

RISK-LADEN WORKING LIVES OF CHILD PROTECTION SOCIAL WORKERS IN SOUTH AFRICA

Elmien Truter, Ansie Fouché

This study reports on the findings of semi-structured interviews with ten social workers employed by designated child protection organisations in Gauteng, South Africa to explore their lived experiences of workplace risks and subsequent negative outcomes. Thematic analysis of transcribed interviews yielded risk factors embedded in the socio-ecological model, namely intrapersonal (personality traits and the dichotomy of human vs. professionalism); interpersonal (unsupportive supervisors; lack of co-operation among professionals); institutional (challenges unique to child protection social work); community (unrealistic expectations from communities); societal / public policy (lack of funding and resources, political interference). A discussion follows and the way forward is deliberated.

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KEY WORDS: child protection social workers risks; workplace adversity, negative outcomes South Africa

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### INTRODUCTION

Generally, social work is considered a stressful profession due to the emotional demands of the profession (Crowder & Sears, 2017; Lloyd, King & Chenoweth, 2002; Travis, Lizano, Mor Barak, 2016). One group of social workers that is particularly at risk for negative outcomes are those employed in the child protection practice setting, tasked with the statutory duty to protect children in need of care and protection (McFadden, Campbell & Taylor, 2014; Truter, Theron & Fouché, 2014, 2018; Truter, Fouché & Theron, 2017). This group of social workers is commonly known as child and welfare workers (Griffiths & Royse, 2017; Schelbe, Radey & Panisch, 2017; Travis *et al.*, 2016); frontline workers (Jones, 2001), designated social workers (Bosman-Sadie, Corrie & Swanepoel, 2013; Truter *et al.*, 2018); statutory social workers (Lombard & Kleijn, 2006; Stanley, 2018) and child protection social workers, or child welfare protective services workers (Conrad & Kellar-Guenther, 2006; Littlechild, 2005; Tavormina & Clossey, 2017). For the purpose of this paper, the term child protection social worker (CPSW) will be used.

The statutory duties rendered by child protection social workers (CPSWs) are analogous worldwide and the aim is to prevent child abuse by rendering prevention and early intervention services, or intervening on a statutory level once abuse is reported or suspected. Statutory services include investigating allegations of child abuse and neglect; removing and safeguarding children who are in need of care and protection; recommending future placement options for children to the court; and rendering family reunification services (Bosman-Sadie *et al.*, 2013; Griffiths & Royse, 2017; Hodgkin, 2002; Schelbe *et al.*, 2017; Stanley, 2018).

A body of research has found that during the course of performing their statutory duties the wellbeing of CPSWs may be at risk as a result of work-related risk factors such as excessive workloads, staff shortages, exposure to violence and aggression, high stress levels, and deficient emotional and financial support (Gibbs, 2001; Griffiths & Royse, 2017; Gonzalez, Faller, Ortega & Tropman, 2009; Gupta & Blewett, 2007; Hodgkin, 2002; Jones, 2001; Lamothe, Couvrette, Lebrun, Yale-Soulière, Roy, Guay & Geoffrion, 2018; Munro, 1996; Truter *et al.*, 2018). In addition, the nature of CPSW implies doing *risk work*, i.e. dealing directly with the clients and managing their risks (Brown & Gale, 2018). A CPSW is typically responsible for making prompt decisions about children's immediate and long-term safety and in this process they often witness visuals of child abuse. These adverse and taxing working conditions may place CPSWs at risk of negative mental health outcomes such as burnout, depression, secondary traumatic stress and compassion fatigue (Benjamin, 2007; Child Welfare South Africa, 2009; Gibbs, 2001; Lonne, 2008; Maposa, 2006; McFadden *et al.*, 2014; Tham, 2006). Inadvertently, this has negative implications for service delivery, since there may be a surge in staff absenteeism, high attrition rates and unsatisfactory work performance (Coffey, Dugdill & Tattersall, 2004; Griffiths & Royse, 2017; Schiller, 2017). Consequently, the protection of the most vulnerable in society might fall short to the extent that children in need of care and protection may remain in abusive situations (Gibbs, 2001; Lamothe *et al.*, 2018; Littlechild, 2005; Schelbe *et al.*, 2017; Schiller, 2017; Truter *et al.*, 2018). Ultimately, this leads to the violation of children's constitutional rights in most countries, including South Africa.

It is imperative to offer CPSWs the opportunity to share their experiences in order to understand what exactly hampers their attempts to protect vulnerable children effectively at all times. By allowing

CPSWs to share their experiences, policy makers, stakeholders and institutions that employ CPSWs could be alerted to their specific situation and the genuine consequences for staff and clients if their situation remains disregarded or unaddressed. A solution is thus only conceivable once the problem is properly understood (Griffiths & Royse, 2017), hence the strong support for studies that explore the challenges and risks experienced by CPSWs (Schelbe *et al.*, 2017). A number of studies (knowledge syntheses, concept papers and empirical work) that focused specifically on risks and negative outcomes experienced by CPSWs are available, but only a handful of these relate to the lived experiences of South African CPSWs.

