

Work place adversities and resilience in a group of designated social workers in the Free State

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THIS STUDY IS DEDICATED TO

Foremost, ten child protection social workers in the Free State for their perseverance in protecting the most vulnerable in our society, the future generation, the children of South Africa. I am grateful for the light they shed regarding their life experience that would inform future studies intending to help other child protection social workers.

To my mother Mammoku Molakeng and my father Leholi Motikoe for their continuous support in all my endeavours, and above all, for loving me.

PREFACE AND DECLARATION

The article format was chosen for this study. The researcher, Mahloma Hebert Molakeng, conducted the research and wrote the Manuscripts. Dr Elmien Truter and Professor Ansie Fouché acted as supervisor and co-supervisor, respectively. Two Manuscripts were written and will be submitted for publication, after examination, in the following journals: (1) the Journal of Social Work, (2) the Social Work Practitioner Researcher.

THE DISSERTATION CONSISTS OF THE FOLLOWING THREE SECTIONS:

SECTION A: OVERVIEW OF THE STUDY

SECTION B: MANUSCRIPTS 1 AND 2

MANUSCRIPT 1: *Resilience of child protection social workers: A scoping review.*

MANUSCRIPT 2: *The risks and resilience practices of 10 designated social workers employed in the Free State: A qualitative exploration*

SECTION C: Conclusion, recommendations and a combined reference list

I declare that WORKPLACE ADVERSITIES AND RESILIENCE OF DESIGNATED SOCIAL WORKERS IN THE FREE STATE is my own work and that all the sources that I have used are quoted and referenced.

Mr Mahloma Hebert Molakeng (Student number: 23712333)

25 November 2019

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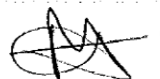
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DECLARATION OF THE LANGUAGE EDITOR

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ABSTRACT

Child protection social workers are assigned statutory authority to protect vulnerable children and to uphold their rights. This group of professionals are at risk for several negative outcomes due to various workplace adversities. Nonetheless, some demonstrate resilience. This study is two-fold and includes a scoping review of eleven studies that focused on child protection social worker resilience along with semi-structured interviews conducted with ten female child protection social workers from the Free State, South Africa, to explore their lived experiences of risk and resilience. The thematic analysis of findings was embedded in the socio-ecological model which emphasizes human interaction with ecologies and resultant individual behaviour. Findings from the scoping review reveal that available literature about child protection social work resilience has been conducted in mostly European countries, with a few conducted in the United States of America, one in South Africa and one study in Asia. The scoping review further found that resilience of child protection social workers in these studies were predominantly embedded on the interpersonal and intrapersonal levels of the socio-ecological model. The scoping review indicated a need for a continued exploration of resilience processes in other parts of the world and other provinces of South Africa, since only one South African empirical study in Gauteng about the risk and resilience of South African designated social workers were identified. Therefore, in order to honour diversity of people and contexts in which they work, further explorations of the resilience of designated social workers in other South African provinces is imperative as this will contribute to a better understanding of South African designated social workers' risk and resilience. As such, semi structured interviews were conducted with ten designated social workers in the Free State, to explore what could be learned from their experiences of risk and resilience. By employing thematic analysis, the following risk and resilience processes were identified: risks such as: inadequate resources; a high caseload; unsafe child protection social workers; disrespectful engagements from other professionals; the pressure of decision-making; difficult working relationship with the Department of Social Development; and insufficient placement options for children. In terms of resilience supporting processes, participants reported: a passion for child protection social work; the benefits of practising religious activities; engaging in self-care; a positive work climate; and supportive personal relationships. What we are starting to understand about South African designated social

workers of the Free State, in this specific group, is that their adversities are embedded on the institutional, individual and community level of the socio-ecological model. Furthermore, their resilience is supported by processes found only on an interpersonal and intrapersonal level of the socio-ecological model. Both these studies contributed to the ongoing dialogue of child protection social worker risk and resilience by expanding on the current knowledge base on this topic which may inform the creation of viable interventions to reduce risk and enhance resilience of child protection social workers.

