

INTERVENTION STRATEGIES USED BY SOCIAL WORKERS IN EMERGENCY CHILD PROTECTION

Jackie Hope, Carlien van Wyk

This research provides insight into the current intervention strategies used by social workers in emergency child protection, whereby children are removed from their caregivers as a result of abuse and are placed at child and youth care centres. The research findings suggested that because of the lack of a practice model to guide professionals, as well as the significant challenges experienced by such professionals (high caseloads, staff turnover, lack of resources), the current intervention strategies in child protection are rushed, bureaucratic (paperwork focused) and emotionally disconnected from the child and family.

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INTRODUCTION

Globally it is being recognised that children in need of protection are not receiving sufficient services from professionals and are still experiencing poor outcomes (Coman & Devaney, 2011:37; Hansen & Ainsworth, 2013:105; Turcotte & Hélie, 2012:125). Internationally, progress has been made in terms of policy frameworks to improve outcomes for children in need of protection (Southwell & Fraser, 2010:211). This includes the Signs of Safety® model for child protection developed by Turnell and Edwards (1999) in Western Australia, which is currently being implemented in over 12 countries, including the United States of America, Australia and the United Kingdom (Gibson, 2014; Keddell, 2014:71; Salveron, Bromfield, Kirika, Simmons, Murphy & Turnell, 2015:127). However, in South Africa, with various legal policies in place (Republic of South Africa 1996, 2015; Department of Welfare, 1997), a number of authors concurred that there is still a gap in providing professionals with a model for child protection and interventions with children at risk (Coman & Devaney, 2011:37; Janssen, Van Dijk, Malki & Van As, 2013; Johnson, 2013:112; Walsh, 2011:213).

Child protection services include the services rendered when a child is at risk (abuse, neglect) and in need of care and protection, as set out in Section 150 of the Children's Act (Republic of South Africa, 2005). This research is concerned with *emergency* child protection, whereby children have to be removed *immediately* because their safety and wellbeing are in jeopardy as a result of abuse, and where any delay in removing such children would place them at risk of further harm – the process of entry into care (Ball, 2012:111; Republic of South Africa, 2005: Section 152). Although studies have been conducted on children's progress during and after placement (Little, Kohm & Thompson, 2005:202; Southwell & Fraser, 2010:210), not much research has been undertaken on emergency removal prior to placement.

In the South African context various professionals are involved in child protection services: *designated social workers* (DSWs), employed at child protection organisations (CPOs) and managing child abuse cases (Davidson-Arad & Benbenishty, 2010:1; Department of Social Development, 2010); *residential social workers* (RSWs), employed at a place of safety or *child and youth care centre* (CYCC) – also known as “children's homes” or “residential care” (Kendrick, 2013:77; Southwell & Fraser, 2010:209); and *child and youth care workers* (CYCWs), carers employed at the CYCC for the day-to-day care of children. These professionals are registered with the South African Council for Social Service Professions (SACSSP), which is a regulatory body that provides ethical guidelines for practice.

This research received ethical approval from the Health Research Ethics Committee at North-West University (Ethics #: NWU-00034-15-S1), as well as from the Research Ethics Committee at the Department of Social Development, Western Cape. The aim of this research is to develop a model that can aid professionals in planning interventions for the emergency removal and safety placement of children. This article presents the first phase of the design and development of a model for interventions for the emergency removal and safety placement of children at risk (De Vos & Strydom, 2011:475; Du Preez & Roux, 2008:78; Rothman & Thomas, 1994) with the primary objective being the exploration and description of the current intervention strategies used by child protection professionals for the emergency removal and safety placement of such children. The discussion of the findings follows from a systems perspective (Bronfenbrenner, 1989:272; Härkönen, 2007:10-12; Teater, 2010:18), identifying how various elements of the child protection system are interacting with and impacting on one another. In describing their current intervention strategies, participants reported that they have no guiding practice model and received no training or supervision, and that they are faced with an array of overwhelming challenges, including a lack of resources and limited infrastructure (lack of staff, high caseloads). While challenges in

social work are well recognised in the literature (Chung & Chun, 2015; Lizano & Barak, 2015; Wilberforce, Jacobs, Challis, Manthorpe, Stevens, Jasper, Fernandez, Glendinning, Jones, Knapp, Moran & Netten, 2014:812), the manifestation of these challenges within child protection social work has not been documented or researched as fully. What was of significance in this research is that the challenges faced by these professionals appear to create an approach to child protection which is rushed, paperwork focused and without an emotional response from social workers to their clients.

RESEARCH DESIGN AND METHODOLOGY

Research approach and design

A qualitative research approach, as described by Maree (2012:35) and Adams, Kahn and Raeside (2014:6), was adopted for this study. The exploratory and descriptive objectives (Babbie, 2014:94-95; Fouché & De Vos, 2011:95-98) of this phase of the study were to explore and describe the current intervention strategies for the emergency removal and safety placement of children at risk that are used by DSWs, RSWs and CYCWs. This study utilised a qualitative descriptive design as discussed by Sandelowski (2010).