In a concept paper related to CPSW services in Australia, Russ, Lonne & Darlington, (2009) confirmed that retaining CPSWs in Australia has been associated with “adverse experiences of staff”, ascribing this to risk factors such as “work stress, trauma and vicarious traumatization” (Russ *et al.*, 2009: 327-328). A systematic literature review of 65 studies by McFadden *et al.* (2014) confirmed the susceptibility of CPSWs to developing secondary traumatic stress, and that a heavy workload and a personal history of maltreatment constitute risks for negative outcomes in CPSWs. A recent meta-synthesis by Truter *et al.* (2017) covering 14 qualitative studies of CPSW risk and resilience published between the 1970s and 2013 concluded that CPSWs are at risk and that a comprehensive understanding of CPSW risk for minority-world countries exist. However, it pointed out that there is an inadequate understanding of CPSW risks in majority world countries such as South Africa. This meta-synthesis reported the following risk factors to be prominent among CPSWs globally: inadequate support, exposure to violence and aggression, high workload, staff shortages, and high levels of stress (Truter *et al.*, 2017).

Several empirical studies exploring the adverse conditions in which CPSWs work have been conducted. Some of these include a qualitative study with 22 CPSWs in Australia (Gibbs, 2001), which underlined high attrition rates, low job satisfaction and high levels of stress among CPSWs. In the USA 369 CPSWs were interviewed in a study by Ellett, Ellis, Westbrook & Dews, (2007) and the findings revealed that risk factors for these CPSWs included excessive workloads and the stressful nature of doing CPSW. In another American study by Gonazalez, Faller, Ortega & Tropman, (2009) 69 CPSWs participated and risks for this group included the stressful nature of CPSW, inadequate support, excessive workload and high levels of stress. Finally, Tavormina and Clossey (2017) interviewed 12 American CPSWs and found that feeling powerless in depending on funds and administrative approvals to do the work and the very nature of crisis work within CPSW ultimately placed them at risk of secondary trauma.

In the UK Jones (2001) interviewed 40 CPSWs who were at risk because of high levels of stress, heavy workloads, inadequate support and the stressful nature of CPSW. An analysis of 49 inquiry reports based on cases in London by Munro (1996) found that CPSWs here were placed at risk mainly by the stressful nature of doing CPSW (i.e. making split-second decisions about children’s lives, removing children). Munro (1996) also emphasised how the decisions and actions of CPSWs could change children’s lives and specifically highlighted that the reality of their statutory responsibility means they are not allowed the luxury of unlimited time and resources to investigate and reflect adequately. Another UK-based study by Gupta and Blewett (2007) involving interviews and focus group discussions with 46 CPSWs found that the negative image of social work, the paper work and their authority being undermined placed these participants at risk. The most recent empirical study on violence against CPSWs was a qualitative study conducted in Canada by Lamothe *et al.* (2018) and involved interviews with 30 CPSWs. Lamothe *et al.* (2018: 308) suggested that “critical aspects of this problem [violence against CPSWs] remain nebulous ... which impedes our ability to develop and implement effective solutions”.

In total, four South African publications related specifically to CPSW risks and negative outcomes could be sourced. Bhana and Haffejee (1996) measured burnout among 29 female CPSWs in Durban and found that participants of this study mostly enjoyed positive relationships with their supervisors, yet 62% of participants experienced moderate emotional exhaustion and 14% experienced high rates of emotional exhaustion. Of these participants, 93% experienced depersonalisation. Risk factors for burnout in this study related to role ambiguity and role conflict.

More than a decade later Alpaslan and Schenk (2012) explored, among other, risks experienced by 32 South African CPSWs working specifically in rural settings in Mpumalanga, North-West, Eastern Cape and Western Cape. Risk factors reported in this study included a lack of resources such as computers and vehicles, a lack of funding to implement programmes, heavy caseloads, shortage of staff, clients' levels of illiteracy and lack of motivation and co-operation and their dependence on social grants, lack of co-operation among professionals, fear for their personal safety, and a lack of professional support. More recently Schiller (2017) explored the challenges experienced by 71 South African CPSWs, specifically when working with child sexual abuse cases. Schiller (2017) found that risk factors reported by CPSWs included incompetence of other role players, a failing child protection system, a lack of resources and heavy caseloads. Finally, Truter *et al.* (2018) briefly commented on the risks experienced by 15 CPSWs employed in the Vaal Triangle and other parts of Gauteng, and found that work pressure, inadequate professional support, financial strain, challenges unique to CPSW and emotional exhaustion contributed to the difficulty and strain of their work.

These studies offer valuable information about workplace adversities experienced by CPSWs across the globe. However, more empirical South African studies reflecting experiences of present-day CPSWs are needed so that solutions can be tailor-made for their specific situation. The few South African studies available offer valuable insights, but they do not represent the experiences of all South African CPSWs in terms of risks and negative outcomes, since some are focused only on CPSWs working in rural settings (Alpaslan & Schenk, 2012), or focus solely on the risks associated with working with particular cases (Schiller, 2017). The study conducted by Bhana and Haffejee was conducted in 1996 and its findings are therefore somewhat outdated; and there is no in depth analysis of risks mentioned by Truter *et al.* (2018).

The need for a continuous extension of South African studies is evident, and so we aimed to expand the restricted knowledge base of risks and negative outcomes experienced by South African CPSWs by conducting a qualitative phenomenological study exploring the lived experiences of risks and negative outcomes by CPSWs in Gauteng. This study forms part of a larger study that explores CPSW risk and resilience in a South African context (Truter *et al.*, 2014, 2017, 2018). Given the interaction between social workers and their environment, understanding risks in the workplace requires a multilevel theoretical lens such as the socio-ecological model (SEM) to inform effective decision making with regards to the working lives of South African CPSWs, which will be discussed next. After that we offer a brief overview of the CPSW practice setting in South Africa and an explanation of the research methodology. Findings that depict the risk-laden working lives of a group of CPSWs in Gauteng will then be presented. Finally, a discussion and recommendations follow.

