the right to protective services that enforce this (Jamieson, Sambu & Matthews, 2017). However, as highlighted via the Optimus Study (2016), the abuse and neglect of children is still a serious concern in the country. In South Africa, 35,4% of children have experienced sexual abuse, while 42% experienced some form of maltreatment (Artz, Burton, Ward, Leoschut, Phyfer, Kassanjee & Le Mottee, 2016:11). The 2018/19 South African Police Service (SAPS) report indicated that the total number of charges that have been reported for crimes that were committed against children had increased by 7,5% from 2017/18 to 2018/19. Furthermore, statistics show that there are high levels of gang-related violence found in South African schools and communities, and an increasing level of criminality among young people (Sesoko, 2018: 262).

The high rates of violence against children highlight the urgent need for a response from the child protection system (Strydom, Schiller & Orme, 2020:383), which has shown a notable increase in demand in terms of service delivery (Sesoko, 2018:262). Large numbers of children remain in environments that expose them to harm, perpetuating cycles of poor development, and ultimately intensifying the strain on the childcare and protection system (Department of Social Development [DSD], 2019:45-46). Government efforts into this matter are evident in the latest Children's Amendment Act 17 of 2022, which presents a new insert into section 105 which mandates DSD to develop and conduct a quality assurance process to evaluate both child protection services and DCPO's (Republic of South Africa, 2022:6). Another insert into section 142, allows for the Minister to prescribe the criteria to establish and resource designated child protection units (Republic of South Africa, 2022:6). Such immediate interventions and critical analysis are necessary, as child maltreatment violates children's rights and hinders healthy socio-emotional development in South Africa (Strydom et al., 2020:383).

All the referral links within the child protection system play an important role in safeguarding the well-being of children (Çani, 2015:84), and effective referral mechanisms are key to ensuring vulnerable children are identified and assisted (Roelen, Long & Edström, 2012:2). The early detection of child abuse and neglect is fundamental in minimising long-term risks

and breaking inter-generational cycles of violence and abuse, whereas as a poor response may lead to secondary trauma and increase the risk of revictimisation (Jamieson, Sambu & Matthews, 2017a:7). In order to break the cycle of poor development, the National Child Care and Protection Policy (NCCPP) published by the South African Government in 2019, calls for an increase in the surveillance of children as well as the systems that link children with the appropriate services (DSD, 2019a:59). It is fundamental that responsive protective services be improved in order to nurture the development of the children involved and break the intergeneration cycle of abuse and violence (DSD, 2019a:49).

Furthermore, to make sure that children and their families receive equitable services, it is fundamental to foster collaborative partnerships between the public sector, such as the Department of Social Development (DSD), the Department of Basic Education (DBE), and the Department of Health (DoH), as well as the private sector - such as social workers who work in private practice and civil society (DSD, 2013: 16-20). Constructive interaction and relationship between non-profit organisations (NPOs) and DSD are fundamental for effective service provision to children and families (Van Niekerk & Matthias, 2019:239). However, research from Van Niekerk and Matthias (2019) detailing the experiences of social workers in child protection organisations found that the relationship between the voluntary sector and NPOs and DSD is characterised by tension and inequality. The child protection policy brief by Jamieson et al. (2017) further identifies that “the different professions don't work together” and that “the child protection system response is poor”. Additionally, Vorback (2016) argued that role confusion, overlapping duties, and lack of training, among other things, were contributing to a lack of uniformity on the matter of dealing with child custody issues.

Regardless, the relationship between social workers practicing outside of the scope of child protection and those affiliated with child protection organisations has yet to be understood, particularly when it comes to the process of referring cases to designated child protection organisations (DCPO’s). Considering the statistics on child abuse and neglect in South Africa, it is imperative to understand all the mechanisms that form part of the child protection system, such as the referral process. There is a clear knowledge gap that exists in research, and therefore, this study aims to explore and describe what the experiences of social workers are when referring cases to designated child protection organisations.

In this study, the following concepts should be interpreted as follows:

A social worker: refers to “a registered social service practitioner who may practice with individuals or communities and groups, to promote social change, build capacity in human relationships, enhance social functioning and advocate for social justice, including supervisory

and management support functions" (DSD, 2020:10). In the context of this study, social worker will refer to all social workers registered with the South African Council for Social Service Professionals (SACSSP).

Referring: is the "process of noticing a concern about a child or family, deciding that action needs to be taken and reporting that concern to someone with the relevant responsibility" (Roelen et al., 2012:3). In the context of this study, referring is the process of reporting a concern to a designated child protection organisation.

A designated child protection organisation refers to "an organisation designated in terms of section 107 [of the Children's Amendment Act 41 of 2007] to perform designated child protection services" (Children's Amendment Act 41 of 2007). This study will explore the experiences of referring to such organisations.

Designated child protection services refers to "a child protection service referred to in section 105 [of the Children's Amendment Act 41 of 2007]" (Children's Amendment Act 41 of 2007). These services are typically performed by designated child protection organisations.

1.2. RATIONALE AND PROBLEM STATEMENT

There is a dearth of available literature to be found across various databases pertaining to social workers' experiences in referring cases to DCPO's. The authors Dlamini and Sewpaul (2017:472) have evaluated the experiences of social workers within a branch of DSD and have found that there exists poor collaboration from within the organisation. Furthermore, the authors Van Niekerk and Matthias (2019:239) note that between DSD and NPO's there also exists tension and a lack of collaboration. However, these studies do not consider the experiences of social workers from outside of child protection organisations having to collaborate with social workers within these organisations, specifically during the process of referral. This has been identified as a gap within the existing research and therefore supporting the need of this research study. This study provides insight into understanding the experiences of social workers when referring to DCPO's and seeks to understand the referral processes used to refer children, as well as the measures used by social workers when referrals are unsuccessful. Ultimately, this study strives to enhance collaboration between parties, and enhance efficiency and responsiveness within the South African child protection system.

Therefore, the **overarching research question** of this study seeks was: *what are the experiences that social workers have when referring cases to designated child protection organisations in Gauteng?*

1.3. GOAL AND OBJECTIVES

The goal of this study was to explore and describe the experiences of social workers when referring cases to designated child protection organisations in Gauteng.

The following objectives had to be achieved to meet this goal:

- To explore and describe the positive and negative experiences that social workers encounter during the process of referring children to designated child protection organisations in Gauteng.
- To explore and describe the referral process used to refer cases to designated child protection organisations in Gauteng.
- To explore and describe the measures used by social workers when referrals are not successful.

1.4. OVERVIEW OF RESEARCH METHODOLOGY

An interpretivist research paradigm informed this study, as it allowed the researcher to explore the subjective experiences of the research participants (Nieuwenhuis, 2019a:67-68). Additionally, a qualitative approach was utilised in order to best understand how participants make sense of their surroundings (Nieuwenhuis, 2019a:59). As this study intended to provide practical and useful information to increase efficiency in the referral process, applied research was undertaken (Adler & Clark, 2015:360). To allow for close collaboration with research participants, an instrumental case study design was utilised (Nieuwenhuis, 2019b:90), and registered social workers in the Gauteng province who have at least two years' experience in referring cases to DCPO's made up the population of this study. This population was recruited through a private business, Forensic Assessment Consultation and Training [FACT], who shared the details of the study and the set inclusion criteria with social workers in the Gauteng area. Purposive sampling was therefore used, and seven one-on-one semi-structured interviews were conducted.

These interviews allowed for rich and descriptive data to be obtained (Nieuwenhuis, 2019b:108), and thematic analysis was done to make sense of the information gathered. This process was guided by the six phases proposed by Terry, Hayfield, Clarke and Braun (2017), and trustworthiness was established by evaluating the transferability, dependability, confirmability, and credibility of the study (Leedy & Ormrod, 2015:278; Nieuwenhuis, 2019c:144; Schurink & Fouche, 2021:391). The Research Ethics Committee of the Faculty of Humanities at the University of Pretoria gave permission for this study to be undertaken, and key ethical principles such as informed consent, confidentiality and anonymity, minimisation of harm, no deception of participants, and voluntary participation were adhered to throughout

the research process. The limitations of this study, insofar as possible, have also been transparently presented.

1.5. CHAPTER OUTLINE

The layout of the remainder of the mini-dissertation is as follows:

Chapter 1: Introduction

This chapter provided a brief overview and background for the study, and highlighted the problem statement and rationale, goal and objectives, and research methodology that informed this study.

Chapter 2: Literature Review and Theoretical Framework

Chapter two presents the literature review and the theoretical framework that the study is grounded in. An overview of the South African child protection system is provided, and the national and international policies and frameworks that govern this system are discussed.

Chapter 3: Research Methodology

Chapter three discusses the research approach, type, design, methods, and ethical considerations. The limitations of this research study are also discussed.

Chapter 4: Empirical Findings and Discussion

In chapter four, the themes and the subsequent sub-themes that emerged from the thematic analysis process are discussed, and direct quotes from research participants as well as literature have been integrated throughout.

Chapter 5: Conclusions and Recommendations

The last chapter discusses how the goal and the objectives of this study have been reached and discusses the recommendations that can be made when considering the research findings.

CHAPTER 2: LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1. INTRODUCTION

The literature review will explore the landscape of social welfare in South Africa, followed by the international and national frameworks and policies that inform the country's child protection system. The child protection system will be comprehensively discussed, as well as the challenges and the role of referrals within the system, the challenges and realities faced by the social workers who serve in the system, and the importance of collaboration when it comes to protecting children. Furthermore, the general systems theory (Whitchurch & Constantine, 1993) will be highlighted as the chosen theoretical framework for the study.

2.2 OVERVIEW OF SOCIAL WELFARE IN SOUTH AFRICA

Post-apartheid South Africa saw the implementation of the developmental approach to social welfare, which is inclusive and ensures services are accessible to all citizens in the country (Triegaardt, 2018:65). This approach forms the policy framework for social welfare in the country and seeks to amend the flaws in social welfare that were implemented during apartheid (Chiba, 2022:1). Additionally, it provides a broader view which is necessary to understand the challenges in society as well as those which afflict social service provision and has paved the way for social workers across all levels of intervention (Lombard, 2019:48-49). Developmental social work is considered to be person centred and is defined as an approach which "reaffirms social works commitment to social justice and poverty eradication by promoting social change and human development for sustainable development outcomes" (Lombard, 2019:51). Social change is a fundamental aspect of developmental social work, therefore themes such as inequality, structural injustices, and human well-being are key aims of this approach, as it strives to give social workers a platform to achieve a fair and just society (Lombard, 2019:48-51).

Developmental social welfare specifically, is characterised by a rights-based approach, which includes social and economic development, democracy and participation, promotion of pluralist approach, and the bridging of the micro-macro divide (Triegaardt, 2018: 66). A rights-based approach to South African welfare promotes equitable access to resources, such as social assistance, and implies the right to challenge social systems that may be compromising these rights (DSD, 2013:14).

Furthermore, partnerships form a key feature of developmental social work (Lombard, 2019:56), and when considering welfare pluralism, collaborative partnerships are necessary

for the successful implementation of welfare services (DSD, 2013:15). Thus, co-responsibility between the public sector, training and research institutions, and civil society is needed to ensure equitable service provision (DSD,2013:15) and social development (Herselman, Schiller & Tanga, 2023:68). Another role player in the provision of welfare services are social workers in private practice (SWPP) (DSD,2013:20). These are registered practitioners who offer their services at a fee for those who can afford it and whose services may be contracted by other organisations or institutions (DSD,2013:20).

Compared to the global average, South African children are exposed to significantly higher levels of violence (Mesthrie, 2025:45). Children make up 34% of the South African population, and many of these children are vulnerable to risk as a result of factors such as disability, HIV/AIDS, poverty, being orphaned, or living on the streets (DSD, 2019a:41). Furthermore, the extremely high levels of violence and abuse against children becomes even more concerning given the levels of under-reporting that are also characteristic to the country (DSD, 2019a:42). The developmental approach premises that if there is a focus on promoting safe and nurturing environments for children, optimal caregiving practices, and targeted services for children at risk, then only a small number of children would need to utilise intensive protective services (DSD, 2019a:27). However, this approach has been under scrutiny in past years, and a recent study by Herselman et al.(2023:80) determined that social workers have limited knowledge of the developmental social welfare approach and how it applies to practice.

Regardless, most of the children who were historically marginalised still remain exposed to high rates of violence and abuse, and are vulnerable to poor developmental outcomes (DSD, 2019a:19). Children's first point of contact with the welfare system remains at a statutory level, while prevention and early intervention services are largely absent within child protection (Herselman et al., 2023:80). This perpetuates poverty and inequality, and without change taking place within the system, these patterns will continue to affect future generations (DSD, 2019a:19).

2.3. FRAMEWORKS AND POLICIES MANDATING CHILD PROTECTION

The following section will highlight the key international and national policies, frameworks, and legislation that mandate the South African child protection system, specifically within the context of referrals.

2.3.1. International frameworks and policies

The United Nations Convention on the Rights of the Child (UNCRC) is an important framework highlighting the rights of children. This includes the right to be protected from abuse and harm

as well as the best interest of the child principle being continuously upheld (Faith-based Child Protection Movement [FBCPM] & United Nations Children's Fund [UNICEF] South Africa, 2021:18). South Africa signed this treaty in 1993 (Herselman et al., 2023:65), of which article 3 notably states that all parties who have signed the convention, shall undertake all appropriate and legislative measures to ensure the necessary protection of children (UNCRC, 1989). These measures should include, amongst other things, effective procedures for reporting and referral of child abuse (UNCRC, 1989). Furthermore, parties must ensure that the services and institutions in place that provide care and protection services to children must meet the appropriate standards set by authorities (UNCRC, 1989).