Selection of participants

This research was conducted within the Cape Peninsula in the Western Cape Province of South Africa. Registered CPOs and CYCCs were approached and permission requested from the managers (gatekeepers) and supervisors (mediators) (De Vos & Strydom, 2011:478; Crowhurst & Kennedy-Macfoy, 2013:457) for their respective social workers and CYCWs to participate in the study. The population for this research included DSWs, RSWs and CYCWs. Purposive sampling methods were used to identify participants according to predetermined selection criteria (Babbie, 2014:200; Ritchie, Lewis, Nicholls & Ormston, 2014:113) which included: registration as a social worker or CYCW, willingness to participate voluntarily, giving permission to be recorded, English and Afrikaans speaking, working within the Cape Peninsula area, and employment at a designated CPO or CYCC, with at least six months of experience. Participants were selected until data saturation (Marshall, Cardon, Poddar & Fontenot, 2013:11) was reached and the same themes were emerging in the data. In total, 38 participants agreed to participate in this phase of the study, including eight DSWs, 10 RSWs and 20 CYCWs who represented three child protection organisations and nine CYCCs.

Data collection and analysis

Semi-structured interviews (Babbie, 2014:326-327; Greeff, 2011:351; May, 2011:131) were conducted with the social workers, while focus groups (Babbie, 2014:329) were conducted with the CYCWs. An interview schedule (Gray, 2009:60; May, 2011:132) was used to guide the interviews and focus groups. The interviews and focus groups were digitally recorded after having obtained consent from the participants prior to participation (Creswell, 2009:182). The interviews and focus group discussions were transcribed verbatim. The data collected were analysed using thematic data analysis as described by Braun and Clarke (2013: 2006:77) and Whittaker (2012:92-98), which searches for themes and patterns in the data collected.

RESEARCH FINDINGS

The 38 participants provided in-depth narratives of the current intervention strategies used in child protection in the Western Cape. The participants described situations which required emergency interventions. These situations included physical abuse, sexual abuse, neglect, abandonment and parental (and child) substance abuse. These “reasons for removal” correlate with Section 150 of the Children’s Act (Republic of South Africa, 2005), which describes children who are “in need of care and protection”. Participants described the steps they follow when intervening with children at risk; from this emerged a wealth of information regarding the challenges that are experienced when rendering child protection services. A critical analysis of the information presented by the participants showed that these challenges create an approach to child protection which is bureaucratic (paperwork focused) and rushed, rather than focused on meeting the emotional needs of the children involved.

The research findings will present three major themes which arose from the data collected: practice guidelines, intervention strategies and challenges. Verbatim quotes from the participants will be presented in the discussion below. These quotes are representative of the responses of the designated social workers (DSWs), residential social workers (RSWs), and child and youth care workers (CYCWs).

Theme 1: Practice guidelines

In global recognition of the desperate need for a paradigm shift within child protection, most countries have made changes to their legislation and policies in order to ensure better outcomes for children who are at risk of abuse (Dybicz, 2012; Fiorvanti & Brassard, 2014:349; Holt & Kelly, 2014:1012; Toros, Tiko & Saia, 2013; Wessells, 2015). South Africa has also undergone changes with the aim of improving outcomes for children. The post-apartheid South African government aimed to address the oppressive and racial welfare policies that were in place (its “war on poverty”) by introducing a developmental social welfare approach (DSWA) to social services (Allsopp, 2011:80; Department of Social Development, 2013:9; Department of Welfare, 1997; Martin, 2010:21; Patel, Schmid & Hochfeld, 2012:212). Developmental social welfare is a holistic, multidisciplinary, strengths-based approach which focuses on rights-based interventions, and aims to provide services and programmes addressing poverty alleviation, vulnerability and the impact of HIV/Aids (Department of Social Development, 2013; Martin, 2010:21; Nicholas, Rautenbach & Maistry, 2010:79; Patel *et al.*, 2012:215).

The findings for this theme showed that the DSWA is not fully adopted in practice and the Children’s Act is not used to its full potential. Furthermore, the lack of training and supervision results in strong reliance on culture, instinct and colleagues for support in practice.

Developmental social welfare

While the apartheid government’s social welfare structure focused on statutory intervention (removal of children), the post-apartheid government, with its implementation of a DSWA, focuses on early intervention and prevention work instead (i.e. it focuses on the family, support services and preventing the removal of children) (Allsopp, 2011:80; Department of Social Development, 2013; Martin, 2010:21; Patel *et al.*, 2012:214). Few of the research participants made reference to early intervention and prevention work in line with a DSWA. Hence, this did not appear to be a priority within child protection work (most probably due to the emergency nature of the work):

“We really try and prevent removing kids. But in some cases it is in the child’s best interest to remove. Sometimes we can’t avoid it.” (DSW-5)

“When the child is removed, other options have not been explored, which is to stay with a family member. It is traumatic to be suddenly placed here, suddenly removed from your home, all in a few hours.” (RSW-1)

Some participants recognised the importance of early intervention and prevention work. However, it seems that their focus remains on the statutory removal of children as opposed to working with and supporting the family. This suggests that the proposed ideal of a DSWA is not implemented in practice, despite this policy framework being in place.