### **Understanding workplace risks in terms of a socio-ecological model (SEM)**

According to the World Health Organisation (WHO), a risk factor refers to any characteristic or experience of a person that increases the chances of developing an illness or injury (WHO, n.d.). Workplace risks may be too complex to be adequately understood and addressed in a single-level analysis, so a more comprehensive model of analysis will allow us to better understand the intricacies of workplace risks experienced by CPSWs, which will potentially position us to construct effective solutions. The SEM is based on the notion that there is an interaction between the individual and the environment, where individuals' behaviour is determined to a large extent by their physical and social environments (Baral, Logie, Gross, Wirtz & Beyrer, 2013; Baron-Epel & Ivancovsky, 2015; McLeroy, Bibeau, Steckler & Glanz, 1988). The SEM is a theory-based framework with four levels, namely, individual, relationship, community and societal.

Based on the seminal work of Heise (1998) and McLeroy *et al.* (1988), risk factors in the CPSW setting could be categorised in a multi-level analysis to obtain a better understanding of the contributing factors to South African CPSWs' experiences of risk and consequent negative outcomes in the workplace. These levels include: intra- and interpersonal, institutional, community and societal/public policy levels. Risk factors on the intrapersonal level relate to individual characteristics, knowledge, skills, self-efficacy and

coping. On the interpersonal level risk factors emanate from formal and informal information social networks and processes (such as family, friends, colleagues, supervisors, clients of CPSWs who determine identity and provide support). The institutional level presents risk factors influenced by employment, culture, religion, rules and regulations. On the community level, risk factors might relate to circumstances, norms in the community, resources and networks. Finally, on a societal/public policy level, risk factors are embedded in local, regional and national laws and policies.

### **Conceptualising the CPSW practice setting in South Africa**

South Africa is a diverse country, with a growing population of over 50 million citizens, 11 official languages and a range of cultures. In addition, South Africa is confronted with high levels of unemployment, poverty and inequality (Statistics South Africa, 2011, 2016) and increased violence against children. A survey among South African youths between 13 and 18 years found the prevalence of child sexual abuse to be 36% among boys and 33.8% among girls, 34.4% for physical abuse of children, 16.1% for emotional abuse of children, and 23.1% for exposure to domestic violence (Artz, Burton, Ward, Leoschut, Phyfer, Lloyd, Kassanjee & Mottee, 2016).

The South African government adopted a developmental approach to social welfare after the first democratic elections in 1994 (Dutschke, 2007; Patel, 2005). Developmental social welfare focuses on interventions that make positive contributions to economic growth by enhancing the economic independence of individuals (Patel, 2005). Children are, however, by their very nature economically dependent on adults and therefore section 28(1) of the Constitution of the Republic of South Africa (1996) stipulates the right of children to be protected “from maltreatment, neglect, abuse, or degradation” (Dutschke, 2007). A right without a resource, however, is meaningless, hence section 28(1) (c) of the Constitution of the Republic of South Africa, (1996) which specifies that every child has the right to, among other resources, social services. The role of a South African CPSWs in upholding this right is mandated and described in the South African Children’s Act (38/2005) (Bosman-Sadie *et al.*, 2013); this includes investigating cases of child maltreatment, rendering early intervention services after an assessment, or removing children from the care of their caregivers and placing them in alternative care through children’s court proceedings. CPSWs in South Africa are further responsible for supporting families towards reunification, managing services to children with specific needs, and engaging with other professionals such as medical doctors, psychologists, teachers and lawyers toward a final point of making recommendations to the children’s court about the child’s final placement.

As such, prominence is given to the role of South African CPSWs to prevent child maltreatment and to protect maltreated children within the child protection system. Recently, however, the Optimus Foundation (Artz *et al.*, 2016) confirmed the dearth of social workers in South Africa left those still in practice burdened with high caseloads (Artz *et al.*, 2016). The seemingly bleak reality of CPSW in South Africa merits further exploration of their individual lived experiences.

### **RESEARCH METHODOLOGY**

A phenomenological exploration of lived experiences of risks and subsequent negative outcomes reported by CPSWs in Gauteng was conducted. Interviews were conducted in 2015 whereby we identified three prominent designated child protection organisations in Gauteng, and acquired permission from the respective provincial managers to recruit and interview participants from their offices about their experiences of workplace risks and their resilience. Self-nomination recruitment pamphlets with all relevant information about the study were then distributed to these offices by email and interested CPSWs made contact with the research assistant. After this, informed consent was obtained and semi-structured interviews (face-to-face and telephonic) commenced. The recruitment pamphlet invited CPSWs who perceived of themselves as resilient to participate voluntarily. A total of ten participants participated and most of them preferred telephonic interviews, while two participants preferred face-to-face interviews. Six participants were white and four were black; the average number of years of work experience among this group of participants was 8.9 years and all participants were female.

## **Data collection**

A semi-structured interview schedule was used to guide interviews. Two main questions were asked: (a) What about doing CPSW places you at risk for negative outcomes? (b) How do you deal with such risks/challenges? Further probing questions were asked to follow up the first question whereby resulting negative outcomes were also explored. Interviews were audio recorded with participants' permission and transcribed verbatim. Interviews were conducted independently by both authors in either Afrikaans or English, depending on participants' preference. For the purpose of this paper, only data responding to the first question about risks and negative outcomes are considered.

To enhance member checking, follow-up interviews with six participants who opted for them were conducted; subsequent telephonic interviews were scheduled and conducted by both authors independently. During these follow-up telephonic sessions individualized feedback was given and participants had the opportunity to clarify and elaborate. These interviews were also audio recorded with participants' permission and transcribed verbatim. Individualized feedback was provided to other participants by email to provide them with an opportunity to offer feedback on the accuracy of our analysis. Confirmatory feedback was received.