Keywords: Social worker, child protection social worker, designated social worker, risk factor, child abuse, maltreatment, adversity, workplace stress, resilience, positive adaptation, socio-ecological model, qualitative exploratory, scoping review, Free State

TABLE OF CONTENTS

PREFACE AND DECLARATION	iii
ABSTRACT	vi
SECTION A	1
1. OVERVIEW OF THE STUDY	2
2. BACKGROUND AND MOTIVATION FOR THE STUDY	4
2.1 Maltreatment of children	4
2.2 Social Work.....	5
2.3 Child protection social work.....	5
2.4 Taxing workplace	5
2.5 Resilient CPSWs	7
2.6 Free State province	8
2.7 Current research project.....	9
3. PURPOSE OF THIS STUDY	10
4. WORKING DEFINITIONS	10
5. LITERATURE REVIEW	11
5.1 Contextualising social work.....	11
5.2 Social issues that the social work clients face.....	12
6. CHILD PROTECTION SOCIAL WORK.....	18
6.1 CPSW workplace adversities	19
6.2 Negative outcomes resulting from CPSW workplace adversities.....	22
7. RESILIENCE AMONG CPSWs	24
7.1 Studies in the United Kingdom.....	24
7.2 Studies in Canada	24
7.3 Studies in Northern Ireland.....	25
7.4 Studies in South Africa.....	26
8. THEORETICAL FRAMEWORK	27
9. RESEARCH QUESTIONS	28
9.1 Primary research question.....	28
9.2 Secondary research questions	28
10. AIM	28
10.1 Objectives	28

11.	METHODOLOGY	29
12.1	PHASE 1: SCOPING REVIEW	29
12.2	PHASE 2: INTERVIEWS	31
13.	TRUSTWORTHINESS.....	34
14.	ETHICAL CONSIDERATIONS	35
14.1	Voluntary participation and informed consent.....	35
14.2	Privacy and Confidentiality	35
14.3	Risk and benefit.....	36
14.4	Power redress	36
14.5	Conflict of interest.....	36
15.	CONTRIBUTIONS.....	36
15.1	Scoping review	37
15.2	Interviews.....	37
16.	LIMITATIONS	37
16.1	Scoping review	37
16.2	Interviews.....	38
17.	OUTLINE OF THE STUDY	38
	REFERENCE LIST	39
	SECTION B.....	53
	PREFACE.....	54
	MANUSCRIPT 1.....	55
	ABSTRACT	65
1.1	Occurrence of child abuse.....	66
1.2	Child protection social workers in jeopardy	67
1.3	Resilient child protection social workers.....	68
2.	THEORETICAL FRAMEWORK	69
3.	METHODOLOGY	70
3.1	Identifying the research question	71
3.2	Identify relevant studies.....	71
3.3	Study selection	71
3.4	Charting the data	74
3.5	Collating, summarizing and reporting the results	74
4.	TRUSTWORTHINESS.....	75

5.	FINDINGS	75
5.1	Intrapersonal resilience processes	76
5.2	Interpersonal resilience processes	79
6.	DISCUSSION	81
7.	LIMITATIONS	82
8.	CONCLUSION AND RECOMMENDATIONS.....	82
	REFERENCES	84
	PREFACE.....	92
	MANUSCRIPT 2.....	93
	ABSTRACT	105
1.	INTRODUCTION.....	106
1.1	Child protection social workers: taxing working conditions	107
1.2	Resilient child protection social workers.....	108
1.3	Free State Province	108
2.	THEORETICAL FRAMEWORK	109
3.	IMPORTANT CONCEPTS	109
3.1	Risk factors	109
3.2	Resilience	110
3.3	Designated social worker.....	110
3.4	Child protection social workers	110
4.	METHODOLOGY	110
4.1	Research question and objective	110
4.2	Sampling and Recruitment process	111
4.3	Data Collection.....	115
4.4	Data analysis	115
5.	TRUSTWORTHINESS.....	116
6.	ETHICAL CONSIDERATIONS	117
6.1	Voluntary participation and informed consent.....	117
6.2	Confidentiality.....	117
6.3	Privacy	117
7.	FINDINGS.....	118
7.1	Risks of doing child protection social work according to ten DSWs in the Free State	120