Children’s Act

The Children’s Act (No. 38 of 2005) is the legal framework for implementing child protection and welfare services in South Africa. Participants in this study made reference to the Act, but said that it was not being used to its full potential:

“We don’t use the Act to its full potential ... There is no [picks up a book on desk and shakes it] standard operating procedure that is mandated. That’s where the gap is.” (DSW-3)

Participants expressed the view that within child protection they are not guided by any practice model or policy. Even the Children’s Act, while recognised as the primary source of guiding legislation, was viewed as not being used to its full capacity. This view corresponds with the literature (Coman &

Devaney, 2011:37; Janssen *et al.*, 2013; Johnson, 2013:112; Walsh, 2011:213), which recognises that even though various policies are in place, they are not being used effectively or do not provide professionals with practical guidelines for practice.

Supervision, support and training

Only one participant indicated that she received supervision. Many of the others indicated that they do not receive supervision at all:

“Supervisors are not giving guidance as they should to allow quality work to come out. Nowhere is there record of giving an instruction or guidance.” (DSW-3)

“We have bits and pieces of training but it’s not brought together in one solid document that we know is policy.” (DSW-3)

“We have guidelines for the CYCWs. It’s more of what to do on a day-to-day basis in general.” (RSW-1)

“We have the rules and consequences to know what to do, what to apply to this kind of child for this kind of behaviour.” (CYCW-18)

The SACSSP’s ethical guidelines for practice (Republic of South Africa, 1978) mandated that all social workers have to be supervised. However, it seems that this is not done in practice.

The social work participants highlighted that their training was insufficient and could not be implemented practically.

The CYCWs indicated that they do have some guiding practice principles and did receive training in child and youth care work.

However, the practice guidelines for the CYCWs seem to be compiled by the RSWs, who took it upon themselves to draw up procedures, such as how to conduct a home visit. These practice guidelines are not directly linked to any specific policy, procedure, theory or governmental practice or model.

The participants reported that they are primarily guided in practice by their colleagues, instinct and cultural values:

“There is nothing that can teach you how to do a removal. You just follow your instincts.” (DSW-2)

“Nobody showed us. Our culture tells us how to.” (CYCW-6)

“We have social workers that have been here for many years who know exactly what they are doing. They provide a lot of support, especially when the supervisor is not here.” (DSW-4)

This research found that child protection intervention strategies are not guided by child protection models. It also found that professionals lack training and have limited supervision. Instead, intervention strategies reportedly rely on personal experience, support from colleagues and following one’s instinct. The CYCWs reported that cultural values such as *ubuntu* (Allsopp & Thumbadoo, 2002; Panse, 2006; Thumbadoo, 2013) provide guiding principles on how to work with children, as opposed to a formal policy or practice guidelines. The fact that professionals are *not* guided in their interventions by set child protection models and policies is a concern, as child protection involves working with vulnerable and traumatised children, which requires specialised skills and interventions (Milne & Collin-Vèzina, 2015; Schmied & Walsh, 2010:171).

Theme 2: Intervention strategies

The Children’s Act (Republic of South Africa, 2005) provides the legal framework for the protection of children. Various sections in the Act describe child protection measures. However, in the Act these sections do not indicate step-by-step processes to guide service providers. According to the research participants, the steps they take in terms of child protection included investigating the initial report of

allegations of abuse, doing a risk assessment and making decisions, finding a placement for the child at a CYCC, issuing Form 36, informing the family and child, arranging a medical examination, and handling the admission and orientation of the child at the CYCC.

Intake and risk assessment

Intake along with risk assessment is the first step in child protection. During this step allegations of abuse are reported (intake) and social workers initiate their investigation (risk assessment) (Department of Social Development, 2013). The DSWs said that when allegations of abuse are reported to CPOs, Form 22 (Children's Act) has to be completed:

“When a person reports allegations of abuse, the Form 22 is the reporting format ... Once the report is received, we do an assessment to determine whether the child is at risk.” (DSW-3)

After allegations of abuse have been reported in the prescribed format, the DSW assesses the risk posed to the child to determine whether the allegations are substantiated, determines the level of risk (mild, moderate, severe) and the likelihood of future harm, and decides what actions need to be taken next (Jedwab, Benbenishty, Chen, Glasser, Siegal & Lerner-Geva, 2015:133; Keddel, 2014:71; Martin, 2010:47). Although Regulations 35 and 38 of the Children's Act (Republic of South Africa, 2005) provide guidelines for risk assessment, in this study only the DSWs from one CPO seemed to work from a risk assessment framework, while the others were not guided by a formalised risk assessment framework.