## **Data analysis**

Data were analysed using thematic analysis (Braun & Clarke, 2006). Researchers familiarised themselves with the data by reading and re-reading transcripts and listening to audio recordings more than once to observe and capture initial patterns. This was followed by a process in which codes were generated: labels were ascribed to sections of the data which were relevant and that in some way answered the research question about risks experienced by CPSWs. After compiling a list of codes, themes were developed by linking common codes together to form a theme and some codes were regrouped into sub-themes. The process of analysis was concluded with reviewing themes and deciding on theme names – some themes were, on a second review, too thin and were subsequently merged with other sub-themes since they shared similar meanings/answers to the research question. Several consensus discussions ensued between the authors and a summary of revised themes with illustrative quotes was sent to participants inviting their feedback on what was summarised.

## **Trustworthiness**

To establish trustworthiness, several criteria were taken into consideration (Krefting, 1991). First, credibility, which denotes the accuracy or truthfulness of the data, was achieved through triangulation of investigators and member checking: both authors independently conducted the interviews, and coded the transcripts of audio-recorded interviews independently (Lincoln & Guba, 1985; Merriam, 2009; Sands & Roer-Strier, 2006). Furthermore, a rigorous process of member checking was followed in which transcripts and a summary of themes were provided to participants to invite their critical feedback on the accuracy of what was documented (Creswell, 2009; Merriam, 2009). This was to reduce chances of misinterpreting or incorrectly documenting any of the data captured during the interviews (Krefting, 1991). In addition, the two authors presented preliminary themes to two groups of CPSW supervisors, during which they confirmed the accuracy of emerging themes.

Another criterion, confirmability, pertains to the objectivity of the research during the research process: we kept field notes and engaged in a process of reflexivity whereby we continuously kept in mind what our role was during collection of data. Analyst triangulation, as described above, thus further enhanced confirmability of the study findings (Lincoln & Guba, 1985). A qualitative methodologist reviewed the final themes and also provided input which was subsequently incorporated into the findings. Afrikaans quotations were translated and checked for accuracy by an English native speaker who is fluent in Afrikaans.

## **Ethical considerations**

Ethical approval for this study was granted by the Research Ethics Committee (i.e. Institutional Review Board), Ethics number (blinded for review). Informed, signed consent was obtained from all

participants, and feedback on study findings was provided to participants. Participants were granted the opportunity, during and after interviews, to undergo debriefing by a registered social worker, if they so required. However, none of the participants indicated that they were traumatised by the interview and none of the participants expressed the need for debriefing. This was confirmed after a six-week electronic follow-up.

The identity of participants has been protected by ascribing code names to each participant; participants were also informed how confidentiality was secured. Participants were furthermore aware that they could withdraw from participating at any time without any negative consequences for them.

## **FINDINGS**

Reported risk factors and resulting negative outcomes as reported by 10 South African women CPSWs were categorised into themes that are embedded on five levels of the SEM (Heise, 1998; McLeroy *et al.*, 1988): (1) Intrapersonal level (high-risk personality traits and the dichotomy of human vs professional); (2) Interpersonal level, (unsupportive supervisors; lack of co-operation among professionals); (3) Institutional level (risks unique to the statutory nature of CPSW); (4) Community level (unrealistic expectations from communities); (5) Societal/Public policy level (lack of funding and resources, political interference).

### **Intrapersonal risk factors**

Intrapersonal risk factors include specific personality traits, and the dichotomy between being human and being professional, which reportedly posed a threat to the wellbeing of participants.

#### ***Professional vs human dichotomy***

Only a few participants made reference to the pressure that results from having to find and sustain a balance between being a human and being a professional, yet those who mentioned this risk factor were adamant that this is a challenge that they have to deal with on a regular basis. Participant 4 described her constant effort to maintain a balance between the two profiles when dealing with her clients especially:

*“So many times you just say, you know, I have to leave my person [myself] in my car and I have to put on a professional person the moment I walk through the office door ... for example, there is now another father out of wedlock, who came to my office and said he does not have access to his child and I want to slap him on the head ... because he chose to have it this way... and, and that's when my personal opinion must not influence my professional conduct.”*

#### ***High-risk personality traits***

Many of our participants listed certain personality traits when describing risk factors for being in this profession, characteristics that either immediately or eventually cause stress for CPSWs: (1) a lack of firm boundaries and unassertiveness, (2) being overly conscientious, and (3), a lack of self-confidence or arrogance.

A lack of firm boundaries: Both participants 3 and 7 adopted a third-person stance in describing the consequence of not having firm boundaries, that is increased stress. Participant 3 explained that unassertiveness results in CPSWs doing work for which they are not qualified, which results in them being exploited during court proceedings, which inevitably leads to further stress: *“But I have seen in cases where social workers who think that they are able to do everything (yet they are not) who then make themselves available for such work and then I have seen how they really suffer in court.”*

Participant 7 explained that possible outcomes of having poor boundaries include burnout and failure to complete duties: *“The people who sit at the office every day until 6 or 7 o clock ... they come in early ... and it's almost as though they don't get to their work. It's as if they just get more behind with their work. I think you should stick to your office hours. If you can't do that (stick to your office hours), you won't survive.”*