Additionally, the World Health Organization (WHO) Guidelines on Child Maltreatment Prevention recognises that many cases of child abuse go undetected, and that most 'frontline' professionals, such as social workers, unknowingly encounter many cases of child abuse each year (WHO, 2006:51). These guidelines therefore advocate for training for these groups of professionals that is centred around the protocols and referral procedures for when possible child abuse is identified (WHO, 2006: 51). Emphasis is further given that once child abuse has been disclosed or is suspected, action must be taken towards protecting the child and that there should be close collaboration and joint effort when it comes to investigating matters of child maltreatment (WHO, 2006:58-59). In recent years, the WHO has brought out additional guidelines specifically for the health sector in order to better equip professionals to identify and provide support to children who have been maltreated (WHO, 2019:8).

Furthermore, the African Charter on the Rights and Welfare of the Child (ACRWC) is a human rights treaty that further sets out the rights of children (FBCPM & UNICEF South Africa, 2021:20). This treaty takes into consideration issues specifically experienced in the African context, such as female circumcision and child marriages (Sesoko, 2018:262). Article 16 of the charter highlights a child's right to be protected against abuse, and states that all parties will take the necessary measures that would protect children against being exposed to maltreatment, including investigating reports that have been referred (African Union, 1999:15).

Lastly, the South African government is committed to the achievement of the United Nations Sustainable Development Goals (SDG's) (DSD, 2019a:9). The goals, as captured in the 2030 Agenda for Sustainable Development, aim to pave a way for sustainable development through system strengthening and rights-based outcomes (DSD, 2019a:111). The 16th SDG goal calls for the promotion of peaceful societies, justice for all, and effective and accountable institutions, more specifically, ending abuse and all forms of violence against children (United Nations, 2015).

2.3.2. National frameworks and policies

Child protection in South Africa is mandated by the Constitution of the Republic of South Africa (1996), which preserves the rights of all people in the country under the Bill of Rights (FBCPM & UNICEF South Africa, 2021:23). Section 28 of the Bill of Rights highlights the rights of South African children, and states that among other things, all children have the right to basic social services and protection from abuse and neglect. The state is obligated to give effect to these rights (Triegaardt, 2018:66), and therefore, failure to do so goes against the country's constitution. Section 28 also states that the best interests of the child are of fundamental importance in all matters concerning the child. This principle means that when any decision is made regarding a child, their well-being, security, safety, and physical and emotional development must be fostered and promoted (FBCPM & UNICEF South Africa, 2021:18). Furthermore, Section 27 of the Bill states that all South Africans have a right to basic social security and, if needed, social assistance, and that the state must take reasonable measures to achieve the realisation of this right.

Additionally, the White Paper for Social Welfare lays the foundation for the structuring and implementation of developmental social welfare (Sesoko, 2018:257). The White Paper seeks to find a balance between prevention, protection, rehabilitation, and developmental interventions within the welfare system (Sesoko, 2018:258), and highlights the South African governments commitment to the protection of children, stating that interventions aimed at children and families should first and foremost focus on prevention (Republic of South Africa, 1997). The White Paper further aims to strengthen resilience in communities by seeking to address the economic, psychosocial, and social determinants of vulnerability (DSD, 2019a:19). The White Paper is informed by principles of partnership and intersectoral collaboration and calls for a national collective responsibility, which includes the rendering of services by private social service practitioners (Republic of South Africa, 1997).

Furthermore, the National Development Plan 2030 (NDP) envisions a South Africa free from poverty and inequality and proposes different ways in which the country's problems could be addressed. Regarding social protection, the plan strives for a system that is responsive to the needs of those who are most at risk and recognises coordination as a critical element in this system (National Planning Commission, 2012: 354). The NDP also emphasises the importance of preventive measures instead of focusing solely on protective ones, and places children's constitutional rights at the centre of development in the country (DSD, 2019a:19). The NDP also recognises that although progress has been made in the provision of social protection to vulnerable parties, inequality and social exclusion levels remain high (DSD, 2019a: 115).

Additionally, the Children's Act 38 of 2005 is a fundamental legislative piece that lays the foundation for child protection in South Africa in general. It provides the extent of services such as the children's courts and court orders, as well as prevention, early intervention, and reunification services (Republic of South Africa, 2005). The Act also outlines the protocols to address the protection of children in families and communities and, therefore, is an important guiding tool for child protection services (Sesoko, 2018:262). Section 111 of the Children's Act 38 of 2005 states that a National Child Protection Register (NCPR) needs to be maintained. Part A of the register should record all reported cases of child abuse and neglect as well as the circumstances surrounding the case, and Part B needs to keep record of all persons deemed unsuitable to work with children (Republic of South Africa, 2005:51). The purpose of this register is to monitor cases and service provision, share the recorded information among professionals related to the case, and to inform future planning within the child protection system (Department of Justice, 2006). The most recent Amendment to the Children's Act, No. 17 of 2022, broadens the definitions of abandoned and orphaned children, thereby expanding the criteria for state intervention (Republic of South Africa, 2022:2). The Act also extends the jurisdiction of children's courts to include guardianship matters, facilitating more accessible legal avenues for child protection (Republic of South Africa, 2022:4). Furthermore, it recognises unaccompanied migrant children and victims of trafficking as explicitly in need of care and protection (Republic of South Africa, 2022:6).

The National Child Care and Protection Policy (NCCPP)(2019) strives to strengthen the development of the child protection system by providing a mandate for collective action that strives towards the well-being of South African children (FBCPM & UNICEF South Africa, 2021:33). The policy recognises that child protection involves multiple role players, and therefore seeks to provide a unifying framework that strives to protect children from violence and abuse (DSD, 2019a:85). This policy highlights responsive protection services that would protect children from harm, including the statutory responsibility of adults to report cases of suspected child abuse, and seeks to address issues within the child protection system such as slow response times, delays in court proceedings, and assessments (DSD, 2019a:85). Additionally, it strives to enhance child participation and emphasises their right to survival and development (Mesthrie, 2025: 52).

The policy states that the South African government is committed to ensuring that all children receive the necessary services and support in order to be cared for and protected, and that a nationwide surveillance system must be in place that ensures children are referred to the appropriate child protection service (DSD, 2019a:59). Furthermore, it commits to equip all relevant government role players to recognise and support vulnerable children in accessing

necessary services (DSD, 2019a:59), and encourages all level of government as well as private role players to prioritise early intervention and prevention services (Mesthrie, 2025:52).

Lastly, the South African National Plan of Action for Children (2019-2024) lays out the programme for advancing children's rights in the country over the next five years and reviews the progress that has been made in the past five. This document acts as a planning and implementation tool that aims to promote the rights of children on a policy, mainstreaming, advocacy, and institutional level (Republic of South Africa, 2019:10-11). On a national level, it also focuses on monitoring and reporting and sets targets for future research in order to improve child protection (Safeguarding Childhood, 2025). The plan recognises the necessity of a strong system of coordination that prioritises the rights of children (Republic of South Africa, 2019:21), and that the primary responsibility to protect children's rights lies with the government (Republic of South Africa, 2019:30).

It is therefore clear that the South African government has an unambiguous obligation to enact the appropriate measures to protect children from abuse and harm.

2.4. THE CHILD PROTECTION SYSTEM

All laws and policies related to child protection in South Africa are determined by DSD (Van Niekerk & Matthias, 2019:241), and under DSD, the Chief Directorate for Children is the specific unit tasked with monitoring and facilitating all policies and programmes that relate to protecting children (Sesoko, 2018:259). However, in delivering welfare services, both government and non-governmental organisations play a role (Triegaardt, 2018:70). Child protection services are provided by the nine provincial DSD's and NPO's that are registered and subsidised to provide designated child protection services (DCPO's)(Van Niekerk & Matthias, 2019:239).

Designated child protection services support the implementation of court orders and the proceedings of the children's court, and implement services related to prevention, early intervention, reunification, the placement of children into alternative care, adoption, and more (Republic of South Africa, 2007:40). Other services include investigating and assessing cases of child abuse, neglect, and abandonment; and the intervention and/or removal of children where appropriate (Republic of South Africa, 2007:42). Social workers from designated child protection organisations present their findings to the presiding officer of the Children's Court, which deals with matters specifically related to children, such as care and contact, protection and well-being, and alternative care (Sesoko, 2018:263).

The following section will discuss referrals within the child protection system, the challenges that are experienced by the social workers navigating this system, and the importance of and reality of collaboration between those who work to protect children.

2.4.1. Referrals

In order to fulfil the countries human rights obligations, children at risk need to be linked to the necessary services (DSD, 2019a:49). In the child protection sector, social workers are considered the most important role players when it comes to referrals (Roelen et al., 2012:16). The South African Council for Social Service Professionals [SACSSP] Policy Guidelines for Course of Conduct, Code of Ethics, and the Rules for Social Workers states that social workers should refer clients to other social workers when their expertise or knowledge is needed to best serve clients effectively, or when additional services are required (SACSSP, 2011:35).

Referrals can be done directly by practitioners or by letting families know where they can go to for assistance (Roelen et al., 2012:3). Referrals may also come from the community or via other local service providers like teachers (Roelen et al., 2012:3). Referrals may be done within the social welfare service delivery system, such as referring someone between various services or programmes, and even out of DSD to other departments, such as the DOH and DBE, etc (DSD, 2013:39). All the different parties involved in the referral process have a duty towards vulnerable children and are therefore responsible for the part they play in responding to the situation (Roelen et al., 2012:5).

Referrals to a DCPO are commonly made when a child is deemed in need of care and protection. The Children's Act sets out the various criteria that would allow for a child to fall under this definition, such as being orphaned, living on the streets, being exploited, neglected, or being exposed to harm. Any child who is a victim of child labour or who lives in a child-headed household must also be reported to a DCPO (Republic of South Africa, 2005:63-64).

Additionally, section 110 of the Children's Amendment Act mandates certain professionals that work with children, social workers included, to report to a DCPO, or SAPS, when they have reasonable grounds to believe a child has been physically or sexually abused or neglected (Republic of South Africa, 2007:44). This form of mandatory reporting plays an important role in contributing to early detection and intervention (United Nations, 2016:11). This section further states that any person who on reasonable grounds concluded that a child is need of care or protection, may report this to a DCPO or SAPS. The NCCPP also mandates all relevant government departments and agencies to refer all vulnerable children to a social

worker (DSD, 2019a:59). Once such a report has been received by a DCPO they are mandated to (1) ensure the child's safety, (2) make an initial assessment of the report, (3) investigate, or cause its truthfulness to be investigated, (4) if necessary, initiate the necessary proceedings to protect the child, and (5) submit the particulars of the case to be recorded in the NCPR (Republic of South Africa, 2007:46). A case management system must be used to manage the report, with proper subsystems for intervention, referral, or feedback (DSD, 2019a:87). Other duties of the DCPO worker to whom the case was referred to includes reporting the case to the relevant provincial DSD and recommending other relevant measures to assist the family such as mediation or counselling (Republic of South Africa, 2007:46).

The development of documents and protocols related to referrals are fundamental for the efficiency of the welfare service delivery system (DSD, 2013:39), and having effective referral mechanisms in place is crucial in ensuring the identification of vulnerable children and the delivery of services to them (DSD, 2013:28, Roelen et al., 2012:16). However, the effectiveness of mandatory reporting is dependent on the quality of services that are provided after the report has been made, since "requiring suspected abuse to be reported serves little purpose if the child protection system is weak" (United Nations, 2016:10).

2.4.2. Challenges

Incongruency exists between South Africa's child protection commitments, and the outcomes that take place in practice (DSD, 2019a:19). The system is characterised by poor handling of reported cases and a lack of sufficient action by service providers (Jamieson et al., 2017b), which results in children who are risk not being identified (Herselman et al., 2023:66). DSD (2019a:47) states that most social workers are hesitant to report or act against parents who use violence against their children. Additionally, there are significant delays in service provision. Nearly ten percent of assessments take place longer than a year after a report has been made, failure to remove or delayed removal of children is a common occurrence, investigations take a long time to complete (some more than year), and few cases of reported child abuse are brought before the children's court (DSD, 2019a:47). Additionally, fifty two percent of children who were reported as being victims of violence and abuse were found to have received no therapeutic support (DSD, 2019a: 47). Furthermore, evidence suggests that Part A of the NCPR is not being properly maintained (Jamieson et al., 2017a:25). Within certain DSD offices, it appears that the NCPR is not being recorded correctly, and in other cases, cannot even be traced (Jamieson et al., 2017a:37).

Social workers working in child protection experience high cases loads (Dlamini & Sewpaul, 2017:470-472, Strydom et al., 2020:394), which impedes on their ability to offer

comprehensive services to children (Artz et al., 2016:62). The South African welfare typologies' strong emphasis on statutory services results in long term service delivery, which is often resource intensive, therefore contributing to caseloads which are administratively heavy (Strydom et al., 2020:393). The combination of such caseloads coupled with a lack of human capital impedes social workers' ability to offer prevention and early intervention services (Sibanda & Lombard, 2015:344, Strydom et al., 2020:393), which perpetuates the cycle of a dense statutory caseload. Social workers also report that DSD places emphasis on the quantity as opposed to the quality of services being delivered (Artz et al., 2016:63), further feeding into social workers' overwhelmingly high caseloads.

Furthermore, social workers in the child protection system are faced with a lack of resources. These resources include office space, technology, transportation, and funding (Strydom et al., 2020:394). This view supported in the NCCPP, which states that the child protection services within DSD are under-funded, and that the budget for child and family welfare services only makes up four percent of the entire DSD budget (DSD, 2019a:49). Social workers within NPOs also report limited resources, which are exacerbated by DSD subsidies being paid late (Van Niekerk & Matthias, 2019:258). The difficulties surrounding delayed payments of DSD subsidies to NPO's has had a very real strain on NPO operations as of late, with the Gauteng High Court in Johannesburg handing down an order to DSD on the 22nd of May 2024 compelling them to address the NPO funding crisis across Gauteng (Mafata, 2024). Large and well-established DCPO's, like Child Welfare Tshwane and Rata Social Services have been facing the possibility of retrenching staff and even closing their doors due to a lack of funding from DSD (Pongweni, 2024). Funding to NPO's has seen a steady decline since 1994, and as a result the quality and range of social services has been reduced (National Planning Commission, 2012:377). Without adequate salaries social workers are likely rendered unable to care for their own needs, and subsequently, potentially ill-equipped to care and protect vulnerable children (Truter & Fouché, 2019:463).