7.2	Resilience of ten designated social workers in the Free State	128
8.	CONCLUDING DISCUSSION.....	134
8.1	Concluding discussion on risks.....	134
8.2	Recommendations for DSWs and ENGO Free State on reported risks	135
8.3	Concluding discussion on resilience	136
8.4	Recommendations for CWSA and ENGO Free State on reported resilience	136
8.5	Recommendations for future research.....	137
9.	LIMITATIONS	137
	REFERENCE LIST	138
	SECTION C.....	147
	CONCLUSIONS AND RECOMMENDATIONS	147
1.	INTRODUCTION.....	148
2.	RESEARCH QUESTIONS RECONSIDERED	149
3.	CONCLUSIONS EMANATING FROM THE STUDY.....	150
3.1	Manuscript 1	150
3.2	Manuscript 2	150
4.	OVERALL CONCLUSION	151
5.	PERSONAL REFLECTION.....	151
6.	LIMITATIONS OF THE CURRENT STUDY	152
6.1	Manuscript 1	152
6.2	Manuscript 2	153
7.	CONTRIBUTIONS OF THE STUDY.....	153
8.	RECOMMENDATIONS FOR FUTURE RESEARCH	154
	ADDENDUM 1: SCOPING REVIEW PROCESS AND PROTOCOL (ARKSEY & O'MALLEY, 2005)	172
	ADDENDUM 2: DATA CHARTING TABLE	174
	ADDENDUM 3: GATEKEEPER APPROVAL LETTERS.....	185
	ADDENDUM 4: RECRUITMENT PAMPHLET.....	192
	ADDENDUM 5: INFORMED CONSENT FORM	193
	ADDENDUM 6: EXAMPLE OF CODING TABLE.....	201
	ADDENDUM 7: RESEARCH JOURNAL EXAMPLE OF DESCRIPTIVE NOTE.....	204
	ADDENDUM 8: RESEARCH JOURNAL EXAMPLE OF DESCRIPTIVE NOTE.....	205
	ADDENDUM 9: PARTICIPANT INFORMATION LETTER.....	206

ADDENDUM 10: CO-CODER CONFIDENTIALITY AGREEMENT	209
ADDENDUM 11: STANDBY PSYCHOLOGIST	211
ADDENDUM 12: HREC APPROVAL	213
ADDENDUM 13: INDEPENDENT PERSON CONFIDENTIALITY AGREEMENT	215

LIST OF TABLES

Table 1: Income distribution per capita in the Free State Province	9
Table 2: Values and principles in social work.....	18
Table 3: Levels of service delivery	19
Table 4: Identity and roles of research assistant and independent research assistant	32
Table 5: Trustworthiness	34
Table 6: Participants' identifying information	111
Table 7: Theme 1: Difficult working relationship with the department of social development	121
Table 8: Theme 2: Insufficient placement options for children	122
Table 9: Theme 3: Inadequate resources.....	122
Table 10: Theme 4: A high caseload.....	124
Table 11: Theme 5: Unsafe Child Protection Social Workers	125
Table 12: Theme 6: Disrespectful engagements from other professionals	127
Table 13: Theme 7: The pressure of decision-making.....	127
Table 14: Theme 1: Passion for designated social work.....	128
Table 15: Theme 2: The benefits of practising religious activities.....	129
Table 16: Theme 3: Engaging in self-care	130
Table 17: Theme 4: A positive work climate	131
Table 18: Theme 5: Supportive personal networks	132