Decision making in risk assessment is complex. The participants alluded to some of the challenges associated with decision making during risk assessment:

“There is no running water. Do I remove a child? But there is running water from the neighbour. There is no electricity, but there is a candle. That makes it difficult. What are the grounds that we remove a child ... The mother cares for the child but she can't help her circumstances.” (DSW-6)

The DSWs described situations such as overcrowded homes with parents who were abusing substances, but the families still managed to care adequately for the children, creating an ethical dilemma for DSWs when doing risk assessments and making decisions about whether or not to remove the children. This issue is linked to the lack of clear guidelines for professionals. Berrick, Peckover, Pösö and Skivens (2015) indicated that difficulty in decision making in child protection is experienced in many countries, and that literature which provides clear guidance is lacking. Challenges related to decision making in child protection include the lack of research-based tools to guide professionals in making such decisions, and a lack of understanding certain principles such the best interests of the child (Berrick *et al.*, 2015:368).

Statutory removal

Based on the risk assessment and whether the child is at risk of further abuse, the child will be removed and placed at a CYCC (Janko, 1994:33; Martin, 2010:47-49). Social workers in South Africa make use of Form 36 for the emergency removal of children when a delay in obtaining a court order may cause such children to be at further risk. All the participants were familiar with the process of issuing Form 36 (completing the form) and appearing before a magistrate in the Children's Court to ratify the court order. This process is also described clearly in Section 152(1) and (2)(b) of the Children's Act (Republic of South Africa, 2005).

“On a Form 36, we write out all the information and the reasons for removal. You tick the applicable section on the form, and sign it off. You must make sure that the Form 36 is ratified, or appears in front of the court within 24 hours. Once the Form 36 has been ratified at court, an order is made by the court so that they can be placed in safety, on detention order.” (DSW-7)

As described in the Act, the case needs to be presented at a Children's Court no later than the next court day (Janko, 1994:34; Martin, 2010:40), when the magistrate determines whether or not the child should remain in a place of safety for 90 days, pending further investigation, or be returned to the family's care (Republic of South Africa, 2005). Many of the RSWs expressed frustration in this area as cases were transferred between DSWs and different CPOs – the social worker who issued Form 36 was often not the same DSW who would deal with the matter in court the next day:

“With social workers, the one that did the removal is not the same social worker that will be involved the next day.” (RSW-10)

It seemed that some DSWs are involved with the initial removal of the child (Form 36), after which the case is handed over to another DSW or even to another CPO.

“Sometimes they are brought here and dumped. Let's move onto another crisis.” (RSW-8)

“It causes frustration with the children because the social worker promised them: ‘I will come tomorrow and check if you are ok.’ It's been three weeks; she hasn't come.” (RSW-3)

The transfer of cases seemed to result in DSWs rushing to drop the child at the CYCC because the case may be transferred elsewhere. As such, the DSW was not as invested in caring for the child, damaging the relationship with the child and hindering family reunification services. This points to an ethic of justice (focus on form filling) versus an ethic of care (emotional connectedness to clients), as discussed by Holland (2010:1164-1180) and others (Dybiz, 2012; Hansen & Ainsworth, 2013:106).

Working with the family

The DSWs explained that part of the process in child protection involves informing the family of the removal and safe placement of the child. This is in line with the developmental social welfare approach (DSWA) and the Children's Act, where new post-apartheid legislation focuses more strongly on working *with* the family to obtain their participation. However, most of the participants indicated that informing the family is complicated as the family lacked insight:

“The mother didn't feel she was abusing the child. She hit the child and the child starts bleeding. For her it was a normal. ‘I am just disciplining my child’.” (DSW-8)

“The parents were very angry. In most cases the parents don't understand what they did wrong, why their children are being taken away from them.” (RSW-10)

Zhang and Anderson (2010) suggested that the exposure of families to violent communities often results in aggressive parenting styles. Their research found that such parents would often revert to corporal punishment without necessarily the intention to cause physical harm to the child (Gourdine, Smith & Brown, 2013; Zhang & Anderson, 2010). This also complicates decisions about whether or not to remove such children, as discussed earlier.