A lack of human resources is another challenge identified in the system. A shortage of staff, inadequate training and skill, and a lack of oversight and mentoring all contribute to the lack of quality service provision to children (DSD, 2019a:48). The sector experiences a high staff turnover, whilst simultaneously a high number of social workers remain unemployed (Strydom et al., 2020: 394). Additionally, social workers report feelings of oppression and a lack of autonomy under organisational management, as well as being influenced by external political matters and having to do "the bidding of politicians", which impacts on the quality and quantity of service provision but also affects the credibility of social workers (Dlamini & Sewpaul, 2017:472-474). Regardless of the government's intended role in service delivery, political

agendas disrupt the work of social workers when it comes to delivering critical services to children (Truter & Fouché, 2019:462).

It is also important to note the personal toll that working within child protection has on social workers, and that the traumatic nature of the work is often coupled with inadequate debriefing (Artz et al., 2016: 61), a need which is not being met through supervision either (Truter & Fouché, 2019:458). Child protection is a stressful, fast-paced field that often involves emergency situations and many tasks that need to be performed within a short period of time (Truter & Fouché, 2019:458). This may lead to social workers experiencing emotional trauma, stress, and even depression (Truter & Fouché, 2019:458). A lack of accountability and aggression often exhibited by service users is another factor contributing to social workers' stress (Truter & Fouché, 2019:459). A study by Sibanda and Lombard (2015) also found that the conduct of other professionals may negatively impact social workers. In this study, social workers indicated that presiding officers often treat them in a demeaning and embarrassing manner, and demand unrealistic results from them (Sibanda & Lombard, 2015:341-342).

The increase and urgency of children in need of protection and the limited resources available have resulted in the child protection system failing to uphold the rights of children (DSD, 2019a:20). Additionally, this negatively impacts on families who are often already experiencing numerous challenges such as poverty, unemployment, and low education levels (Strydom et al., 2020:386). Considering the above, it is clear that social workers, too, are being failed by the very system that they serve. The efforts from the government of South Africa are not insignificant, as legislative reform, particularly through the well-developed statutory framework outlined by the Children's Act 38 of 2005, takes strides towards strengthening the child protection system (Artz et al., 2016:63, DSD, 2019a:46). However, as authors Jamieson et al. (2017b) highlight, law and policy regarding child protection may be comprehensive, but in practice the implementation of services are failing to protect children.

2.4.3. Collaboration

There are a number of role players involved with child protection in South Africa, therefore making collaboration between parties is vital (Artz et al., 2016:59). Child protection is both a sector on its own and it requires intersectoral collaboration (Çani, 2015:84). SAPS, the courts and justice system, the DoH, and traditional leaders, are some of the other stakeholders that play a role (Artz et al., 2016:59-61).

Figure 1 - Role players within the child protection system (Chames & Lomofsky, 2014:46)

The importance of collaboration when it comes to social work case management is highlighted by the National Association of Social Workers' (NASW) 'Standard for Case Management' Standard 8 - which states that case managers shall foster collaboration between colleagues and other organisations for the enhancement of service delivery and the attainment of client goals (NASW, 2013:40). Furthermore, constructive relationships between professionals are ingrained with effective practice related to child protection (Çani, 2015:84), and collaboration can enhance each organisations capacity to support clients, reduce fragmentation and duplication of service delivery (NASW, 2013:41), which contributes to the comprehensive delivery of services (DSD, 2013:29).

However, as Jamieson et al. (2017b) highlight, there is a lack of intersectoral collaboration that can be identified within the South African child protection system. There are gaps in the coordination of services and a lack of integration between various organisations involved (Van Niekerk & Matthias, 2019: 250). This is further highlighted in the NCCPP, which states that the existing coordination mechanisms are inadequate in ensuring intersectoral collaboration and integration (DSD, 2019a:48). The NCCPP further acknowledges that weak coordination

is one of the causes of the poor response when it comes to protecting children, and that this lack of coordination not only exists at a service delivery level, but at a national policy level as well (DSD, 2019a: 48).

Collaboration requires strong networks, but also referral mechanisms and protocols to be in place, and effective cross referrals are the foundation for an effective child protection system (DSD, 2019a:48). A lack of collaboration particularly when it comes to referring is evident in the study by Jamieson et al. (2017a:47), which found that seventy one percent of child abuse cases reported to social services showed no evidence on file that they were referred to SAPS, or vice versa, and all of the reviewed cases were managed independently rather than jointly. Such a lack of referral results in children not receiving the necessary therapeutic support, and that perpetrators who are a threat to children are not apprehended (DSD, 2019a:48). Highlighting how fundamental collaboration is when it comes to protecting children.

Thus far, chapter two has provided the knowledge that exists surrounding the child protection system, the experiences of social workers who work within the system, and the role of referrals.
The following section will present the theoretical framework utilised in this study.

2.5. THEORETICAL FRAMEWORK

General Systems Theory (GST) was the chosen theoretical framework that informed this study. This framework emphasises key points relevant to understanding the child protection system and the functioning of the referral process within this system. GST advocates for systems to be viewed in their entirety, instead of their individual parts, and for the interactive relationships between components in a system to be critically considered (Hammond, 2010:106). This assisted the researcher in understanding the key links involved in child protection service delivery and the implications thereof on the referral process.

GST was developed by biologist Ludwig von Bertalanffy, who was concerned with finding a broader and more holistic framework for his field (Hammond, 2010:104). He described GST as a comprehensive world view that contrasted with the classical mechanistic science of the time (Hammond, 2010:105). Although developing from his work in theoretical biology, von Bertalanffy felt that this concept could be applied to the study of other fields such as social institutions and the human psyche (Hammond, 2010:106).

The first key concept of GST is the emphasis that organisms should be viewed in their entirety (Hammond, 2010:106). This concept of Holism highlights that the attributes of a system

(social, physical, economic, etc) cannot be evaluated by only examining its individual parts (Tadros, 2020:99). Additionally, GST emphasises the importance of studying the interactive relationships between organisations (Hammond, 2010:106). GST emphasises the necessity of investigating these interrelationships and interactions within systems to understand their behaviour and functions fully (Von Bertalanffy, 1972:422). These interactions are complex, and with them the connections, patterns, and larger environment need to be considered as well (Whitchurch & Constantine, 1993:326).

Furthermore, von Bertalanffy called for organisms to be viewed as open systems that continuously interact with their environment (Hammond, 2010:106), similar to that of the child protection system in South Africa. Von Bertalanffy also thought it especially important to view reality from multiple viewpoints (Hammond, 2010:107), making it further relevant for the purposes of this study, which aims to describe the subjective experiences of a group of social workers. Von Bertalanffy's understanding also inspired the development of systems thinking as a critical tool for dealing with the complex man-made systems (Von Bertalanffy, 1972:426). Tadros (2020) takes this a step further to state that GST examines the connections and behavioural patterns that impact people within a system, as well as their interactions with other systems, which aligns with the goal of this study to explore and describe social workers experiences in the process of referring and how they interact within the referral system.

The literature review identified several critical issues in South Africa's child protection system, including a high incidence of child abuse and neglect, inefficiencies in the referral process, tension and inequality between the voluntary sector and DSD, and significant challenges in terms of collaboration. These issues show a fragmented system that struggles to offer effective protection services to children. This system involves numerous role players and is governed by multiple policies, frameworks, and acts. The components of this system interact with each other, generating a complex network of relationships. More specifically, within the referral process, being able to seamlessly refer between various stakeholders is key to the effectiveness within the system (DSD, 2019a:48), yet in reality, a lack of intersectoral collaboration exists (Jamieson et al., 2017).

In considering the goal of this study was to investigate the experiences of social workers in referring to DCPO’s, with the intent of increasing effectiveness within this process, GST emphasises that the referral process, and the wider child protection system, needs to be considered as a whole, and that all the various role players involved need to be viewed as interconnected and mutually influencing. Ultimately, the theoretical framework of GST provides a lens through which to examine the data gathered in this study. It allows barriers in

the referral process to be explored as systemic issues, instead of isolated problems, and highlights the importance of the system's external environment, such as political and economic influences, to be considered as well. Its emphasis on interdependence supports the collaborative approach essential to child protection, and it offers insight as to how adjustments in one aspect of the system, such as enhanced collaboration and efficiency in the referral processes, can result in change throughout the system as a whole.

Therefore, following a GST framework in this study allowed the researcher to comprehend the different connections in the child protection system and pinpoint areas where improvements can be made, contributing to recommendations to increase efficiency in the referral process to DCPO's.

2.6. CONCLUSION

This chapter discussed social welfare in the South African context and the key policies and frameworks that inform the country's child protection system. The challenges experienced within this system, such as a lack of collaboration, resources, and support for social workers, were identified, and the role and importance of referrals within the system were emphasised. The GST framework was presented as a critical lens through which to view the child protection system and the referral process within it, and the elements of this theory, which aided the research process, were discussed.

By exploring the challenges and realities of collaboration within the system, insight is provided towards answering the research question; what social workers' experiences are when referring to DCPO's. The following chapter will provide a detailed breakdown of the research methodology used to inform this study in the process of answering this question.

CHAPTER 3: RESEARCH METHODOLOGY

3.1 INTRODUCTION

This chapter will outline the research methodology that informed this study. The research approach and type of research that were undertaken will be discussed, as well as the research design used. The various research methods will also be highlighted, such as the study population and sampling approach, the data collection, and data analysis methods, how data quality was ensured, and how a pilot study was implemented. Lastly, the limitations of this study will be discussed, and all applicable ethical considerations will be highlighted.

3.2. RESEARCH APPROACH

The interpretivist paradigm was followed in this study. Interpretivism premises that reality is socially constructed, rather than objective, and that by viewing participants in their natural environments, you gain the opportunity to understand their perceptions (Nieuwenhuis, 2019a:67). This approach allowed the research to explore participants' subjective experiences related to the referral process and assisted in understanding participants perceptions of referring within their unique contexts (Nieuwenhuis, 2019a:67-68).

Additionally, a qualitative research approach was utilised. This was most appropriate considering that the goal of the study was exploratory and descriptive in nature, and that little existing research was available on this topic. Qualitative research is concerned with how people make sense of their surroundings and makes use of meaning-based forms of data analysis (Nieuwenhuis, 2019a:59). Qualitative research further evaluates things in their natural settings and seeks to answer how social experiences are created (Makofane & Shirindi, 2018:30). This, together with the characteristics of the interpretivist paradigm, assisted the researcher in understanding how social workers interpret their reality and make sense of their experiences in referring cases to DCPO's.

3.3 TYPE OF RESEARCH

Applied research refers to an original investigation that has a practical objective and is aimed at solving a problem (Marotti de Mello & Wood, 2019: 338). It is also designed to provide organisations, like social service agencies, with information that can be utilised without any delay (Adler & Clark, 2015:360). Applied research was therefore used in this study as it strives to be useful in the immediate future and seeks to increase effectiveness in the area of referring to DCPO's, and the wider child protection system as a whole (Adler & Clark, 2015:360).

3.4. RESEARCH DESIGN

An instrumental case study design was used as it allowed the researcher to conduct research within a real-world context using only seven cases to obtain in-depth information about participants' experiences in referring cases to DCPO's (Nieuwenhuis, 2019b:90). This design usually makes use of a small number of cases which are set in their real-world contexts, and results in new knowledge gained about behaviour and its subsequent meaning (Nieuwenhuis, 2019b:90).

This design was further advantageous as it allowed the researcher and the participants to collaborate closely, which better enabled the participants to share their experiences (Nieuwenhuis, 2019b:90). The purpose of the case study design was exploratory and descriptive, allowing the researcher to ask 'how' and 'why' questions. This contributed to the researcher exploring and describing social workers' experiences in referring cases to DCPO's (Nieuwenhuis, 2019b:90).

This study was a part of a group research project for the Master's of Social Work (Play therapy)(Play-based interventions) programme, which had similar goals and objectives. However, each researcher recruited a separate sample, collected and analysed data, and submitted a research report independently.

3.5. RESEARCH METHODS

In accordance with a qualitative case study design, specific research methods were followed. The following section will provide an outline of the study population and the sampling approach that formed part of this study. The data collection process, the research instrument used, and the analysis of the data will be discussed, as well as how data quality was ensured, and the completion of a pilot test was undertaken.

3.5.1. Study population and sampling

A study population is a group of individuals who share common attributes and experiences that interest the researcher (Makofane & Shirindi, 2018:34). Considering the goal of this study, the population consisted of registered social workers in the Gauteng province who have at least two years' experience in referring cases to DCPO's.

Participants were recruited via an independent organisation, namely, Forensic Assessment Consultation and Training [FACT], that delivers CPD-accredited training to a network of social workers. Recruitment took place via email, through which details of the research study were shared by the organisation via their marketing database. Interested individuals were provided with the researcher's contact details and asked to contact the researcher directly. Written

permission was obtained from FACT in order for this process to take place (Appendix B), and the research poster was shared with their members (Appendix C).

Participants were recruited in line with the research question and goal, and had to meet the following inclusion criteria:

- Participants had to be qualified social workers registered with the South African Council for Social Service Professions (SACSSP)
- Participants had to be based in the Gauteng province.
- Participants had to have at least two years of experience in referring cases to designated child protection organisations.
- Participants had to be able to converse in English.