LIST OF FIGURES

Figure 1: Stages of scoping review	70
Figure 2: PRISMA flow diagram for the scoping review of child protection social worker resilience (http://www.prisma-statement.org)	73
Figure 3: Categorisation of resilience processes from the scoping review in the SEM.....	76
Figure 4: Scoping review findings summarised	80
Figure 5: Recruitment process.....	113
Figure 6: Risks reported by participants in the Free State, categorised according to the SEM	119
Figure 7: Resilience processes as reported by participants in the Free State categorised according to the SEM.....	120
Figure 8: Findings from one study with ten DSWs in the Free State embedded in existing literature.....	133
Figure 9: Summary of study process.....	148
Figure 10: A schematic representation of how research questions were explored	149

LIST OF ABBREVIATIONS

CPSW	Child Protections Social Worker
CPSWs	Child Protection Social Workers
DSW	Designated Social Worker
DSWs	Designated Social Workers
HREC	Health Research Ethics Committee
NGO	Non-governmental Organisation
NWU	North-West University
SEM	Socio-ecological Model

SECTION A

OVERVIEW OF THE STUDY

1. OVERVIEW OF THE STUDY

This is an overview of the study titled: “*Workplace adversities and resilience of child protection social workers in the Free State*”. This overview serves as a background to this study. The background and motivation for the study is described, followed by the purpose of this study, working definitions, and a literature review. The theoretical framework and research questions that guided the study are then detailed. Thereafter the aim and objectives of this study, methodology, trustworthiness, ethical considerations, contributions and limitations of this study are offered.

Following the overview, two Manuscripts are presented in section B. Manuscript 1 is a scoping review regarding the resilience of child protection social workers; and Manuscript 2 is a qualitative exploratory study of the lived experiences of ten child protection social workers in the Free State, South Africa (permission to conduct this study was obtained from Human Research Ethics Committee of North-West University, ethics number NWU- 0 0 1 3 2-1 8-A 1). Even though these two Manuscripts form part of one study, they have separate introductions, study methodologies, research questions, findings, discussions, conclusions, and recommendations. Each Manuscript will be submitted to the indicated academic journals, following a successful examination, when the researcher will shape each Manuscript in accordance with the specific author guidelines of each journal. For the purpose of this dissertation and for the purpose of consistency, only one style of referencing (namely APA) is used throughout. Finally, a closing section that concludes the findings of the overall study and offers recommendations for future research is presented.

Since the two manuscripts stand independently of each other, in other words they are both guided by different research objectives, research questions and have their own methodologies, they do form part of the total research dissertation and some overlapping, and repetition may be observed¹.

This study forms a part of an umbrella project that aims to explore risk and resilience of South African designated social workers. In order to honour diversity and context, exploration of risks and resilience has been expanded from the first reported South African

¹ Editorial note: due to the nature of this dissertation (consisting of two manuscripts) tables and figures are numbered consecutively (e.g. 1-x). When the articles are submitted for publishing, this will be changed for each article.

studies (Truter, Theron, & Fouché, 2014; Truter, Theron, & Fouché, 2018), in this project that were conducted in Gauteng to the Western Cape and the Free State.

Two master's students explored the risks and resilience in mentioned provinces (Western Cape and Free State). As such, one master's student conducted a scoping review on child protection social workers' risks and *this* study will report on a scoping review of child protection social worker resilience. The findings in the scoping review on child protection social worker resilience will be specifically contextualised in an illustrative figure, with the resilience processes reported by the ten South African designated social workers in the Free State in Manuscript 2.

Findings from both Manuscripts contribute toward the global pool of knowledge regarding the risk and resilience reported by social workers in the child protection setting, and this expansion on knowledge will potentially support the movement towards feasible interventions to improve working situations for child protection social workers (CPSWs) specifically, South African designated social workers.