The DSWs reported that some families become aggressive towards them when the child is removed, creating a very emotional and traumatic removal for those involved:

“Parents performed terrible, shouting, screaming, that we had to get someone to take him away. For the children that was very traumatic.” (DSW-5)

The literature confirms that the investigative nature of child protection (sudden, immediate and intrusive) can have a negative effect on the relationship between the family and the social worker (Buckley, Carr & Whelan, 2011; Dumbrill, 2010; Merkel-Holguin, Hollinshead, Hahn, Casillas & Fluke, 2015:19). It is understandable that families may become defensive, and even aggressive, when faced with allegations of abuse. Merkel-Holguin *et al.* (2015:21) further deduced that the skills, experience and stress levels of the social worker has a mediating influence on the emotional responsiveness of the family system. As a result of the family's lack of insight, as well as the aggression sometimes experienced, the DSWs and RSWs said that it was important for them to explain their role to the family:

“They told the child, “I am taking you to the social worker and they will send you away.” (‘Ek gaan vir julle social worker toe vat, en hulle sal jou weg-stuur’). Then I say, “No, Ma’am, it’s not about taking them away” (‘Nee mevrou, is nie van weg-stuur nie’) (DSW-2)

“Social workers’ emotions are high, children crying around you, mothers crying, and when the parents blame each other and argue, you don’t have time to reason with anyone. You just get in there and sort things out. We had a situation where the police had to pull the dad [demonstrates by holding arms around own neck to indicate restraint] by keeping him back, the mother had to be held, and the kids were crying. That was a horrible emergency removal.” (DSW-1)

Because of the nature of the cases being dealt with, the DSWs stressed the importance of having support from colleagues and the police to assist with the removal of children.

Working with a family in child protection is difficult as a result of the family’s aggression and lack of insight, and the subsequent need for colleagues and the police to become involved. Some participants said that in situations such as these, they often relied on their instinct as opposed to practice models on how to work with aggressive clients. In this context it would seem imperative that professionals are guided in some way – with training, supervision support or a practice model. However, as already indicated by all the participants in this research, no such guidance is in place.

Medical examination

Once the children have been physically removed from their caregivers, the DSW’s explained that they take children for a medical examination. Despite not being guided by any policy, all of the DSWs seemed to highlight the medical examination as an essential element in child protection:

“You have to do your medical to cover yourself. If there is no evidence, then you don’t have a case.” (DSW-8)

However, despite all the DSWs’ insistence on the importance of medical assessment before placement, the majority of the RSWs and some CYCWs reported that this hardly ever happens in practice:

“I have never ever, ever, I can show you all my files, there is not one in there. I have never received any medical report with a Form 36 or court order!” (RSW-2)

The discrepancies in practice where DSWs, RSWs and CYCWs all have different views of what should be done is further evidence of the lack of a guiding model for intervention and the urgent need for this to be implemented.

‘Preparing’ the child

The DSWs referred to ‘preparing’ the child for the removal, although it was not clear whether this was done before or after the child was physically removed from its caregivers:

“We sit with the children, especially if they are small, but even if they are older, it’s very difficult for them to understand why they must be removed.” (DSW-5)

“You need to speak to them ... ‘I know about what’s been happening, I am here to help you, that’s my job. I am here to protect you.’ It’s very important to explain your role.” (DSW-2)

Some of the DSWs acknowledged the difficulties they had in explaining the removal process to very young children, but all of them highlighted that they do ‘prepare’ children for the removal. This ‘preparation’ for the removal involved simply explaining to the child what was happening, which seemed to be a way of *informing* the child as opposed to actually ‘preparing’ the child for being removed.

Even though the DSWs described their process of ‘preparing’ children for the removal, the RSWs and CYCWs strongly emphasised that this is not happening in practice:

“The social worker just places them in a hurry, there was no talking to the child, no preparing the child why we are removing you.” (RSW-2)

“We check with the children: ‘Do you know why you are here?’ They will always say no.” (RSW-6)

“Many of them are placed here under false impression. The DSW told them they are coming here for a camp for four days, or you are coming to buy clothes in town!” (CYCW-17)

Discrepancies in the child protection process are also highlighted. While the DSWs explained that they do ‘prepare’ the children for the removal, the RSWs and CYCWs insisted that the children were not informed or prepared for the removal by the DSWs. This is further evidence of the lack of guiding principles for professionals working with children in child protection.

Placement at the CYCC

The placement of children at a child and youth care centre (CYCC) brings to the fore concerns about children not being properly prepared for the removal and safety placement. The DSWs reported that they will take children to the CYCC and hand them over to the RSW there. However, there are major concerns from the RSWs that the process is rushed and paperwork focused:

“The child will arrive, it’s usually chaotic, the DSWs are rushed, it’s just about the paperwork – to get it all signed, then they are gone. They (children) are usually quite shaken, afraid and quiet. This is so rushed, like bang (fast) you are here.” (RSW-1)

“Unfortunately, the DSWs are in a hurry to just drop and go. They (the children) are not a library book that you are returning. They are actually a little person who is scared, and you are the only face they know. You can’t just say, ‘Here is the child, here is the forms’ and go!” (RSW-3)

“He was crying and the social worker just left! That was disturbing to see, to not respond or do anything when a child is clearly traumatised.” (RSW-4)

The RSWs and CYCWs described the current approach for placing children at a CYCC as being chaotic, rushed, ‘drop and go’, rushing off to the next crisis, paperwork focused, and disturbing to see the lack of emotional connectedness from the DSWs.