The sample for this study was therefore drawn using non-probability sampling, more specifically purposive sampling, as the researcher selected participants who share relevance with specific features that are of interest to the research (Strydom & Delport, 2011:392). The above inclusion criteria were first developed, and participants had to meet all the criteria before being included in the study. Participants who were based in Gauteng and were able to converse in English were chosen for feasibility and practical reasons (Nieuwenhuis, 2019b:93). In order for rich information to be generated, it was decided that participants should have a minimum of two years of experience in referring cases to DCPO's (Nieuwenhuis, 2019b:93).

The researcher conducted seven interviews with participants. Thereafter, the interviews discontinued as the researcher determined that data saturation had been achieved, since no new themes or insights became apparent (Makofane & Shirindi, 2018:34).

3.5.2. Data collection

Semi-structured interviews (Appendix F) were used to collect the data for this study. This gave participants the opportunity to share their own views, opinions, thoughts, ideas, and behaviours, and therefore, rich and descriptive data was obtained (Nieuwenhuis, 2019b:108). Interviews also help with gathering information on participants interpretations as well as the social interactions they have been involved with (Makofane & Shirindi, 2018:40). The semi-structured interview schedule allowed the researcher to develop a line of inquiry beforehand that guided the content of the interviews, while the open-ended questions allowed for probing and gaining clarification regarding certain information (Nieuwenhuis, 2019b:108).

The interviews were done one-on-one and in person in a setting that was private and confidential. The interviews were also audio-recorded, and participants consented to this

beforehand by signing the researcher's consent form (Appendix E). Although the interviews were time-consuming, they allowed participants to talk in depth about their experiences in referring cases to DCPO's (Makofane & Shirindi, 2018:40), overall assisting the researcher to gain a better understanding of the research topic and of each participant's experiences.

3.5.3. Data analysis

After the interviews were completed, they were transcribed, and a process of thematic analysis was done to analyse the data. The process of thematic data analysis was guided by the steps proposed by Terry et al. (2017:14-25). This process consisted of the following phases:

- Phase 1: The researcher familiarised herself with the recorded data and the interview notes (Terry et al., 2017:15). After the interviews, the researcher transcribed the interviews, read through the notes made during the interview, and re-read each transcription multiple times to immerse herself in the data collected (Terry et al., 2017:15).

- Phase 2: The researcher generated codes from the data collected. (Terry et al., 2017:19). This systematic coding procedure identified data elements that were relevant to the research question (Terry et al., 2017:14). This was a flexible process, whereby codes where continuously revised (Terry et al., 2017:20). The codes were written in the margins of hard copies of the interview transcriptions. The final list of codes was then copied onto a separate document.

- Phase 3: Next, themes were constructed from the list of final codes (Terry et al., 2017:21). Using the research question as a guide, the researcher combined the codes into meaningful patterns (Terry et al., 2017:22). Similar relationships across the codes were identified, and clustered together, and these were carefully revised until a final set of themes were compiled (Terry et al., 2017:22).

- Phase 4: The final set of themes was then reviewed (Terry et al., 2017:25).
  With each theme, validity was taken into consideration to determine whether it accurately reflected the meanings carried across the data set as a whole (Nowell, Norris, White & Moules, 2017:9). The themes were revised so that each theme was distinctive and captured the key concepts reflected in the coded data, as well as the interview transcriptions (Terry et al., 2017:25).

- Phase 5: Next, each theme was defined and named (Terry et al., 2017:27).
  In the fifth stage, the researcher determined which part of the data each subject includes and determines what about them is captivating and why (Nowell et al.,

2017:10). The researcher carried out a thorough examination for every single theme, determining the narrative that each theme conveys (Nowell et al., 2017:10). Here the subthemes were also finalised and named, some themes were split, and others completely discarded (Terry et al., 2017:27).

- Phase 6: Finally, the report was produced (Terry et al., 2017:30).
  Here, the data and subsequent analysis were woven together to reflect the research question (Terry et al., 2017:30). As evident in the following chapter, each theme was discussed both illustratively and analytically, and connections to literature were made (Terry et al., 2017:30).

3.5.4. Data quality

It was essential to establish trustworthiness in order for the data analysis, findings, and recommendations to accurately represent the experiences of the participants (Nieuwenhuis, 2019c:143). Transferability, dependability, confirmability, and credibility were met in the process of establishing the trustworthiness of this study (Leedy & Ormrod, 2015:278; Nieuwenhuis, 2019c:144; Schurink & Fouche, 2021:391).

3.5.4.1. Credibility

Credibility refers to the establishment of whether the findings of the research are a plausible representation of the participants' original data and views (Anney, 2014:276). Credibility was ensured through the researcher's reflective notes as well as through support from the researcher's supervisor (Anney, 2014:277; Nieuwenhuis, 2019c:144). Credibility was further enhanced through developing an early familiarity with the participants and the organisations involved, as well as the well-defined criteria that formed part of the purposive sampling (Nieuwenhuis, 2019c:144). Additionally, during informal conversations with the participants, the researcher sounded their initial understanding of the information that was shared with them in order to make sure they have the correct interpretations (Nieuwenhuis, 2019c:144).

3.5.4.2. Transferability

Ensuring a thick description of the research was key in ensuring transferability; therefore a full account of the context, participants, and research design and analysis was provided (Anney, 2014:278; Nieuwenhuis, 2019c:145). This was further provided through the interviews conducted and the use of thematic analysis as a means of data analysis. Additionally, the use of purposive sampling allows readers to draw connections to a larger community level of experience (Anney, 2014:278; Nieuwenhuis, 2019c:145).

3.5.4.3. Dependability

Dependability was ensured through careful documentation of the data collection process and the data analysis process (Nieuwenhuis, 2019c:145). Furthermore, a detailed audit trail which documents all decisions relating to the research was kept (Babbie & Mounton, 2001: 278; Nieuwenhuis, 2019c:145), this includes all raw data, and interview and observation notes (Anney, 2014:278).

3.5.4.4 Confirmability

Confirmability involves the establishment that the findings and interpretations of a study have been clearly derived from the data (Anney, 2014:279). To ensure confirmability, the researcher made sure to reduce researcher bias by becoming aware of their own views and experiences related to the process of referring cases to DCPO's (Nieuwenhuis, 2019c:145). The involvement of a research supervisor as well as the creation of the audit trail further contributed to the confirmability of the study (Anney, 2014: 279; Nieuwenhuis, 2019c:145). Furthermore, the purpose of all the quotes used in the discussion of findings was carefully considered, and insofar as possible, enough of the text was reproduced in order to allow readers to decide what the participants are trying to convey (Nieuwenhuis, 2019c:146).

3.5.5. Pilot study

A pilot study was conducted as a means to test and verify the data collection method (Rubin & Babbie, 2016:196; Strydom 2021:236). A pilot study also ensures that the data collection method is clear and unambiguous, and helps to determine if any adjustments need to be made (Makofane & Shirindi, 2018:41). The pilot study was done using the interview schedule with one participant who was sampled using purposive sampling and who met all the inclusion criteria for the study. No concerns were raised during the pilot study, and the researcher felt that it was not necessary to make any changes to the interview schedule. The data gathered in the pilot study further yielded rich and relevant data, which contributed to answering the research question, and since the participant met all the inclusion criteria for the study, it was decided to include the pilot study in the final data set.

3.6. LIMITATIONS

Prior to interpreting the findings of the research study, the following limitations need to be considered. The quality of qualitative research is dependent on the skill of the researcher involved, and although this has been mitigated in so far as possible by the researcher being

guided by a supervisor during the research process, it remains easily influenced by the biases of the researcher involved (Anderson, 2010:2). Furthermore, the volume of data obtained from the interviews is time consuming (Anderson, 2010:2), and therefore limits the size of the sample involved. The instrumental case study design however contributed to in-depth information being obtained (Nieuwenhuis, 2019b:90), and the inclusion criteria ensured that participants had a minimum of two years' experience in referring cases to DCPO's, therefore ensuring that although the research sample was small, the data obtained was rich and relevant to answering the research question.

Furthermore, this study was conducted with a sample of only seven social workers involved with referring cases to DCPO's in Gauteng; as such, this study represents only a percentage of the social work population. The use of purposive sampling may contribute to similarity among the study population, which may result in bias. In order to mitigate this, participants from different organisations, different age groups, and different ethnicities were included in so far as possible. The presence of the researcher during data gathering may also affect the participants' responses (Anderson, 2010:3), and the interpretive nature of the research findings may introduce subjectivity during the data analysis process and thus affect the conclusions of the study. Additionally, as the researcher is a social worker who herself has referred cases to DCPO's, it is possible that the researcher's positionality may affect the outcomes and results of the study (Holmes, 2020:2). The researcher therefore took care to identify and be aware of their own experiences and feelings and ward against its influence on the research process and outcomes.

3.7. ETHICAL CONSIDERATIONS

Ethical considerations were adhered to throughout the process of conducting this research study. Permission to conduct this study was granted by the Research Ethics Committee of the Faculty of Humanities at the University of Pretoria (Appendix A). The following ethical principles were followed:

- Informed consent: All of the participants who took part in the study did so voluntarily and no participant was compelled to do so (Babbie, 2017:70). All the relevant information that participants needed to be aware of was made available to them in the consent form that they signed prior to the interviews taking place. This included details about the research, the research process, and the advantages and risks the research poses to participants. The purpose of the study was also explained to participants (Makofane & Shirindi, 2018:33). Participants were informed that they had the right to withdraw their consent to partake in the study at any time during the process.

- Confidentiality and anonymity: The researcher protected the privacy and identity of the participants throughout the research process, and no identifying information was made available to anyone other than the researcher, and no names were disclosed in this mini-dissertation (Strydom & Roestenburg, 2021:124). The interviews with participants were held in private offices where confidentiality was ensured. For the following ten years, the researcher, along with the University of Pretoria, will safeguard all interview-related paperwork in secure storage, and no unauthorised person will have access to this data (Makofane & Shirindi, 2018:33).

- Minimisation of harm: Elements such as injury to one's body, psychological and social abuse, and even legal risk were mitigated in so far as possible for the duration of this study (Strydom & Roestenburg, 2021:119), even more so, it was deliberated how potential harm to participants can be minimised insofar as possible (Makofane & Shirindi, 2018:87). Participants were informed of free counselling services that was available to them from a registered social worker at FACT should they require it (Appendix D), however no participant felt it necessary to make use of this service.

- No deception of participants: Participants gave their explicit permission to participate in this study (Neuman, 2014:151; Strydom & Roestenburg, 2021:123). The researcher gave a thorough explanation of the aims and objectives of the study, the duration of the participants' involvement and expected behaviour, as well as the procedures that will be followed and possible advantages and disadvantages that might have a bearing on the participants (Strydom & Roestenburg, 2021: 122). During the collection of the data, an audio recorder was used to record the interviews, and the researcher informed and gained consent from the participants prior to the start of the recording process.

- Voluntary participation: Nobody was forced into participating in the study (Rubin & Babbie, 2017:85; Strydom & Roestenburg, 2021:121). The participants received informed consent forms prior to the interviews taking place, where they gave their consent to voluntarily participate. The participants were also informed that they are at liberty to withdraw from the study at any time and without providing any reason for the withdrawal (Strydom & Roestenburg, 2021: 122).

- No compensation for participants: There was no compensation or incentives given to the participants of this study, and this was clearly communicated to them before their participation in the study.

3.8. CONCLUSION

This chapter provided an in-depth discussion of the research methodology that informed this research study. The interpretivist research paradigm and qualitative approach that informed this study were discussed, as well as applied research as the chosen research type. The use of an instrumental case study design and the population of this study were highlighted, and the process of purposive sampling of this population was presented. The use of semi-structured interviews with participants of this study was discussed, and the steps taken in the process of thematic data analysis were emphasised.

Furthermore, trustworthiness was established by evaluating the transferability, dependability, confirmability, and credibility of the study. Key ethical principles adhered to in this study, such as informed consent, confidentiality and anonymity, minimisation of harm, no deception of participants, and voluntary participation, were discussed. The limitations of this study, insofar as possible, have also been transparently presented.

The following chapter will present the research findings that were obtained through the data analysis process and the subsequent discussion thereof.

CHAPTER 4: EMPIRICAL FINDINGS AND DISCUSSION

4.1. INTRODUCTION

The following chapter will discuss the key findings from the interviews that were held with research participants. These interviews were recorded, transcribed, and thematic analysis was done to process the data. Codes were first identified, which then assisted the researcher to identify broader themes and subthemes. The data was analysed with the main aim of exploring and describing social workers experiences in referring cases to designated child protection organisations in Gauteng. The data also sought to determine the referral process used to refer cases and the measures typically used by social workers when referrals are not successful. This chapter will first provide the biographical information of participants and continue to discuss the themes and subthemes which have been identified.

4.2. EMPIRICAL FINDINGS

This section will present the empirical findings from the data analysis, as well as the themes and subthemes that were identified.

4.2.1 Participant's biographical information

This section will provide a brief description of the participants' backgrounds for the study by discussing participants' gender, age, home language, ethnicity, their years of experience in social work, their area of specialisation, and their area of employment.

Table 1 – Participant's Biographical Information

Participant	Gender	Age	Home Language	Ethnicity	Years of experience in social work	Area of specialisation	Area of employment
1	Female	27	Afrikaans	White	5	Therapy and Assessments with Children and the Elderly	Private Practice
2	Female	51	English	White	30	High Conflict Divorce	Private Practice
3	Female	41	Afrikaans	White	13	Child Protection	Private Practice
4	Female	38	English	White	12	Play Therapy	Private Practice
5	Female	28	Afrikaans	White	6	Therapy and Assessments with Children	Private Practice

6	Female	36	Afrikaans	White	13	Child Protection	Child and Youth Care Centre
7	Female	42	isiXhosa	Black	7	Therapy and Assessments with Children	Private Practice

The research participants of this study were all female. This is not surprising, as globally social work is a female-dominated field (Makhanya, 2023: 21559). In South Africa specifically, there has been an increase of just over 10% of women employed in the social service sector between 2001 and 2014 (Statistics South Africa, 2014).