Being overly conscientious: Participants 5 and 10 expressed a strong view on the dangers associated with being overly conscientious, linking it with the inability to delegate and becoming anxious if not feeling in control. Being overly diligent or hard-working, leading to restless nights and anxiety were described by Participant 6: *"Most of the time ... I had nightmares, I dreamt of this child every second night, I lied awake several nights thinking 'okay, what is the next solution, where can we go with her, what can we do, how can we support her?'"*

Similarly, Participant 10 explained how her inability to delegate resulted in her trying to do everything, which is simply not possible: *"I am one of those people, I can't delegate I want to do all these things for people and I do not trust that someone else will do it as well as I will ... You just can't do everything"*. She added that her anxious personality and not being able to let go were great risk factors for her functioning as a CPSW: *"And then obviously I think it's personality too ... I am of nature an anxious person ... and if I do not feel in control, then it just gets too much for me."*

Lack of self-confidence: Participants 3 and 4, among others, acknowledged how the lack of self-confidence or arrogance could place CPSWs at risk of being exploited: *"Yes you must be able to make a decision and stick to it and execute it. If you can't do that you won't survive."* Participant 4 ascribed arrogance or total insecurity to CPSWs who struggle in the profession: *"Because I am unsure I get exploited ... Or I am so arrogant because I think I know everything that I am not open to learn."*

### **Interpersonal risk factors**

Among the most referenced sources of risk for CPSWs in this study emanated from an interpersonal level, rooted in formal and informal social networks: among professionals, and between CPSWs and their supervisors.

#### ***Lack of co-operation among professionals and CPSWs not recognized as professionals***

Disrespect and a lack of teamwork within and across the profession were considered risk factors in CPSW, which leads to stress and ultimately clients are not served. This finding dovetails with former South African (Alpaslan & Schenk, 2012; Schiller, 2017) and UK studies (Gupta & Blewett, 2007), in terms of a lack of co-operation among professionals, CPSWs authority being undermined and CPSWs not being recognised as professionals.

Some participants made reference to the burden of not being respected as professionals or their input being undermined. Participant 4 explained how, after all the problems related to doing the hard work, she ends up going to court, just to be doubted by the presiding officer: *"And now if I go back to court to extend the placement, then the presiding officer questions my input."*

Participant 7 has previous CPSW experience in the United Kingdom and explains how the lack of co-operation among professionals in South Africa poses a risk for CPSWs: *"A person feels better when you have support, because now obviously here in South Africa you feel as though you are alone ... no support. I mean you phone the police to report something and you probably now know how it works, you must go sit there yourself ... and you must go to the police station yourself, there is no longer a team that you can phone to make the report."* Participant 6 shares the sentiment of a lack of professional interdisciplinary work to protect children as a risk factor in CPSW: *"I feel that we do not have a multi-professional team, because every professional person here works like an island."*

Conflict with fellow colleagues and other support staff about how and when tasks related to a case need to be executed often resulted in work not being done (Lamothe *et al.*, 2018): *"And then the feeling that you actually fail your clients ... Because there are just certain things that are completely out of your control, you can only do so much and if others don't do it ... you fail your people."*

### ***Unsupportive supervisors***

Inadequate professional support was a source of risk for many of the participants and well recognized by scholars across the globe (Alpaslan & Schenk, 2012; Gonazalez *et al.*, 2009; Truter *et al.*, 2018). The type of unsupportive supervisors appointed who are responsible to support CPSWs was well

described when Participant 6 was asked about the risk factors associated with social work in the child protection sector: “...but unfortunately my supervisor does not have leadership skills ... she is not a born supervisor ... she does not take responsibility, she throws tantrums when you ask her favours. She cannot manage conflict. She cannot delegate, she can't tell you that you did well or poorly, or she can't tell you to improve a bit.”

Participant 10 acknowledged that the supervision they experience is limited to administrative checks such as the supervisor ensuring that statistics and files are up to date and sometimes they offer guidance in difficult cases. However, it seems as though a much-needed function of supervision, namely emotional support, is neglected. “*The one thing ... supervision is a big, big problem if there is no time for supervision ... no time for debriefing. So you sit with all this rubbish in your head and you have nowhere ... to go to and just to ... off load ... So that is for me, for me the biggest risk*” (P 10).

### **Institutional risk factors**

Participants shared some challenges that directly link to the unique nature of CPSW, namely a) the inherently stressful nature of statutory work; b) assuming multiple roles to get the job done; c) changes in legislation; and d) the undignified behaviour profile of CPSW clients.

#### ***The inherently stressful nature of statutory work***

Participants ascribed most of their stress to the particularly stressful context of CPSW, which is a commonly reported risk factor for other CPSWs in South Africa (Truter *et al.*, 2018), Australia (Gibbs, 2001), the USA (Gonzalez *et al.*, 2009) and the UK (Munro, 1996). The fast pace of functioning, removal of children, last-minute preparation before and during emergency removals, followed by several duties that need to be executed within a short time span, and the emotional trauma were all features of CPSW that participants described as inherently stressful, as expressed by Participant 1, who described CPSW when she was asked what makes the job difficult: “*Eish it's not an easy, it's not an easy ... Yes, it's a challenging job because you have to you know, ai there are so many things that are happening in the child and protection services.*”

Participant 2 explained that so many CPSWs struggle in the child protection sector because of the statutory nature of this work:

“*A lot of them don't like court work ... They find it quite stressful ... With the magistrates uhm they have to deal with lawyers as well, occasionally ... You know uhm and of course these cases that you do involved quite a lot of emotions of the parents and the children and all of that so ... Uhm ja it can be quite uhm you know, also stressful and demanding.*”

Because the abuse of children can take place at any time, these CPSWs often work after hours, adding to the inherently stressful nature of this work, as seen when Participant 2 shares a case she worked on: “*Uh like if you uh, on Sunday or it was last Saturday, I was called over where two teenage boys that were smoking dagga went berserk, and started beating their mother.*”

The emotional trauma (Truter *et al.*, 2018) that comes with the job is listed as another risk factor for Participant 6, who explains that this exposure eventually may lead to CPSWs developing depression, as was the case with her: “... uhm the emotional trauma ... is the biggest risk you take ... Uhm, because you experience secondary trauma every day ... and it heaps up to a point where some people just can't handle it anymore ... And this then leads to depression, now look I have depression.”