The participants highlighted the emotional impact of the removal and safety placement on both the child and social worker:

“She sleeps in the car. Then she wakes up and knows, she starts crying, ‘You’re not going to leave me here’. She pulls my clothes and she literally clings to me. That is a trauma for me. I drive away crying because I can’t handle leaving that child there.” (DSW-1)

“It is difficult because the child is clingy to the social worker because ‘You removed me and now you are leaving me. I thought you were rescuing me, and now you are deserting me. You’ve come in and saved the day and now you are leaving’.” (RSW-2)

All of the participants recognised that the child appears to form a special bond with the DSW who has removed them. Despite this awareness of the trauma experienced by children when they are removed and placed into safety, the social workers appear to maintain a focus on the paperwork aspect of the job. Various authors have voiced their concerns about social workers focusing on the paperwork as opposed to emotional connectedness with the child (Dybicz, 2012; Hansen & Ainsworth, 2013:106). Holland (2010:1164-1180) described this issue as based on an “ethic of justice” (fulfilment of statutory duties) versus the “ethic of care”, where relationships, attentiveness, responsiveness to need, and trust are central to working with children. While the literature has identified the need for a more child-friendly, relationship-based ‘ethic of care’ approach in child protection (Barnes, 2012; Dybicz, 2012; Gladstone, Dumbrill, Leslie, Koster, Young & Ismaila, 2014; Holland, 2010; Rasmusson, Hyvönen, Nygren & Khoo, 2010; Toros *et al.*, 2013), this research has found that this is not evident in practice. Higgins

(2011:9) stated: “An effective system for protecting children is more than just providing protective interventions ... It is also about a comprehensive system of responses to ‘treat’ children, to care for them and provide therapeutic responses.” A few of the participants also recognised the need for a stronger emotional focus within child protection:

“Some DSWs can be very warm and caring towards children and give them a hug and that makes a difference – but some of them are in such a rush. We need to place more emphasis on the emotional aspect of it; yes, our paperwork is important to cover ourselves, but at the end of the day you do forget about that emotional aspect of the child.” (RSW-1)

This research found that child protection intervention strategies appear to be paperwork focused with a lack of emotional connectedness to clients, confirming the literature on this topic. Some of the findings from Theme 3 with regard to the challenges experienced in child protection may shed light on why this is the case.

Theme 3: Challenges

International and local authors concurred that certain challenges in social work are intrinsically associated with high levels of stress (Burns, 2011; Chung & Chun, 2015; Dagan, Ben-Porat & Itzhaky, 2015; Lizano & Barak, 2015; Marc & Osvat, 2013; Wilberforce *et al.*, 2014:812). Wilberforce *et al.* (2014:825) found that high caseloads contribute significantly towards stress, burnout and illness, often leading to further absenteeism and high staff turnover, in turn creating increased caseloads for remaining staff. According to Marc and Osvat (2013:129), social workers are especially prone to burnout as a result of excessive work demands, time constraints, the types of clients with whom they work and a lack of supervision, among other things. Threats to safety and a lack of law enforcement support also contributed towards stressful working environments for social workers (Chung & Chun, 2015). Lizano and Barak (2015) stated that these challenges lead to job dissatisfaction, which impacts on work performance and the quality of services rendered to families.

Calitz, Roux and Strydom (2014) stressed the dismal state of affairs for social workers in South Africa, indicating that there is a critical shortage of social workers in the country (social work is classified as a ‘scarce skill’), which further contributes to high caseloads. Other challenges for social workers in South Africa include high staff turnover, poor working conditions, low salaries and a lack of resources, which often leads to stress and burnout (Calitz, Roux & Strydom, 2014; Kangéthe, 2014:424).

The findings in this research support the literature with regard to the challenges experienced by social workers, but link these to child protection in particular. Challenges that presented strongly in this research included limited infrastructure, limited resources and a lack of information. These challenges impact greatly on the quality and efficiency of services being rendered.

Limited infrastructure

A major challenge identified by the research is the lack of infrastructure available to render child protection services. All of the participants mentioned that they do not have access to practical resources such as staffing, car seats, nappies, clothes or telephones, which has a severe impact on the way they render services:

“Many times we have the baby at the office. We don’t have a nappy or clothes ... there isn’t bread for them or a bottle of milk ... The child is dirty. Sometimes we found the child with a Shoprite ‘sakkie’ (bag) on. We don’t have car seats – they push the front seat back and put the baby on the floor! The resources isn’t there for us to do our work.” (DSW-2)

All of the participants recognised that the lack of resources – such as telephones, email facilities and cars – at CPOs pose major challenges to the efficient rendering of services. This was described by RSWs and CYCWs as being very frustrating, as they were unable to get hold of the DSW after a child had been placed at a CYCC, causing serious delays with the child’s case and family reunification. Hence, the process was not based on a developmental social welfare approach.