Furthermore, the research participants were aged between twenty-seven and fifty-one. In the last quarter of 2024, Statista (2025) reported that there was a recorded seventy-three percent of labour participation from South Africans aged twenty-five to thirty-four, and a seventy-nine percent recorded participation from the group aged thirty-five to forty-four.

Four of the participants indicated that their home language was Afrikaans, two stated that their home language was English, and one indicated that their home language was isiXhosa. When considering the statistics regarding languages spoken inside South African households, isiXhosa is the second most commonly spoken language, while Afrikaans is the third most common, and English the sixth (Statista, 2018). Although English is the sixth most common language spoken inside households, outside of homes it is the second most prevalent language (Statista, 2018).

Six out of the seven participants were White, and one was Black. Contrary to the demographic breakdown of this study, of the sixty point six million South Africans, forty-nine million are Black, while four point six million are White (Statista, 2024).

The years of experience of participants ranged between five years and thirty years. The years of experience of participants are directly related to their age, as most participants started working right after graduation.

Four participants indicated that they worked therapeutically with children, two participants stated that their expertise lies in child protection, and one participant specialised in high-conflict divorce cases. A 2022 study done in South Africa indicated that 73% of children felt that they required mental health support over the past year, and that there is an ongoing need for holistic mental health responses to be prioritised (UNICEF, 2022). Access and availability of services for children are especially important, as 20% of children indicated that they did not know where to access help and support (UNICEF, 2022), highlighting the importance of South African social workers working therapeutically with children. As this study sought to explore

participants' experiences in referring cases to child protection organisations, it further makes sense that such a high number of participants were practicing in the therapeutic field as opposed to the statutory one.

Six out of the seven participants work in private practice, with only one working at a Child and Youth Care Centre (CYCC). Private practice is when a social worker works in an office of their own instead of working for a government agency (The Institute for Clinical Social Work, 2024). Although the researcher could not find exact statistics regarding the number of South African social workers who work in private practice, research does indicate that organisations fail to retain experienced social workers and that there is a high turnover faced within the NPO sector (Skhosana, 2020:109). Private practice has many advantages for social workers, such as flexible work hours, the opportunity to work independently, and an opportunity for increased income (The Institute for Clinical Social Work, 2024). Given that this research study evaluated social workers' experiences in referring to DCPO's, it is further understandable that such a large number of participants were employed outside of the formal welfare sector.

4.3 EMPIRICAL FINDINGS: THEMES AND SUB-THEMES

The following section will provide the themes and subthemes identified during the data analysis process. Each theme and subtheme will be discussed by integrating verbatim information from the interviews held with participants as well as relevant literature. The five themes that were identified are: reasons for referring a case to a DCPO, the referral process, negative experiences in the referral process, measures taken when a referral is unsuccessful, and improvements that can be made to the referral process.

Table 2 – Table of Themes

THEMES	SUBTHEMES
Theme 1: Reasons for referring a case to a DCPO	1.1. Child abuse 1.2. Best interest of the child not being met 1.3. Limits to mandate
Theme 2: The referral process	2.1. Written communication and documentation 2.2. Collaboration with other parties 2.3. Factors influencing the referral process
Theme 3: Negative experiences in the referral process	3.1. Poor feedback and communication 3.2. Lack of action 3.3. Frustration and helplessness
Theme 4: Measures taken when a referral is unsuccessful	4.1 Escalating the matter within the organisation 4.2. Approaching the children's court

Theme 5: Improvements that can be made to the referral process	5.1. Building relationship 5.2. Training and supervision

4.3.1. Theme 1: Reasons for referring a case to a DCPO

The participants discussed reasons and situations that they have found themselves in that required them to report a case to a DCPO. The following subthemes which include child abuse, the best interest of the child not being met, and the limits of mandate, will provide an in-depth discussion of the reasons why cases were commonly referred to DCPO's by participants.

4.3.1.1. Child abuse

Five of the participants specifically stated that once they have knowledge of, or suspect, that any form of child abuse is taking place, they will refer the case to a DCPO. This is echoed through Participant 2's response, stating that they refer when they have" *grave concern about the child's safety and whether they are being properly cared for".* Participant 3 further stated that the referral takes place once there are *"any disclosures or if there's any risk factors that are identified or anything that warrants proper investigation".*

This is aligned with Section 110 of the Children's Amendment Act 41 of 2007, which mandates all social workers who have knowledge or suspicion of child abuse to a DCPO (Republic of South Africa, 2007:44). Participant 3 was aware of this mandate, stating that their requirements for referral involve "*obviously, firstly, the legal requirements if we talk about child protection and with specific reference to abuse and neglect".* Participant 1 further stated*, "So usually specifically with regards to the children, it would be either if it's sexual abuse, it would go to the police station"*. This is mandated by the Criminal Law (Sexual Offences and Related Matters) Amendment Act 13 of 2021, which states that if anyone has knowledge, reasonable belief, or suspicion of a sexual offence committed against a child, this needs to be reported to SAPS (Republic of South Africa, 2021:32).

Furthermore, Participant 4 stated that they refer when they are *"concerned that the child was in need of care or protection".* A child is considered in need of care and protection when they are being maltreated, abused, deliberately neglected or degraded (Republic of South Africa, 2005:64), and any person who believes that a child is need of care and protection may report that concern to a DCPO (Republic of South Africa, 2007:44). The participants were therefore aware of their role as mandated reporters and the relevant legislation that informs this process, and there was consensus among participants that any case involving child abuse or suspicion thereof was a common reason for a case to be referred to a DCPO.

Although this consensus was achieved by the participants of this study, literature indicates that in South Africa, regardless of the alarmingly high statistics for crimes perpetuated against

children, the numbers remain under-reported (Mattews & Benvenuti, 2024:27), and most social workers are hesitant to report parents who use violence against their children (DSD, 2019:47). Other groups of professionals such as healthcare practitioners also fail to comply with mandatory reporting legislation (Hendricks, 2014:550).

4.3.1.2. Best interest of the child not being met

Another common reason for referring cases, expressed by the participants, is that they often refer cases when they feel like the child's best interest is not being met. Participant 1 stated that they refer cases when they are *"concerned about the parent's ability to really help the child".* Participant 6 further stated that *"I think if a child's best interest is not being adhered to. Obviously, it's a big one if their life is in danger or they tell you that they're being abused, but even small things like parents not enrolling children in schools".* This same participant referred to a current case of theirs where they are working with a child who has epilepsy, but whose parents are not sending them to a neurologist, and stated that they felt that this was a reason for them to report the case to a DCPO.

The best interest of the child principle is a Constitutional right that states that in every matter concerning a child, their best interest is of paramount importance (Skelton, 2019:558). This concept involves making legal decisions that are most favourable for a child, and considering the impact that decisions have on a child while in the process of decision making (Skelton, 2019:560). Skelton (2019:561) outlines three situations in which the principle of the best interest is applied. These are in the weighting and choosing of two or more potential solutions, justifying of the exemption of a specific right because it is in the child's best interest (for example, denying a child contact with a parent), and lastly, as a means of approaching issues that are not covered by existing rights (Skelton, 2019:561). Furthermore, the best interest of the child principle must be considered in the context of broader human rights (Skelton, 2019:561), and in the above case study, where a child's right to basic health care services as granted in Section 28 of the Bill of Rights (RSA, 1996) are denied, a referral to a DCPO may be validated.

4.3.1.3. Limits to mandate

Participants 2, 5, and 7 mentioned that they refer cases to a DCPO once the case no longer falls within their mandate or professional scope of practice. As these participants were involved in rendering therapeutic services or working with cases of high-conflict divorce, they felt that once a case had reached a point where the need extended beyond their professional mandate, they would refer it to a DCPO. The following quotes highlight such instances that motivate these participants' referrals:

"So, whenever it is something that I cannot address in therapy anymore……...And then if that does not work, if all of the prevention services that need rendered in our therapeutic process doesn't work, then we would go to the welfare organisation" (Participant 5).

"But it's very difficult because when also you have to stay within the boundaries of your mandate, and you've got boundaries either in terms of possibly taking food to the family or whatever in my capacity. I can't do that because I will be overstepping my boundaries" (Participant 2).

When considering the SACSSP Policy Guidelines for Course of Conduct Code of Ethics and the Rules for Social Workers (2011), social workers are urged to recognise the boundaries of their competence as well as when their expertise has reached its limit and should therefore only provide the services that are trained and qualified for (SACSSP, 2011:6).

Additionally, participants further recognised that as they were social workers in private practice, without statutory power, there would be instances where they would need to refer a case in order for a certain service to be rendered. For example, Participant 7 recognised that often an investigation into a child's home circumstances would need to be done, and therefore a social worker from a DCPO would need to be appointed to do the investigation. This is reflected in their following statement: *"If there's background that is needed, for example, in cases of divorce, you need to say the child maybe needs to visit mom this is time and these times, but you need to know the environment and I don't have statutory powers to be able to do the investigation when the child is exhibiting abuse".*

Another instance mentioned by Participant 6 where a case needs to be referred to a DCPO is in the extension of court orders and providing children in CYCCs with a leave of absence. In considering the Children's Amendment Act 41 of 2007, child protection services, such as the investigation into a child's home environment, may only be conducted by organisations that have been designated by the Director-General or provincial head of social development (Republic of South Africa, 2007:41). Participants 2, 5, 6 and 7 were therefore aware of their scope of practice and recognised the need to refer when designated child protection interventions or assistance was necessary.

This is important, as only a small fraction of child maltreatment cases are reported to DCPO's, but also because the protection of children is a collective responsibility (Van Niekerk & Makoae, 2024:35), therefore practitioners are encouraged to know the limits of their professional mandates and refer to the necessary authorities when necessary. Considering GST, participants in this study formed only one link in the larger child protection system, and therefore, once reaching their professional mandate, had to make use of other role players in the system.

4.3.2. Theme 2: The referral process

The second theme that emerged from the data analysis was the different processes and elements that formed part of, and influenced, the referral process to DCPO's. These include the use of written communication and documentation, collaboration with other parties, and influencing factors such as the straightforwardness of the process itself and the social workers assigned to the case.

4.3.2.1. Written communication and documentation

Participants 1, 2, and 3 referred their cases by sending emails to the DCPO's. Participant 2 stated that they would often call the organisation first to make sure who the right social worker is to refer the case to, but would then send the referral in the form of written communication. Participants would either receive a referral form from the organisation, be referred by sending through detailed documentation and details of the case, or make use of in-house protocols and standardised forms related to referral. Participants stated they would usually put their concerns, the reasons why they feel an investigation is needed, as well as the interventions and processes they have already done on paper for the DCPO social worker to see, and that they would often follow up with referrals once the process has been completed.

Participants also highlighted that keeping written documentation throughout the process of referral was important. Participant 5 stated that they *"would usually just put all concerns on paper*", while Participant 2 described their documentation process as *"detailed process notes, and then everything else that is written, and all correspondence should be on email and then a copy of the email must be saved on the file".* Participant 6 highlighted the importance of this by saying," *just make sure that all your documentation is in order"* when you are referring to a DCPO.

The SACSSP Code of Ethics states that when social workers refer to a colleague they should do so in an organised and orderly way, and that this transfer of responsibility should be done in a written manner (SACSSP, 2011:35). Keeping detailed documentation throughout the process and sending a referral in the form of written communication, is therefore recommended.

4.3.2.2. Collaboration with other parties

For 6 of the participants of this study, collaboration formed a part of their referral process. Two of the participants felt that collaborating with a child's family and parents is an important part of the referral process. Participant 6 stated that they feel that ***"****It's just good to tell them [parents] you're going to refer them".* Participant 7 indicated that their process of working with parents is as follows:

"What I will do is have a meeting with parents and find out where they are and just for transparency depending on a situation because sometimes you don't want to tell them anything, you go straight to the DCPO. But if it's parents that I have sat down and spoken to, and I can hear that these parents all they need is education, I sit down with them and tell them about the process that is going to happen and who is going to be involved going forward." (Participant 7)

Participant 6 further stated that "*you communicate throughout the process with the parents that they are in the loop because it's just fair to do that".* Other family members who should be consulted with that participants spoke of included grandparents, aunts, and uncles. Information about services should be communicated to clients openly and transparently (SACSSP, 2011:8), and social workers should maintain transparent and truthful relationships with clients, including being transparent about a course of intervention (SACSSP, 2011:21). Therefore, notifying parents about a referral and communicating with them throughout the process, if and where appropriate, may be advised.

Furthermore, 3 participants indicated that schools and teachers are often also involved in the process, with Participant 6 stating that *"obviously, if there's like a school involved, you will keep them in the loop and maybe get information from them"*. There are high rates of reported violence in schools, and therefore schools and educators need to be included in child protection dialogues (Chames & Lomofsky, 2014:49). Other parties that participants indicated they collaborate with in the referral process includes SAPS, Legal Aid, and other professionals such as occupational therapists or psychologists, and that for transparency purposes collaborating parties are copied into all email correspondences to ensure that everybody is kept on the same page.

Collaboration, as Participant 2 put it, is *"so that we all work together for the good of the child".* The child welfare system alone cannot bear the sole responsibly of caring for children's wellbeing, therefore collaboration, and the quality of this collaboration, across disciplines, as done by the participants of this study, is key for promoting the well-being and safety of children (NASW, 2013b:7, Chames & Lomofsky, 2014:43). The wider public plays an important role in identifying children who are risk and creating safer environments for them (Chames & Lomofsky, 2014:48), and therefore should be collaborated with during the referral process where and if appropriate. Here, the GST principle of Holism is echoed (Hammond, 2010:106), as the safeguarding of children by participants has been approached through the involvement of everyone involved in the child's life and system.