### ***Multiple roles***

Bhana and Haffejee (1996) found that South African CPSWs who experience role ambiguity or role conflict were at risk of outcomes such as burnout. It is worrying then that a few participants mentioned that they too experienced role-related conflict: being responsible for more than just protecting children places additional pressure on some participants, often leaving clients unsupported, as explained by Participant 6, who describes the dilemma of being responsible for the financial situation of their office in addition to doing their work:

*"They [head office] constantly tell us they are going to close our office down because we are not financially sustainable ... We are behind with something like R120 000-00 ... Uhm so they want us to make R 50 000-00 on our own per year ... I don't know, I don't have answers ... we try to get debit orders, but as a social worker we must now spend most of our time and attention on marketing and fundraising to try and survive ... and that takes our attention and energy away from focusing on our work, which is child protection ... it makes you physically tired and emotionally exhausted."*

### **Workload**

Having a heavy workload in an already taxing work context makes it difficult for CPSWs to do everything, which is aggravated by administrative demands as explained by Participant 2: *"Statistics issues that always had to be on a specific date that you, uhm and they keep on giving us more and more statistics to do, I got like 13 documents that I send in monthly."*

When asked about the risk factors of doing CPSW, Participant 10 mentioned the workload, among other things, as was also mentioned by CPSWs participating in other South African (Alpaslan & Schenk, 2012; Schiller, 2017; Truter *et al.*, 2018) and American studies (Ellett *et al.*, 2007; Gonzalez *et al.*, 2009): *"I think it's the workload ... I don't have such a big load as the others, I have 80 files ... [others have] around 120, 130, but they have straightforward cases, mother and father deceased, now place child in foster care ... whereas mine are alcohol and drug abuse, complicated, child sexual abuse cases ... you feel overwhelmed, because you have all these things to do, and you are only one person, you don't get to everything"*. Again, when Participant 6 described very stressful times in her career as a CPSW, she referred to the heavy workload: *"Uhm it was a very stressful time and I also had a very high caseload, difficult cases ... before last year, I think I had about 90 ... close to 100 cases."*

### **Undignified behaviour profile of CPSW clients**

The extent to which most CPSW clients have become more undignified in their behaviour and thinking (Alpaslan & Schenk, 2012) was referenced as another source of stress for some participants, who find it challenging to do their work when participants behave and think in a particular way. Participant 4 indicated that she experiences a lack of accountability by parents she works with: *"uhm, I just want to say, and now I'm going to sound a bit philosophical, the weakening clients we've got ..."*

Participant 7 described how the aggressiveness of some clients manifested during a particular case conference: *"And that is also why we invited the police there that day ... the father was still very aggressive and he threw the chair and stormed out of the meeting."* Similarly, whilst trying to place children, which is already taxing considering the lack of resources and placement options, CPSWs still have to deal with aggressive clients: *"Sometimes you cannot find places for these children uhm, parents are quite aggressive, and they don't, uhm they don't respect us"* (P2). Aggressive clients have also been reported in previous studies as aggravating an already stressful job (Alpaslan & Schenk, 2012; Lamothe *et al.*, 2018; Truter *et al.*, 2018).

### **Community risk factors**

#### ***Unrealistic expectations from communities***

Another source of risk mentioned by a few participants relates to the unrealistic expectations and demands from communities. From the interviews it seemed as though there is an assumption in society that CPSWs must or can solve all problems, and that CPSWs will persevere no matter the magnitude of the pressure.

*"No, it's only a pity that some people do not really understand what it's about. So, if I talk to social workers at school, who then tell me "but you are designated", then I think: yes, all that means is that I can act in court, it's not what I am different than you or I have more uhm, how I will say, have more resources, or I suddenly have another magic wand with which I can help clients because it's many times we feel that's what they expect from us."*

## Societal/Public Policy risk factors

When answering the question of their workplace difficulties, a number of participants made reference to factors on a societal/ public policy level, such as the lack of funding to perform basic duties and the interference of politicians in determining work priorities. These factors caused participants to stress, not only because it burdened them on a personal level (poor salaries), or because it increased their workload and interrupted the work with which they were busy (political interference), it also caused them to doubt their purpose and the meaning of their role and their work. The fact that they could often not do their work because of insufficient resources caused them to use their own resources. If they could not use their own resources, it would simply leave them in a state of despair, since they were then incapable of delivering services.

### ***Changes in legislation***

Some participants referred to changes in child care legislation and resultant demands on CPSWs, often given by the presiding officer. What exacerbates the fact that there is a new children's act is that there is an insufficient work force and inadequate resources to implement what is stipulated in this legislation, hence the escalating pressure on the few acting CPSWs: *"Because we've got the Childcare Act and uhm if they don't have people to administer the childcare act, we're going to have a couple of disasters on our hands."*

Participant 4 explained how the problem of new legislation unfolds in practice:

*"Because the Act became so hectic a presiding officer can expect a lot from us ... in the time I have been involved I have been through two Acts with several amendments ... The pressure just intensified with the old Act, uhm, there were not so many expectations, we were a bigger group of people who did the work ... and with the reduction in resources...."*

### ***Lack of funding and resources***

Another risk factor for our participants related to poor salaries, a lack of resources and inadequate funding (Alpaslan & Schenk, 2012; Munro, 1996; Schiller, 2017; Tavormina & Clossey, 2017; Truter *et al.*, 2018) and limited care placements for vulnerable children.