Another infrastructural challenge described by the participants was high caseloads. The literature highlights that high caseloads can have a serious impact on the quality of services being rendered (Lizano & Barak, 2015; Wilberforce *et al.* (2014:825):

“The volume of work is such that social workers become overwhelmed, and are not able to perform quality social work.” (DSW-3)

In South Africa it is recognised that there is a significant shortage of social workers (Kangéthe, 2014:424; Calitz *et al.*, 2014). This shortage impacts on social workers in the field as it increases their caseloads, which are already extraordinarily high (Wilberforce *et al.*, 2014:825). According to the participants in this study, high caseloads meant that (emergency) child protection becomes simply one aspect of their job – one that is time-consuming (Marc & Osvat, 2013:129) and interfered with other work:

“You come to work, your whole day is planned out. Then your supervisor tells you there is a crisis... But you are busy with clients, parenting plans, substance abuse, doing everything. You feel overwhelmed.” (DSW-7)

“You are busy with this safety placement for a whole week! Then you neglect your other work. You can never win.” (DSW-1)

RSWs as well as DSWs referred to a lack of resources, including the limited number of CYCCs that are available. They said that they struggle to find CYCC placements for children as there are so few resources available, with not all of them always suited to a specific child’s needs:

“There is such desperation to place children. There aren’t many options, so you are left with ‘eeny-meeny-miny-moe’, and it isn’t always in the best interests of the child.” (RSW-4)

For the participants the lack of resources had various implications. At times they were not able to place children at CYCCs for the following reasons: the centres were too far from the families to visit their children; the centres had certain age criteria which prevented the social workers from placing siblings from different age groups together; or the service providers at the centre did not speak the child’s home language.

“We are setting up families to fail because we are creating a barrier for them to maintain that relationship.” (RSW-2)

This sub-theme confirmed that child protection social workers are challenged by, among other things, the shortage of social workers, high caseloads and limited resources, which is impacting on their ability to render effective and efficient services to children and families.

Lack of information

This research is concerned with the *emergency* removal of children who are at risk and in need of protection. These emergency situations require immediate action. The DSWs have reported that they do not have sufficient time to gather the information they need in such cases. It was found that this lack of information has a domino effect throughout the whole child protection process as the RSWs and CYCWs also complained about not having enough information:

“What frustrates me is when the DSW, not necessarily on purpose, although sometimes I feel they do, is not disclosing all the information about the family.” (RSW-3)

“It is difficult because we don’t get the information. It’s confidential – the social workers say so. But the child stay with us, not the social worker. At 5 o’clock the social worker go home. The CYCW is here, but you don’t know what happened to that child.” (CYCW-6)

The DSWs indicated that because of delays in obtaining information, parents withholding information, and the nature of emergency situations in child abuse cases (aggressive parents, immediate intervention), the result is a lack of information available to them at the onset of the child protection

case. The RSWs spoke about the lack of information from the DSWs (as part of the application or request for placement at the CYCC), and felt that DSWs ‘deliberately withhold’ information from them in order to secure placement. The CYCWs explained that they do not receive information from the RSWs as it is regarded as ‘confidential’; yet they believe they need this information in order to work effectively with children at the CYCC. Molepo and Delport (2015:154) identified similar concerns in their research with CYCWs, mentioning that CYCWs often felt misunderstood by their team members and other stakeholders because others did not fully understand their role. In this research it seemed as if the various professionals were unaware of the impact of this lack of information on their respective roles in rendering child protection services to children and families, which further appears to be damaging the relationships between those professionals.

This research found that major challenges in child protection services included limited infrastructure (lack of CYCCs), limited resources (shortage of social workers, high caseloads), the nature of emergency child protection (which is a time-consuming process), and a lack of information available (which has a negative effect on professionals). These challenges have an impact on the capacity of child protection professionals to render effective, efficient and quality services to children in need of protection. This understanding of the challenges facing child protection sheds light on why the presenting intervention in child protection is paperwork focused, rushed and ‘drop and go’, with limited emotional cushioning for children. One of the major reasons is the low capacity for an ‘ethic of care’ approach within the current system of child protection.

DISCUSSION

Systems theory was used as a theoretical framework to analyse and understand the findings of this study. Various authors (Bronfenbrenner, 1989:272; Gauvain & Cole, 1993:39-40; Härkönen, 2007:10-12; Teater, 2010:18) explain systems theory as entailing numerous interlinked systems and subsystems within the environment, including the microsystem, mesosystem, exosystem and macrosystem. Yontef (1993:297) described the system (or, as he referred to it, the “field”) as a “totality of mutually influencing forces that together form a unified whole”. Field, or systems, theory recognises that the individual does not exist in isolation but forms part of a field made up of a number of different parts (family, community, school system, religious system, political system and government, etc.) which are all influencing and interacting with one another (Hope & Van der Merwe, 2013:311). Systems theory emphasises that we cannot simply consider the individual client (for example, the child being removed). Instead, we should consider the client in interaction with, connected to, and influenced by the family, community, society, social agencies, government and polices.