4.3.2.3. Factors influencing the referral process

Three participants felt that the physical process of referring a case to a DCPO in and of itself was an easy and straightforward one. Participants felt that there was no confusion as to how a case should be referred, and when any uncertainties arose regarding who the referral should be sent to, they would call the organisation first, and with some organisations, get a prompt answer as to who the case should be referred to. Participant 1 stated: *"I think I would say they follow the protocol like this is how we do it, this is how you refer, or this is how you report but that's the only thing at DCPO's that's rigid and stuck". "I think the only thing that does work is the referral process because you send an email, but that's about it".*

Emails, as some participants stated they often use as a means to refer, is considered to have increased social workers ability to communicate with other service providers, and other forms of technology may further assist social workers in increasing the timeliness of service delivery (NASW, 2013b:17). Regardless of the straightforward process of referring, 2 participants felt that their positive experiences ended once the referral had been made. Participant 5 stated that *"Making the referrals are quite easy, but to get them to further investigate the case and the concerns that you have. That's the bigger problem."* Participant 3 echoed this by saying *"The issue is not the process it is the professional on the receiving end of the process that does not take responsibility for the referral received".*

Two participants felt that the referral process was closely linked to who the social worker is that the case is assigned to, rather than the specific protocols and policies of the organisation. With some social workers, participants have had positive experiences of referring, while with others, they have had negative experiences. Participant 2 stated that "*Some people are excellent, you know, if you hand over to them that something will happen"*, while Participant 5 felt that *"We do have a lot of very, very, very good statutory social workers that I have seen do amazing things for kids."* However, Participant 2 also acknowledged that while they may have a good experience with some social workers, this is not the case for everyone, stating that "*Some social workers are excellent and follow up, some social workers are really not, and nothing happens or it's a very slow process".* Participant 5 also felt that there were some child protection organisations that they would consider to be more effective than others and shared that *"Firstly, it would depend on which one I think some organisations are a little bit more effective than others. Generally, it definitely depends on which one you refer to and generally some of them would answer much quicker".*

This view, expressed by participants, echoes the interactive nature of systems as highlighted by GST. As GST emphasises the need to consider the larger environments involved in complex interactions (Whitchurch & Constantine, 1993:326), other factors need to be

considered such as the decline in funding to NPO's that render child protection services, which has compromised the quality of services and resulted in staff being retrenched, and interventions scaling down (Jamieson, Wakefield & Briedé, 2014:54). This, alongside the high caseloads faced by DCPO social workers, impedes on their ability to render comprehensive services (Artz et al., 2016:62). This is an unfortunate reality that affects both the children who require services, as well as social workers experiences during the referral process.

4.3.3. Theme 3: Negative experiences in the referral process

Participants had negative experiences in the process of referring cases to a DCPO. These include receiving poor feedback and communication from organisations, experiencing a lack of action from social workers within DCPO's, and developing feelings of frustration and helplessness as a result of this process.

4.3.3.1. Poor feedback and communication

Two participants felt that once a case had been referred to a DCPO, they received poor feedback and communication from the social worker the case had been referred. Participants felt that they often only received feedback about a case a long time after the referral had been made, or received no feedback at all. Participant 3 stated that *"Communication is an issue with specific reference to not receiving just basic feedback or like acceptance of the referral, or just stating 'Listen, I've seen it'. You won't even get that".*

The SACSSP Policy Guidelines on Course of Conduct states that social workers should work with colleagues in a spirit of collaboration, in order to best serve the well-being of clients (SACSSP, 2011:33). However, Participant 1 felt that even when they follow up with referrals they do not get acknowledged, and further stated that communicating with the social workers from a DCPO was like "*speaking to a wall".* This participant also added that when they follow up on referrals to get feedback, they feel like they are often met with hostility.

Participant 2 acknowledged that the heavy caseloads of DCPO social workers may be what contributes to their lack of feedback. This sentiment is reflected in literature, as the unmanageable caseload of social workers may result in them being charged with unprofessional conduct as they cannot deal with the demanding workload (Skhosana, 2020:115).

4.3.3.2. Lack of action

The Children's Act 38 of 2005 states that in any situation where a child is concerned, a delay in any action or decision should be avoided were possible (Republic of South Africa, 2005:20).

However, 6 participants of the study felt that there is a lack of action from DCPO's once referrals get made, and that the DCPO social workers take their time to investigate a matter regardless of the urgency of the situation. The following three examples were shared by three participants that highlight this concern:

"We've had cases where we were so concerned that we contacted the most senior supervisor that we had contact to in the organisation. And in the end, when we had to, like at least two months later, had to follow up what's going on, and inform them that if we don't have feedback within 48 hours that we will report them to the council. Only then they seemed to have someone to help" (Participant 3).

"I had a case where I was referring to a social worker, I indicated it is an urgent case and it was on a Friday. And the social workers said that Fridays they don't do intakes. It's a child's life in danger. Friday is not the day of an intake. Let's rather wait till Monday. That's when they would be able to take the case" (Participant 7).

"We once referred a case where there was severe sexual abuse. So, the two boys were both under the age of 12 and then there was definite allegations that they were being prostituted out at home. And we went and did the referral, we made the appointment, we went to the offices, and we sat with the social worker. And her response, her question was, what do you want me to do about it?" (Participant 5).

There has been a decline in the standard of social service delivery (DSD,2019b:17). This could be attributed to several factors such as insufficient funds which results in a lack of internal capacity, the unpreparedness and lack of supervision of newly qualified social workers, and an insufficient supply of social workers (DSD,2019b:17). The number of social workers in South Africa is not enough to deal with the demand for services, and as a result there is a lack of capacity to implement the necessary policies and programmes (Skhosana, 2020:110). Participant 7 felt that another factor that influences this lack of action is *"they become so used to removing children and doing those things, that it becomes something that can wait, in some cases it cannot wait."*

Six participants further felt that this lack of action has negative impacts on the child's emotional wellbeing, as well as their physical safety, and that the delayed response time often results in children no longer speaking up about their situation. Participant 3 highlighted the bigger implication that this has for the wellbeing of children by stating that *"Children take the chance to tell their story to someone hoping for relief, or help, or support and then nothing happens. What do they believe about the world and about adults if that happens?*". Participant 2 felt that another danger of delayed action is that once families become aware that a referral has been made, they may try to move away and slip under the radar. This participant further shared that

"*That's what's happened in two cases where I've worked with is that the one grandparents disappeared with a child and another one really was a teenager involved. He just went on the streets, and he never got helped. He sort of disappeared as well".* The well-being of the social workers making the referrals are also negatively affected by this, with Participant 1 stating ***"****I think there's a lot of social workers working with children who don't want to do that work anymore, due to the fact that there's such a lack of response and lack of action from the DCPO's."*

GTS emphasises that viewing reality from multiple viewpoints is important (Hammond, 2010:107), and similarly, three participants did however, acknowledge that the system is overburdened with cases and that social workers in DCPO's face demanding caseloads. Participant 3 stated, "*So it's easy to sit here and be negative and say that they don't do their jobs. But you have to keep in mind you don't deal with what they deal with*." However, two participants felt that this does not excuse their lack of action. Participant 6 stated that *"I understand you're overworked. We are all overworked, and I mean we have said what can I do to help you, we will assist you, but they don't want to do that.",* and Participant 3 stated that they felt high caseloads *"tends to become an easy way out".*

The SACSSP Policy Guidelines on Course of Conduct considers the negligent performance of social work duties to be unethical (SACSSP, 2011:9). The lack of action by DCPO social workers as experienced by participants, and the effect that this has on their well-being and the well-being of the children involved, is therefore a serious topic of concern.

4.3.3.3. Frustration and helplessness

All 7 of the participants stated that the referral process leaves them feeling frustrated and helpless. This frustration is partly due to the lack of communication, feedback, and action they experience from the DCPO's, with Participant 3 stating that this frustration "*keeps me on my knees".* Participant 6 also felt that they dedicated a lot of their time to making substantive referrals and trying to assist the DCPO social worker where possible, but that their efforts were not acknowledged or seen as valuable by the social workers.

Furthermore, Participant 2 felt helpless because they felt that they had done everything they could do on their side, and yet the referrals are not being seen to. Participant 5 stated that ***"****You get to see that child almost every day and you know that nothing is being done"* and Participant 7 added that *"you feel like you are not doing enough".* Another Participant 1 stated that even when there is enough evidence that a child should be removed from their home, this does not always happen, and this contributes to feelings of helplessness. Participant 5 felt that the limits to their professional mandate contributed to feelings of helplessness by stating: *"I think the biggest thing would be that you know that with your mandate being a therapeutic*

social worker, you cannot do certain things, you are not allowed to do certain things. And it is your hands that are tied." These feelings of helplessness also negatively impacted on the wellbeing of the participants:

"You are so anxious the whole time because you feel for those children and I mean, you listen to the stories, and you know what's going on and I think it's made me very anxious….. And I think that's why I recently also went out of working with children because it's such an exhausting part of social work, because there's no end to it' (Participant 1).

Social work is a stress-inducing profession that can easily result in burnout amongst practitioners (Ratcliff, 2024:26). This plays a key role in work turnovers (Ratcliff, 2024:26), as experienced by Participant 1. Social workers therefore need to be aware of the symptoms of burnout and prioritise indulging in self-care practices (Ratcliff, 2024:26). Considering the GST lens, social workers working outside of DCPO's are not separate from the wider child protection system and therefore are not immune to the pressures and constraints brought on by the system.

4.3.4. Theme 4: Measures taken when a referral is unsuccessful

Participants discussed two key measures that they made use of when a referral to a DCPO was unsuccessful. These include escalating the matter within the organisation to the social work supervisor or manager and approaching the children's court directly for assistance in the matter.

4.3.4.1. Escalating the matter within the organisation

One measure used by 6 of the participants when they were not receiving any feedback, communication, or action on behalf of the DCPO social worker that the case was referred to was to approach the social workers' supervisor or the manager of the organisation for assistance. These participants would call and email the supervisors directly or would request panel meetings with them to discuss the case.

Participant 7 felt that that this was an effective measure and that they experienced results once contacting a superior within the organisation: *"In that particular case I've dealt with that I had that difficulty of a Friday, I had to escalate to the manager of social workers of the organisation, to say this is a referral and this is the feedback I'm getting from your people. Can we together do something about this? And that's where the manager herself took that case.* " However, two of the participants felt that escalating the matter was not always effective. Participant 5 described the process as follows: *"There are some people that you know, do not*

like it when you supervise their job. So sometimes it is successful, but other times, there are certain organisations where we have had meetings with the higher ups and the office managers and everything and it would not be necessarily do anything. So again, depending on the organisation, sometimes it would be very effective. And other times nobody sees eye to eye". Participant 6 further felt that: *"And then you go to the director, and they don't always know what's going on. I think they're also misinformed about the quality of work the social workers are doing".*

The SACSSP Policy Guidelines for Course of Conduct stipulates that social workers have a professional responsibility to be concerned about their colleague's ethical conduct and compliance (SACSSP, 2011:7), and that a supervisor may be held liable in cases where alleged unprofessional conduct of a social worker is reported (SACSSP, 2011:38). Social workers should adopt an appropriate approach when faced with a colleague's incompetence (SACSSP, 2011:38), therefore escalating a case within an organisation to a social workers supervisor may be a recommended course of action.

4.3.4.2. Approaching the children's court

The Children's Act 38 of 2005 stipulates that any person who is acting in the best interest of a child may approach the court (Republic of South Africa, 2007:43). Furthermore, the children's court may issue a child protection order that includes instructing a person to conduct an investigation, as well as instructing any person who has failed to fulfil a statutory duty towards a child to appear before the court and provide reasons for this failure (Republic of South Africa, 2007:39). This was another measure utilised by five of the participant's when a referral was unsuccessful.

One participant felt this measure was successful at times. Participant 1 felt that: *"So, the form two is a real solid way of knowing it has been reported. Nobody can say you've lost the email, or you don't remember the phone call"*. "*The form 2 is definitely successful because they can't decide if they want to act on it or not because they are forced by the court."*

However, two participants acknowledged that this was a lengthy process and stated that waiting for a court date could take up to a month. This results in feelings of frustration, and Participant 1 stated: *"Like it's a process, like why do I have to wait and then I have to go for form 2 which just prolongs the process of my job"*. Participant 6 also highlighted that this measure is not successful all of the time by stating that: *"ultimately, we're allowed to go on to fill in a form two to go to children's court and then you hope you land in front of a magistrate that is willing to listen. It's good to be in a children's court because I think there's some accountability, but you're not assured that the children will be assisted".* Participant 3 also felt that *"it doesn't always have the desired effect".*

Participant 1 stated that they would approach the children's court when the case is severe, and Participant 5 stated that she would approach the court only after escalating the situation within the organisation, and still not seeing any action being taken.

4.3.5. Theme 5: Improvements that can be made to the referral process

All the participants in the study discussed various ways in which improvements can be made to the process of referring cases to DCPO's. From their recommendations, two main themes emerged: building relationships with social workers within DCPO's, and an increase in the training and supervision of DCPO social workers.