Poor salaries paid to CPSWs in South Africa: Participant 7 indicated, as she discussed risk factors of doing this work, what they earn and how it compares to what clients earn:

*"Twelve something then they deduct medical and UIF and pension and that other stuff ... so then you take home about nine [thousand] ... yes that's why I tell you, it is terrible. I just feel for people who uhm studied for 4 years ... and you know there are secretaries ... many of our clients earn more than us."*

Lack of resources in the workplace: Although not well remunerated, CPSWs are expected to use their own resources to execute their duties, since resources are too often simply not available:

*"...now we've our telephone line they only give you R100 per month [to phone clients] ... yes and now when you try and challenge that at times you will be told that there is no budget, it was what was decided ... for example, if I need a client to come to court I phone with my own phone ... ja, the people who then refuse to use their own resources, then they don't phone the client as a result, do you think there are people ... even if you refuse dear, the problem is at the end of the day you will be accountable."*

Participant 3 explained why a lack of resources and poor remuneration could demotivate professionals and ultimately lead to resignations:

*"At the end of the day you cannot do your job properly ... And that's why many people are running ... first of all, we do not have resources ... You get these clients ... you know exactly what they need, but in your mind while working with these people you already know I'm going to struggle ... I'm not going to get this kid to get therapy, there are no people who are willing to*

*do it for them for free, they cannot afford it, or you know that, for instance, this child should go to an institution, for example, and they are going to tell us: sorry, we are full ... Or you know uhm that's basically what's getting to me the most, you know what these people need, you know you can do just that much ... Then you need to trust other people and that's when you deal with other social workers."*

Limited care placements for vulnerable children: Of particular concern was the reported scarcity of care placements for children in need of care and protection, which not only places these children in danger, but it also leads to great stress for CPSWs who are expected to safeguard such children. Participant 7 described how CPSWs are often left in limbo when foster parents unexpectedly request a transfer of foster children with special needs because of the limited placement options for children with behavioural problems:

*"... he [foster child] was in a children's home and then they put him out in foster care but he had attachment disorder ... Then they put him in foster care with people and then one Monday morning ... then they just dropped him here ... Uhm his foster parents cannot look after him anymore and so you're struggling now ... But then you call all these places, Walter Sisulu and uhm ... they do not help us with places, they do not give us place. There are no resources."*

*"Look there are situations where you're sort of in deep water ... Because the system doesn't always support you. Uh like if you uh, on Sunday or it was last Saturday. I was called over where two teenage boys that were smoking dagga went berserk, and started beating their mother ... and kicking doors down and out. So, of course their mother phoned me in tears. I told the police to take them to a [place of safety] ... And, of course when I get there [place of safety] says we're not having these boys uh, they have dagga in the flat ... Sometimes, the place of safety says, sorry I won't take these boys ... Sometimes you cannot find places for these children uhm, parents are quite aggressive, and they don't, uhm they don't respect us."*

Participant 3 explained that limited placements for children who are in need of care and protection could become a personal crisis for the CPSWs:

*"In other words, the frustration around it and, of course, it has an outgoing, yes, a ripple effect on any other services I have at that time, but it does not only affect us professionally, it becomes our personal crisis. I question my own worth ... because it makes you feel you are not doing your job ... I think in the end you feel that personally you failed ... [and so], so we lose many good people in social work ... because they are frustrated."*

### **Political interference**

Participants who are employed in both non-government and government organisations highlighted a trend whereby their autonomy as professionals was limited by political interference. A few CPSWs ascribed their stress, demotivation and frustration to the fact that political agendas dominated their daily tasks and priorities, resulting in an intensification in workload, and chaotic schedules where CPSWs were expected to often abandon their planning and tasks for the day to respond favourably to ministerial instructions.

*"Ja, statistics ja...yes, it has a lot to do with a parliament reporting ... so a lot of the reporting in parliament, if you have ever had an opportunity to listen to the minister ... give feedback about the social development has a lot to do with foster care ... yes, a lot of them has to do with uhm child support, child support grant, a lot of them has to do with grants, that's what makes the public happy, the voter happy ... so we are expected to just deliver on the numbers for that ...because the general public does not understand what everyone else does."*

Participant 5 described the stress associated with political interference in executing their duties:

*"Then you know so it's just that, that's the most thing that frustrate me ... you would plan that you want to do something, but then afterwards then you are just being told that no the MEC is coming, then you drop everything you need to do something else ... ever since I've joined the department, it is because you are just being governed by the politics you know, if they say the MEC comes in for the period of two years and said her focus is foster care, you run around with foster care after two years, someone comes in then she said I focus on street kids, then all street kids must be removed from the street."*

Consequences for NGOs are real if CPSWs fail to comply with political instructions or administrative demands:

*"You know, I mean if you're dependent on funding, then you're dependent and you have to follow what they say you should do ... all the paperwork they now require ... New statistic forms they want - which on its own only takes more time than it's worth. The same form is signed five times by the same person, on the same occasion."*

Participant 3 further elaborated on the burden placed on them by government, which also leads to them running out of time to attend to clients. Yet if CPSWs do not comply with political instructions, serious consequences for their organisation and clients may follow:

*"And it has an impact on it, which may impact our funding, which will result in you knowing that we can lose jobs. And then there are fewer people, you know to solve problems Well, I can spend a lot more time paying attention to my clients and on new intakes, if I do not have to worry about all the paperwork they now require."*

## DISCUSSION

The findings of this study paint a bleak picture of the risk-laden working lives of 10 women social workers employed in the child protection setting in Gauteng, South Africa. The risks reported range from interpersonal factors such as not having firm boundaries, to factors on a political level, such as ministerial agendas interfering with their work that result in negative outcomes.