The first theme showed that social service professionals are not being guided by legislation and policies, and that they receive little training and supervision (exosystem). Instead, they rely on cultural values, instincts and their colleagues (microsystem) for guidance on how to intervene in practice. When systems theory is applied to these findings, it seems that the lack of legislative policies within the broader exosystem has resulted in a narrower focus and reliance on the individual’s own values and instincts. This clearly demonstrates a discrepancy within the current child protection system and the inability of the various systems to reinforce or support one another. This lack of integration and connectedness between systems impacts on the microsystem (individuals: DSWs, RSWs and CYCWs, as well as the child and family) in a negative way in that professionals are not being guided by practice guidelines or policies, creating significant challenges such as high stress levels, discrepancies in service delivery, and insufficient knowledge and skills to work with young children and aggressive families.

With regard to intervention strategies (Theme 2), participants mentioned the challenges in making decisions when assessing risk (within the microsystem – child and family), which again appears to be a consequence of a lack of guiding policies and legislation (within the exosystem of the child protection system). However, the participants did describe a process of connecting with various parts of the system in order to obtain support from the local police and colleagues when doing a removal, taking children to the hospital for a medical examination, and placing children in safety at various CYCCs.

This aspect of child protection does appear to involve more parts of the system (micro-, meso- and exosystems), showing how they interact, influence and support one another.

The participants identified issues around the lack of information (Theme 2) in child protection cases, which causes problems for their respective roles in working with the child and family. Systems theory provides insight into the interlinked roles of the various role players who are involved at various stages and within different parts of the system through collaboration. However, within this specific study, the research shows that this is not happening in practice (each role player is working independently of the others). Hence, each part of the child protection system is not positively interacting and influencing the other parts of the system. The underlying issue of the lack of a practice model (exosystem) complicates these concerns.

Furthermore, the participants presented examples of discrepancies within the child protection process – such as the DSWs explaining the importance of the medical examination, while the RSWs say that this is not happening; or the DSWs explaining that they ‘prepare’ the child for being removed, while the RSWs and CYCWs say that most of the children are not aware of why they are being removed. These findings show that the current child protection system is not representative of the integrated, collaborative system which is presented in the Framework for Social Welfare Services (DSD, 2013) or the White Paper for Social Welfare (DOW, 1997). These discrepancies highlight the impact on the microsystem of the exosystem not providing the needed guidelines for practice.

From a systems framework it appears that the DSWs work within CPOs, while the RSWs and CYCWs work within CYCCs, both of which are supposed to be guided by broader governmental systems and policies. The participants discussed major challenges (Theme 3) within their working environment systems (interaction of the micro-, meso- and exosystems), such as limited infrastructure and resources. The findings showed that these challenges (problems within the mesosystem) inhibited the social worker’s capacity to work with the best interests of the child in mind. Other challenges – such as the shortage of social workers, and the resulting high caseloads and time constraints, high staff turnover and a lack of practical tools (car seats, nappies and food) – further impacted on the social worker’s capacity to provide effective child protection services.

Overall, the findings revealed the current intervention strategies used by professionals in the emergency removal and safety placement of children. The results showed that professionals are not guided by legislative policies (exosystem) and, as a result of this, their current intervention strategies (within the microsystem) are guided by instinct and are focused on paperwork. The findings also showed that as a result of the challenges within the various systems, current interventions are rushed, crisis orientated and of a ‘drop-and-go’ nature focused, resulting in insufficient emotional care directed towards the child and family.

CONCLUSION AND RECOMMENDATIONS

In conclusion, this research provided insights into the current intervention strategies used by DSWs, RSWs and CYCWs to render child protection services. Of note are the challenges as discussed by the participants which included the limited infrastructure and resources, the time-consuming and interventionist nature of child protection work, the stressful nature of child protection work (heavy burden of care), and working with traumatised children. The research findings show that social workers followed an approach to child protection that is focused on paperwork and misses the emotional concern for the child and family. With this deeper understanding of the challenges experienced in child protection, it is not surprising that the current approach, which is characterised by the absence of a practice model, training and/or supervision, relies on gut instinct and experience to guide social workers.

It is recommended that, even though data were collected until the point of data saturation and the same themes were emerging, the study should be repeated with a larger sample size in order to validate the results. The literature provided limited information on a model of intervention for social workers in

child protection within South Africa. This research supported this with findings that child protection professionals are not guided in practice by training, legislation, supervision or any kind of practice guidelines. As such, it is also recommended that a model for the planning of interventions for the emergency removal and safety placement of children at risk be developed. The researchers are planning on addressing this recommendation with the next phases of the design and the development of a model for interventions for the emergency removal and safety placement of children at risk.

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