4.3.5.1. Building relationship

Almost all of the participants felt that building relationships between social workers in the community and those working within DCPO's is essential for improving the referral process. Participants felt that having close relationships with the DCPO social workers they are referring to will be advantageous and may even result in a smoother process. Furthermore, 2 participants felt that better relationships with DCPO social workers would increase camaraderie between the two parties. Participant 4 stated that ***"****when we report it just feels like there's no collaboration. So, I think if we could meet I don't know, maybe network, meet with them. Know who you're referring to. I think maybe it's because we don't know them. We don't know them. We don't know what they do. As people not as professionals."* Participant 5 echoed this by stating: *"So I think if the relationships between us is better it would be much easier because then everybody would have more…I think patience is the good word for it. We would have more patience with each other."*

Two participants voiced their readiness to build relationships with DCPO social workers. Participant 1 felt that *"They don't have to do everything on their own" and* stated that the social workers referring to the DCPO's are eager to offer their assistance with the case. Participant 3 felt similarly, stating: *"just to be a resource to them and to really bring over to them the message that we only want to help and that you know, we shouldn't be seen as a threat".*

Furthermore, two of the participants felt that increasing communication would be key to strengthening relationships with DCPO social workers. Participant 5 highlighted the importance of communication by stating: *"And I think most of the times we actually kind of just talk past each other so I would get mad at you for not doing this or not intervening or not investigation. I'm not aware of what your processes are. I'm not aware of what services you need to render before you can do this or can do that or, you know, protect a child."* Communication is important, as professionals understanding each other's roles, tasks, and

perspectives better is essential for collaboration (Rumping, Boendermaker & de Ruyter, 2019:299). Participant 1 echoed this by stating that *"I think with collaboration, communication is key for everything'.*

Furthermore, two participants felt that building relationships with other professionals and with professionals within their organisations may also be advantageous: *"I think the main thing for me is networking. So, with other professionals in our field or with people within our organisation, that is definitely where I get help for clients or if only advice on how to handle clients or manage them" (Participant 4).* Participant 5 felt that *"So, I think at this point, it is having a team to back you up. So, it's not just you that you know, goes, and refers a child".* Networking with other professionals may be an effective solution, as interaction and communication are elements that may enhance interdisciplinary collaboration (Rumping, 2019:303). GST echoes this thinking, as all parts of a system are constantly involved in complex interactions and connected to each other, striving for better, more collaborative relationships may have a positive overall impact on the system as a whole.

4.3.5.2. Training and supervision

One participant felt that an increase in training and supervision for social workers working within DCPO's may act as an effective improvement for the referral process. Three participants felt that more training was necessary, as the undergraduate training one receives does not adequately prepare one for statutory social work. This is reflected in their quotes below:

"even my undergraduate training that would not have helped me with knowing what statutory services look like or what is expected of me." (Participant 5)

"I was not prepared for the real world when I finish studying. It's a system problem….. people are uninformed, uneducated, and they just really don't get it."(Participant 6)

"I think there's a lack in undergrad training in social work. It's too broad. And the chances are that the new social workers will be thrown into a position that she or he is not necessarily ready for. They should put more effort into helping young social workers. Just to navigate the field, how to do a proper investigation. What is the kind of things you should know; how do you get to that information in the correct way" (Participant 3)

The type of training that participants felt DCPO social workers should receive includes training on conducting investigations, the Children's Act 38 of 2005, administration, trauma, and the impact thereof. Participant 5 stated that training should also cover topics such as*: "how to refer or how to handle a referral or even how to manage your caseload, what is urgent and what is least urgent and what needs to be done".* Participant 6 further felt that training on the impact that certain conditions have on a child's well-being will help the social workers understand the

need to act urgently in certain situations. This is reflected in the literature, as participating in educational activities may help social workers to increase their competency in terms of service delivery (NASW, 2013b:14).

All registered social workers need to be involved in a Continuing Professional Development (CPD) process (SACSSP, 2024). This is to ensure that professionals maintain their knowledge and skill throughout their careers, and that service users have access to practitioners who can render services competently (Lombard, Pruis, Grobbelaar & Mhlanga, 2014:107). Participant 6 spoke of this and mentioned that they feel that this is not an efficient means of receiving training: *"it's compulsory that we have to attend courses, but I don't think anyone does. And I think sometimes it becomes a thing of if I read articles, doesn't matter what it's on, I don't know, useless things. As long as you get the points".* Participant 3 stated that they also feel that there are instances where training might not have an effective outcome *"And then there's loads of training and things that you can put into that social worker to remedy a situation. But sometimes you might just be dealing with a social worker who's sitting just there for her paycheck.".*

Additionally, Participant 2 felt that the responsibility of training social workers in terms of the referral process lies with the organisation they are employed at *"every organisation should be training their own employees in terms of the referral process."* This is reflected in the SACSSP Policy on Course of Conduct, which states that social work supervisors and managers are urged to identify what the training needs of social workers are, and to implement a development plan for social workers (SACSSP, 2011:13). The SACSSP views CPD as an ethical obligation, as well as a statutory one (Lombard et al., 2014:107). Therefore, all social workers are obliged to commit to CPD as part of professional ethics, and social work employers are encouraged to facilitate access to CPD opportunities as well (Lombard et al., 2014:119).

Furthermore, standards of the Children's Act 2005 of 38 provide for social workers to be adequately supported, supervised, and trained in delivering child protection services (DSD, 2019b:18). The participants of this study highlighted the importance of supervision, stating that supervisors support, guide, and hold social workers accountable. Participant 5 stressed the importance of having effective and competent supervisors by stating: "*Having a supervisor that you could actually go to for assistance, not just somebody that suddenly remembers you work for them when somebody complained about you not doing your job."* This was echoed by Participant 6 who felt that supervisors*: "don't always know what's going on. I think they're also misinformed about the quality of work the social workers are doing".* According to DSD (2019b:18), processes that enhance professional practice, such as consultation and peer

group supervision, have not been encouraged. This has contributed to the skill base, knowledge, and competence of social workers stagnating and deteriorating (DSD, 2019b:19). If all components of a system are connected (Hammond, 2010:107), this might have far-reaching implications for the child protection system.

4.4. CONCLUSION

This chapter presented the empirical findings of the study, which includes the biographical information of the participants and the five themes and subsequent sub-themes that emerged from the data analysis. The themes discussed include the reasons that referrals are made to DCPO's, the process of making the referral, the participants' negative experiences involved in the referral process, the measures taken by participants when a referral is unsuccessful, and improvements which can be made to the referral process.

The following chapter will provide the conclusion and the summary of findings as related to the research question and objectives. The recommendations that stem from this study will also be presented.

CHAPTER 5: CONCLUSIONS AND RECOMMENDATIONS

5.1. INTRODUCTION

In the previous chapter, the empirical findings that emerged from the data analysis were discussed and interpreted. Five different themes and subsequent sub-themes were identified in the process of answering the research question. This chapter will conclude this mini-dissertation by highlighting the goal and objectives of this study in comparison to the research findings, and subsequent conclusions and recommendations will be made.

5.2. GOAL AND OBJECTIVES

The goal of this study was to explore and describe the experiences of social workers when referring cases to designated child protection organisations in Gauteng.

This goal was achieved through the following objectives:

5.2.1 Objective 1: To explore and describe the positive and negative experiences that social workers encounter during the process of referring children to designated child protection organisations in Gauteng

The researcher aimed to understand the negative and positive experiences of social workers in referring to DCPO's as there is limited existing literature on this topic available in the South African context. The negative experiences that social workers have during the referral process to DCPO's were highlighted in Chapter 4 by the third theme that emerged from the data analysis process (4.3.3. Theme 3: Negative experiences in the referral process). Three subthemes emerged under this theme: 4.3.3.1. Poor feedback and communication, 4.3.3.2. Lack of action, and 4.3.3.3. Frustration and helplessness.

The only positive experiences described by participants are discussed in subtheme 4.3.2.3. Factors influencing the referral process, where participants felt that the process of referring in itself was simple and straightforward, and acknowledged that some social workers and organisations worked effectively once a referral was made to them.

5.2.2 Objective 2: To explore and describe the referral process used to refer cases to designated child protection organisations in Gauteng

This objective was achieved when considering the second theme that emerged from the data analysis process**,** as described in Chapter 4, where the different processes and elements that forms a part of, and influences, the referral process to DCPO's was discussed. Three subthemes formed part of this discussion. These include the use of written communication

and documentation utilised in the referral process, collaboration with other parties, such as family members, schools, and other professionals, and factors that influence the process of referring, such as the straightforwardness of the process itself and the DCPO social worker assigned to the case once a referral has been made. The first theme discussed under the empirical findings in Chapter 4 also highlights some of the common reasons that motivate social workers to begin the referral process to DCPO's.

Section 2.4.1 of the literature review in Chapter 2 also briefly explored the referral process by highlighting the different ways in which referrals can be done, elements of mandatory reporting, and the processes that follow a referral to a DCPO.

5.2.3 Objective 3: To explore and describe the measures used by social workers when referrals are not successful

This objective was met through the fourth theme that emerged in the empirical findings of Chapter 4. Two measures were discussed by participants, namely escalating the matter within the DCPO to the social work supervisor or manager and approaching the children's court directly for assistance in the matter.

In consideration, the above objectives were therefore met. In the process of achieving the above research goal and objectives, certain key findings have been formulated. These have been presented below.

5.3. RESEARCH QUESTION AND KEY FINDINGS

The overarching research question this study sought to answer was: 'What are the experiences of social workers when referring cases to designated child protection organisations in Gauteng?" This question is answered through the key findings of this study, which are as follows:

5.3.1. Reasons for referring a case to a DCPO

Participants of the study were aware of their obligation to report child abuse, as mandated through the Children's Amendment Act 41 of 2007 and the Criminal Law (Sexual Offences And Related Matters) Amendment Act 13 Of 2021, and stated that they commonly refer a child's case to a DCPO when the child has made a disclosure, if they are concerned about the child's safety, or if they consider the child to be in need of care and protection. Furthermore, participants stated that they also refer cases to DCPO's when they feel that a child's best interest is not being met. This may include situations that raise a concern about parents' ability to assist a child, children not receiving medical treatment, or children not being enrolled in

school. Lastly, participants commonly referred cases once the needs of the child or family fell outside of their professional scope of practice. As many of the participants were involved with working therapeutically with children and had no designated statutory powers, they would often refer in cases where other interventions were necessary, such as providing a family with food parcels or conducting an investigation into a child's home environment.

5.3.2. The referral process

Written communication and documentation formed an important part of participants' referral process to DCPO's. Participants would either make use of standardised referral forms or would put all their concerns and details around the case on paper and send it through to the DCPO. Following up with referrals once they were made was also a common practice. Participants mentioned that making the referral was a straightforward process, usually done via email. The process was, however dependent on the DCPO social worker receiving the referral, and participants felt that while some DCPO social workers handled referrals efficiently, other social workers and organisations did not.

Collaboration with other parties also formed a part of the referral process to DCPO's. Participants of the study stated that they often include a child's family members, school, and other professional persons who are involved in the child's case. Participants felt that including the child's parents in the referral process was an important, fair, and transparent thing to do.

5.3.3. Negative experiences in the referral process

Participants had negative experiences regarding feedback and communication from social workers within DCPO's. They felt that feedback regarding the cases they had referred was often limited or delayed, and at times not provided at all. Following up on referred cases was also met with hostility. Participants did, however, acknowledge that the heavy caseloads of DCPO social workers may contribute to their limited capacity regarding feedback.

Furthermore, participants felt that there was a lack of action taken by DCPO social workers once they had received a referral. Participants felt that the DCPO social workers did not understand the urgency of referred cases and did not act promptly to investigate matters. Participants mentioned the negative impact that this had on the emotional and physical well-being of the children involved, and also the wellbeing of the social worker who made the referral. Again, participants acknowledged that DCPO social workers were overburdened by cases but did not feel that this excused a lack of action when it comes to investigating referrals. Participants felt that the referral process left them feeling frustrated and helpless, and that the effort they put into making a referral was not acknowledged by DCPO social workers. Knowing

that there is a lack of action once a referral is made also left participants feeling helpless and contributed to their feelings of anxiety and exhaustion.

5.3.4. Measures taken when a referral is unsuccessful

Participants stated that when they felt that they weren't receiving any feedback from a DCPO about a referred case or were experiencing that no action was being undertaken by the DCPO to investigate a matter, they would often escalate the matter within the organisation, to the social work supervisor or to the manager of the organisation. They would do this by calling, emailing, or arranging a panel meeting. Some participants considered this to be an effective measure, while others did not.

Another measure used by participants when a referral is unsuccessful is approaching the children's court. Some participants felt that this was an effective way to get the DCPO's to act, while others recognised that this is often a lengthy process that does not always have the desired effect that they want. One participant also added that they would only utilise this measure if the case were severe, or if they had already tried to escalate the matter within the DCPO and were not successful.

5.3.5. Improvements that can be made to the referral process

Participants highlighted the importance of building relationships between social workers in the community and those working within DCPO's and felt that this was important to improving the referral process. Participants felt that better relationships would foster collaboration and improve mutual understanding between the two parties. Participants felt that networking could also assist in getting to know the DCPO social workers personally, rather than just professionally, which could lead to improved communication and teamwork.

Additionally, there was a general consensus among participants that social workers within DCPOs need more comprehensive training and supervision. Many participants felt that their undergraduate training did not adequately prepare them for the realities of statutory social work and felt that organisations should take responsibility for adequately training social workers on the referral process. Furthermore, good supervision was seen as essential for guiding social workers and ensuring accountability. Participants were also concerned about the competence of supervisors in DCPO's, noting that some supervisors lack awareness of the quality of work that is being performed and are not adequately involved in supporting DCPO social workers.

5.4. CONCLUSIONS

This research study sought to explore and describe the experiences of social workers when referring cases to designated child protection organisations in Gauteng. In doing so, the following conclusions have been reached:

5.4.1. Conclusions: The positive and negative experiences that social workers encounter during the process of referring children to designated child protection organisations in Gauteng

Participants had overall negative experiences, and only a few positive ones, relating to the referral process to DCPO's. Participants had negative experiences regarding feedback and communication from social workers within DCPO's. They felt that feedback regarding the cases they had referred was often limited or nonexistent, and when they followed up on cases, they were often met with negativity.

Furthermore, participants felt that DCPO social workers did not take the necessary or adequate action once they received a referral. Participants felt that the DCPO social workers did not understand the urgency of referred cases and did not act promptly to investigate matters. Participants felt that this negatively impacted the child as well as the social workers who made the referral. Although participants acknowledged that DCPO social workers were overburdened by cases, they felt that this did not excuse their lack of action or urgency. The referral process left participants feeling frustrated and helpless, and contributed to their feelings of exhaustion.