2. BACKGROUND AND MOTIVATION FOR THE STUDY

2.1 Maltreatment of children

Children around the world are subjected to various forms of abuse such as physical abuse, sexual abuse, exploitation through forced hard labour, emotional abuse, and being denied access to health care (Dahake et al., 2018; Zastrow & Kirst-Ashman, 2013). This occurrence of abuse has been reported in countries such as the United Kingdom (UK), Australia, the United State of America (USA), Sierra Leone, Zimbabwe, including South Africa (SA), amongst others (Australian Institute of Health and Welfare [AIHW], 2019; Jamieson, Sambu, & Mathews, 2017; Ministry of Social Welfare, Gender and Children's Affairs [MSWGCA], 2009; Muridzo & Malianga, 2015; Radford et al., 2014). Wang and Holton (2007) reported that an estimated number of 1,000,000 children in the United States are confirmed to have experienced child maltreatment. In the UK approximately 1.1% of children are reported to have experienced severe maltreatment between the ages of 11 and 17 inflicted by their guardian (Radford et al., 2014). A report by AIHW (2019) indicates an increased rate of children who were in need of care and protection due to child abuse from the year 2014/2015 and 2017/2018. In 2014, a staggering 8 000 cases relating to child neglect, sexual and physical abuse were reported at child line across various offices in Zimbabwe (University of Edinburgh [UoE], 2016).

According to MSWGA (2009), child torture constituted 30% of all domestic violence reports made to the police. All these mentioned types of child abuse are classified under an umbrella term *maltreatment* (Zastrow & Kirst-Ashman, 2013). As such, governments in, for instance, SA, has spent R1, 58 billion on childcare and protection in 2016 (Fang, Fry, Ganz, Casey, & Ward, 2016), yet child abuse is still on the rise. In South Africa child murder rates are very high and many child homicide cases are related to child abuse and neglect (Hsiao et al., 2018). Both boy and girl children in SA are reported to have been victims to different forms of abuse (Ward, Artz, Leoschut, Kassanjee, & Burton, 2018). This is despite governmental efforts in SA to combat this problem, something is clearly wrong given the escalation of child abuse (Ward et al., 2018).

Maltreatment has dire consequences for children's development (Wang & Holton, 2007; Ward et al., 2018); it has an effect on mental health, interpersonal relationships, sexual dysfunction, depression, amongst other problems (Radford et al., 2014; Zastrow & Kirst-

Ashman, 2013). Several professionals, including social workers (Bragg, 2003; Jamieson et al., 2017; MSWGCA, 2009), are involved in efforts to address the problem of child abuse.

2.2 Social Work

The purpose of the social work profession is to care for and protect the vulnerable in society. As such, social workers are employed in different practice settings such as schools, hospitals, mental health facilities, correctional facilities, health care services, and child protection services (Cohen, Gimein, Bulin, & Kollar, 2010; National Association of Social Workers [NASW], 2016; South African Council for Social Service Professions [SACSSP], n.d.).

2.3 Child protection social work

Social workers employed in the child protection setting are commonly referred to as CPSWs (Littlechild, 2008), and in South Africa, they are known informally as statutory social workers, case workers and legally as designated social workers (DSWs) (Bosman-Sadie, Corrie, & Swanepoel, 2013). For the purpose of this study, the term South African DSW is used to refer to a child protection social worker in SA (as this is the legal term in SA) and CPSW to refer to practitioners globally. CPSW and South African DSW will be used interchangeably throughout the dissertation.

CPSWs render prevention, early intervention, statutory and aftercare services to vulnerable children and families (Bosman-Sadie et al., 2013; Ellett, Ellis, Westbrook, & Dews, 2007; McFadden, Campbell, & Taylor, 2015; Truter, Fouché, & Theron, 2017; Truter et al., 2018). Prevention services include, for instance, services intended to preserve families by teaching parenting and communication skills (Kumpfer, Alvarado, Smith, & Bellamy, 2002), connecting families with other support systems such as social support grant agencies. Therapeutic services are an example of early intervention services (Kirst-Ashman, 2013). Statutory services entail the removal and placement of children who are found to be in need of care and protection, in alternative care (Bosman-Sadie et al., 2013; Schelbe, Radley & Panisch, 2017), and aftercare services which include family re-unification services (Bosman-Sadie et al., 2013).