Most of the study findings are familiar and confirm what has been reported previously in many countries about the risks of doing CPSW (Ellett *et al.*, 2007; Gibbs, 2001; Gonazalez *et al.*, 2009; Gupta & Blewett, 2007; Lamothe *et al.*, 2018; Munro, 1996; Schiller, 2017; Tavormina & Clossey, 2017; Truter *et al.*, 2018). What is novel about our study findings, however, is that some participants associated risk with changes in the new legislation, unrealistic expectations from society, the professional vs human dichotomy, high-risk personality traits among themselves or others such as arrogance or over-conscientiousness, and specifically not having adequate or sufficient placement options for children in need. Inadequate placement options, however, could be considered synonymous with a lack of resources as mentioned in other studies. Although personality traits as risk factors per se were not reported in other studies, McFadden *et al.* (2014) did report on studies that confirmed the role of personal histories of maltreatment in developing secondary traumatic stress. Furthermore, the role of direct political interference in some participants' daily work has not been indicated elsewhere. When considering the intended role of government in delivering social services and upholding the values of social justice, it is noteworthy that some of CPSWs in this study reported that from time to time they could not do the urgent work that is required of them (i.e. prioritizing the safety and wellbeing of children), because of political agendas and instructions that interrupt them.

Some of our participants shed light on a few outcomes that CPSWs experience as a result of exposure to reported risk factors. Some CPSWs experienced increased stress and anxiety as a result of intrapersonal risk factors and therefore unprofessional services were sometimes rendered. On an interpersonal level, some CPSWs felt humiliated or degraded and again clients often paid the price; CPSWs also experienced high levels of stress and were sometimes unsupported. Furthermore, on an institutional level, some CPSWs assumed sole responsibility for cases that demanded multi-professional interventions; a number of CPSWs were in physical danger and clients were occasionally

left unattended to as paper work had to be prioritised and caseloads increased. Moreover, some CPSWs experienced increased pressure from communities and on a societal/public policy level a few CPSWs were unable to care for themselves financially. On occasion, child clients remained in unsafe situations and some CPSWs questioned the purpose of their job, their own worth and experienced increased levels of frustration.

Our study findings highlight a few risk factors and the resultant negative outcomes to which some CPSWs in Gauteng are exposed, as well as the intricacies of their adverse working conditions and how the risk factors and negative outcomes are intertwined. Several risk factors seem to be influenced by other risk factors that in turn exacerbate further risk factors and negative outcomes, which in turn feeds into the cycle of adversity. For example, a lack of resources might influence the work morale and work efficiency of CPSWs, which could further increase stress levels experienced by CPSWs and subsequently affect the livelihoods of clients, who are dependent on CPSW services. CPSWs could then feel overwhelmed or if they are in danger whilst delivering services (i.e. being violently attacked by clients), this potentially leads to clients not receiving the help they need, which contributes to an ineffective child protection system. Similarly, when CPSWs do not receive proper salaries, they are likely unable to take care of themselves, potentially leaving them ill equipped to adequately care for and protect other vulnerable people.

## RECOMMENDATIONS

Since risks for CPSWs are distributed on different levels, the solution to improve working conditions for CPSWs in South Africa and better protecting this workforce to promote social justice will most likely require the attention of many stakeholders on different levels: CPSWs themselves (accountability for their role in placing themselves at risk); communities (address unrealistic expectations through education and awareness); other professionals (explore why they do not respect CPSWs and advocate for the role CPSWs play in society); politicians (financially prioritise resources such as children's homes and increase CPSWs' salaries; address the political interference in CPSW); and perhaps even those on a tertiary level, who need to better educate and prepare students who enter the reality of CPSW by improving training of CPSWs to deal with legal matters and cultivate qualities such as assertiveness and fostering healthy personal boundaries. Supervisors and managers of CPSWs will also need to be involved in the solution and perhaps further studies need to explore why their support is at times reportedly lacking or inadequate.

This study is limited by the homogeneity of the small sample of 10 participants (all women) and since existing research highlights the importance of applying a gendered lens – i.e. considering the different experiences of men and women, and the influence of established gender cultures (Williams, 2000) – it is also recommended that this study be replicated and include male participants. Although the aim of the study was to tap into rich descriptions of lived experiences and thus not to generalise findings, it should be noted that the study findings reported in this paper cannot be generalized to the entire population of CPSWs in South Africa or any other country, given the small sample size.

As a way forward, a similar study could be replicated in a province other than Gauteng to report on findings that might be influenced by differing contextual factors; such a study should aim to recruit male CPSWs by using purposive sampling. Once comprehensive data have been collected that represent a wider spectrum of CPSWs on the matter of workplace problems, a policy brief should be submitted to the South African parliament to advocate for the required changes that could better protect the protectors of this country.

Ultimately, from what has been published until now and reported by these 10 South African CPSWs, the situation of CPSWs in South Africa seem dire and if left unaddressed, there may be a price to pay, not only by children who will be left unprotected, but also by taxpayers and communities at large who make financial contributions to alleviate social ills.

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