The only positive experiences participants had relating to the referral process were that they felt it was easy and straightforward to make a referral, especially as this is mostly done via email. Participants also acknowledged that their experiences are closely tied to the social worker or organisation that the referral gets made to, and that there are some social workers who they feel work effectively once receiving a referral. The general consensus, however, was that the referral process was experienced as negative.

5.4.2. Conclusions: The referral process used to refer cases to designated child protection organisations in Gauteng

Three main aspects were discussed that form part of the referral process used by participants to refer cases to DCPO's, these are the factors that initiate a referral, the physical process of referring, and collaboration with other parties. Participants identified three primary motivators for initiating the referral process: suspicion or knowledge of child abuse, the belief that a child's best interests are not being met, and situations where the required services fall outside their scope of practice. Furthermore, written communication, including standardised forms or

detailed documentation, formed a crucial part of the referral process, and referrals were typically conducted via email. While the referral process is generally considered by participants to be straightforward, its effectiveness varies depending on the receiving DCPO social worker. Collaboration with other involved parties, including family members, schools, and professionals, also formed a key part of the referral process, and participants stressed the importance of involving parents in the referral process, as they consider this to be transparent and fair.

5.4.3. Conclusions: The measures used by social workers when referrals are not successful

There were two main measures used by participants when referrals to a DCPO were unsuccessful. The first was escalating the issue within the organisation, by contacting the supervisor or manager. For some participants, this was an effective approach that resulted in action, while for others it was not. Secondly, participants would approach the children's court when they felt that the DCPO was not addressing a referral effectively. Again, some felt that this sparked action from DCPO's, while others acknowledged that this option can be a lengthy process and may not always result in the desired outcome. Therefore, no consensus was reached on whether either of these measures can be considered successful or not.

5.5 RECOMMENDATIONS

Following the above conclusions, recommendations can be made for increasing efficiency in the referral process, for social work training and education, for social policy, and for future research.

5.5.1 Recommendations for increasing efficiency in the referral process

There should be ongoing efforts to increase collaboration and build relationships between social workers in the community, in private practice, and those working within DCPO's. Creating opportunities for networking between these groups may increase camaraderie and facilitate stronger and more efficient professional relationships related to the referral process.

Additionally, communication may also be improved by streamlining communication channels through a dedicated intake worker responsible for receiving and processing referrals within a given timeframe. Additionally, DCPO's should have standardised referral forms and procedures in place to streamline efficiency. These should be user-friendly and clearly communicated to all external parties who refer, such as through an online platform that offers

downloadable forms. This would reduce the dependency on direct contact with DCPO social workers and contribute to streamlining the referral process.

A procedural manual should also be developed for DCPO social workers on the implementation of the Children's Act 38 of 2005, as this would improve the standard of service delivery and assist organisations in the training of newly qualified social workers.

Furthermore, an electronic case management and tracking system should be developed to be used within DCPO's to monitor progress and safely store information about a child's case over time. Such a system should be accessible to all role players in the formal child protection system, resulting in increased service integration and coordination. Such a system should also make provision for feedback to referring parties, ensuring they are notified once a referral has been received and investigated.

5.5.2 Recommendations for social work training and education

There needs to be an increase in undergraduate social work training in South Africa related to designated child protection services. This should cover topics of risk assessment, investigations, the Children's Act 38 of 2005, and general case management skills. Curricula should be revised to offer specialised modules that prepare students for real-world child protection challenges. These may include modules on statutory processes, conducting investigations, and managing complex cases like sexual abuse. Additionally, a stronger focus on trauma and its impact on children should be included in social work training. Understanding trauma's influence on behavior, family dynamics, and casework is essential for more effective child protection intervention. Such training should extend into the Continuous Professional Development courses that are available for social workers to attend. Accredited training providers should ensure this training remains accessible and affordable to social workers.

Furthermore, social workers in DCPO's, especially newly qualified social workers, should receive regular supervision and support to manage caseloads effectively. Weekly or bi-weekly supervision sessions should be structured to provide guidance on case management, assist in prioritising urgent cases, and offer emotional support to social workers to prevent burnout. Specialised training should be developed for supervisors working within DCPO's on the protocols and best practices involved in the child protection sector, and how to best empower and support the mental well-being of DCPO social workers.

5.5.3 Recommendations for social policy

The overwhelming caseloads faced by social workers in child protection must be addressed by strong national policies that prioritise funding and the employment of more social workers

in DCPOs. Without addressing this funding and staffing issue, improvements in communication and training will have a limited impact. Government policies should mandate better staff-to-case ratios, similar to those in other high-demand sectors. Additionally, policies should mandate improved supervision structures within DCPO's.

Social policies also need to address the mental health needs of social workers by implementing support systems within DCPO's. This could include access to regular counselling, mandatory rest periods, and formal processes for reducing caseloads when a social worker is showing signs of burnout.

Lastly, social policy should continue to lobby for early intervention and prevention services, such as family preservation services, for children and families, as these reduce the need for crisis intervention later on.

5.5.4 Recommendations for future research

Future research should examine the effectiveness of current undergraduate training programs in preparing social workers for working in the field of child protection. Studies should assess whether more specialised education and training in statutory services improve job readiness and skills for social workers to render child protection services.

Future research should also examine the use and effectiveness of technology and digital platforms for referral and case management in DCPO's. These should explore how technological advancements, such as online access to referral forms and a case-tracking system, could improve the efficiency of the referral process for DCPO's.

Furthermore, research should focus on identifying policy gaps that contribute to inefficiencies in the referral process to DCPO's, and the child protection system as a whole. This includes examining how existing legislation, such as the Children's Act 38 of 2005, is implemented in practice and whether policy reforms, such as improved supervision mandates, could address the challenges faced by social workers in DCPO's.

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Appendix A: Ethical Clearance Letter

Faculty of Humanities
Fakulteit Geesteswetenskappe
Lefapha la Bomaleng

16 May 2024

Dear Miss A Vermaas

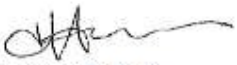
Project Title:	Social workers' experiences in referring cases to designated child protection organisations in Gauteng
Researcher:	Miss A Vermaas
Supervisor(s):	Dr J Chiba
Department:	Social Work and Criminology
Reference number:	19024135 (HUM026/0424)
Degree:	Masters

I have pleasure in informing you that the above application was **approved** by the Research Ethics Committee on 25 April 2024. Please note that before research can commence all other approvals must have been received.

Please note that this approval is based on the assumption that the research will be carried out along the lines laid out in the proposal. Should the actual research depart significantly from the proposed research, it will be necessary to apply for a new research approval and ethical clearance.

We wish you success with the project.

Sincerely,



Prof Karen Harris
Chair: Research Ethics Committee
Faculty of Humanities
UNIVERSITY OF PRETORIA
e-mail: tracey.andrew@up.ac.za

Appendix B: Confirmation of Permission to Conduct Research

DR LOUISE AUCAMP
DIRECTOR OF FACT NETWORK

061 477 8480
louise@factnetwork.co.za
SACSSP reg no: 10-18576
www.factnetwork.co.za
457 Lea St,
Waterkloof Glen,
Pretoria

Dr Jenita Chiba
Jenita.chiba@up.ac.za
University of Pretoria

Dear Dr Chiba,

RE: REQUEST FOR PERMISSION FOR ASSISTANCE TO ACCESS RESEARCH PARTICIPANTS

Thank you for your letter regarding permission for assistance to access research participants through FACT Network for your research study which seeks to explore and describe the experiences of social workers when having to refer cases to designated child protection organisations in Gauteng.

You have our official permission and our organisation would be glad to to assist in accessing potential participants. We will inform the potential participants of the study and seek their permission to provide their names to the students you have mentioned.

Kind regards,

Dr Louise Aucamp
louise@factnetwork.co.za

LAucamp

Appendix C: Research Poster

Appendix D: Letter of Agreement to Debrief

FACT | Assessment & Therapy Centre

061 477 8480
socialworker@factnetwork
www.factnetwork.co.za
457 Lea St, Waterkloof Glen, Pretoria

Dear Alicia Vermaas,

Thank you for your letter.

I would be happy to help you and offer counselling services to your research participants free of charge.

Kind regards,
Anli Swart
FACT Social Work Intern

1

Appendix E: Informed Consent Form

2024/04/09

Principal investigator
Our Ref: Alicia Vermaas
Tel: 081 790 6752
E-mail: u19024135@tuks.co.za

LETTER OF INFORMED CONSENT

TITLE OF THE STUDY
The experiences of social workers when referring cases to designated child protection organisations in Gauteng

GOAL OF STUDY
To explore and describe the experiences of social workers when having to refer cases to designated child protection organisations in Gauteng.

INTERVIEW PROCEDURE
The procedure for the research will entail individual interviews with a duration of 45-60 minutes. With your permission, the interview will be audio-recorded by the researcher.

RISKS AND EFFECTS OF INTERVIEW
No risks and discomforts/emotional harm are foreseen. Should you experience any emotional discomfort prompted by sharing your experiences, you should inform the researcher. The researcher has prepared for psychosocial support from a social worker, from FACT Assessment & Therapy Centre.

BENEFITS
As a research participant, you confirm that you understand that this study has no immediate benefit for you. However, the results of the study could contribute to enhancing the knowledge and techniques that social workers can use when referring cases to designated child protection organisations.

COMPENSATION
You confirm that you will receive no financial compensation for your participation in the study.

VOLUNTARY PARTICIPATION
You will not be coerced into participating in the interview. You will participate of your own free will and can withdraw from participating at any given time without reason. Withdrawing will not affect any relations between you and the organisation or the researcher. If you withdraw during the interview, the data gathered will be destroyed or provided to you to keep.

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Humanities 100
1919 - 2019
Department of Social Work & Criminology

INTERVIEWEE'S RIGHTS

You can withdraw within the interview, when feeling uncomfortable, at any point. You may decline to answer any questions you feel uncomfortable answering.

All information obtained will be treated confidentially. To protect the identity of the participant, the researcher will use a pseudonym. Neither the data nor the conclusions reported will include any information which may lead to the identification of the participant, unless required by law.

The documentation will be accessed by the researcher and authorised University of Pretoria research team. The researcher, with assistance from the University of Pretoria, will keep all documentation collected from the interviews in a safekeeping cabinet for 10 years post-study. The electronic documents will be stored in a password protected format at the Department of Social Work and Criminology for a minimum of 10 years. Data might be used in future research studies.

PUBLICATION OF INFORMATION GATHERED FROM INTERVIEWEE

The findings gathered from the study will be published as a research report and articles in scientific journals and conference papers. The terms of confidentiality will be kept to throughout these engagements or publications.

The study will be conducted under the supervision of Dr J Chiba, Department of Social Work and Criminology, University of Pretoria (jenita.chiba@up.ac.za).

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities
Fakulteit Geesteswetenskappe
Lefapha la Bomatho

Department of Social Work & Criminology

Humanities 100
Since 1919

INTERVIEWEE CONSENT

I, _____
(*full name*) have had the researcher explain the Informed Consent form and understand my rights in participating in the study. I voluntarily consent to participate in the study, with the insight into the purpose of the study and what the data gathered will be used for. I will be provided a pseudonym for the study and all information shared will be handled with confidentiality, unless requested otherwise by myself. All information shared will be kept at the University of Pretoria for safekeeping for 10 years. I will be provided with a copy of my signed consent form.

As a research participant, I confirm the following statements by ticking in the appropriate blocks:

I consent to the interview being audio-recorded by the researcher.	YES	NO
I confirm that this study offers me no immediate benefit/s.	YES	NO
I confirm that I will not receive any financial compensation for my participation in the study.	YES	NO
I confirm that I will participate in this study of my own free will and can withdraw from participating at any given time without reason.	YES	NO

_____ _____
Interviewee's signature Date

_____ _____
Researcher's signature Date

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Hatfield 0028, South Africa
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Appendix F: Semi-structured Interview Schedule

Topic of research: The experiences of social workers when referring cases to designated child protection organisations in Gauteng

SECTION A: BACKGROUND INFORMATION

- Gender
- Age
- Home language
- Ethnicity
- Years of experience in Social Work
- Area of specialisation
- Employment (e.g. school, hospital, private practice)

SECTION B: REFERRAL PROCESS

2.1. Can you please share with me a bit about the work that you do.

2.2. How often do you find yourself working with cases that require you to refer a case to a designated child protection organisation?

- What are some of the factors that determine your referral of the case?

- Please share with me what the process involves.

2.3. Please share with me the protocols and guidelines you follow when making referrals?

2.4. Does collaboration with other professionals or organisations feature in the referral process? Please explain.

SECTION C: EXPERIENCES

3.1. Please tell me what your experiences have been like when referring a case to a child protection organisation/s. (What was challenging? What worked really well during the process? What are your feelings about this process - positive or negative?)

3.2. In which ways do you think these experiences affect the child's well-being?

3.3. How does this experience affect your well-being as a social worker? .

SECTION D: MEASURES FOR UNSUCCESSFUL REFERRALS

4.1. When a referral is unsuccessful, what measures do you typically take to address the needs of the child and family?

- How successful have these measures been? Please explain. Can you provide an

example?

4.2. What support systems or resources do you make use of when facing challenges in the referral process?

SECTION E: SUGGESTIONS FOR IMPROVEMENT

5.1. In your opinion, what improvements or changes could be made to the current referral process for child protection cases?

5.2. Are there specific training or resources you believe would enhance social workers' effectiveness in the referral process? Please can you elaborate.

5.3. In which ways can collaboration between social workers and designated child protection organisations be strengthened?

Any other responses or comments that you would like to share about your experiences with referring cases to child protection organisations?

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