2.4 Taxing workplace

Several studies report that social workers generally work in contexts that expose them to several workplace adversities (Schiller, 2017), which could place them at risk for negative outcomes (Kapoulitsas & Corcoran, 2015; Tzafrir, Enosh, & Gur, 2015). However, CPSWs

are reported to be at particular risk due to the unique adverse working conditions of the statutory/child protection context (Bradbury-Jones, 2013; Collins, 2008; McFadden, Mallett, & Leiter, 2017; Truter et al., 2017; Truter et al., 2018). These adverse working conditions are informed by several risk factors. They include: (i) a heavy workload (Alpaslan & Schenck, 2012; Bhana & Haffeejee, 1996; Ellett et al., 2007; Schiller, 2017; Truter et al., 2018); (ii) scarcity of resources (Schiller, 2017; Alpaslan & Schenck, 2012); (iii) poor professional support (Alpaslan & Schenck, 2012; Russ, 2015); (iv) staff shortages (Alpaslan & Schenck, 2012; Gibbs, 2001; Truter et al., 2018); (v) aggressive clients (Alpaslan & Schenck, 2012; Truter et al., 2018); (vi) stressful nature of statutory duties (Truter et al., 2018); (vii) administrative burden (Ellett et al., 2007); (viii) deficient financial support (Alpaslan & Schenck, 2012; Schiller, 2017; McFadden et al., 2015); (ix) emotional exhaustion (Kassin, Fein, & Markus, 2011; McFadden et al., 2015; Truter et al., 2018), (x) incompetence of other role-players (Alpaslan & Schenck, 2012; Schiller, 2017), (xi) failing child protection system (Schiller, 2017), and (xii) challenging clients (Alpaslan & Schenck, 2012).

A body of literature found that exposure to the afore-mentioned risk factors could potentially lead to negative outcomes for professionals, such as high stress levels, vicarious trauma, depression, burnout, and compassion fatigue (Crowder & Sears, 2017; Kassin et al., 2011; Russ, 2015; Truter et al., 2017). Previous studies have emphasized that prolonged exposure to these risks and the resulting negative outcomes not only affect CPSWs, but it might also result in high attrition rates and poor service delivery, subsequently affecting children and families already in need of care and protection (Kim & Stoner, 2008; Kinman & Grant, 2011; Truter et al., 2018). For example, when CPSWs are unable to provide optimal services to protect children in need of care and protection, these children could be further maltreated (Kaplan & Jones, 2013). Furthermore, these negative outcomes could further affect social welfare organizations (Griffiths & Royse, 2017), as more CPSWs seem to leave the workforce. In addition, this could lead to high caseloads, delayed responses to investigate allegations of child abuse and neglect, leave the community without visible means of support, and a shortage of social workers to implement social policies and programs (Calitz, Roux & Strydom, 2014). Kaplan and Jones (2013) also confirm that a lack of service provision to protect the vulnerable is economically costly. Nevertheless, despite the adverse situation in which many CPSWs find themselves, some appear not to be negatively affected. It is commonly accepted that resilience can only be explored or understood when there is evidence of adversity (Masten, 2001). Resilience processes practised by CPSWs will be briefly outlined.

2.5 Resilient CPSWs

Positive adaptation despite exposure to adversity is referred to as resilience (Benade, du Plessis, & Koen, 2017; Bottrell, 2009; Masten, 2011), which is also time, culture and context specific (Ungar, 2012). Resilience is defined by Van Breda (2018) as a multilevel process with which systems interact in order to adapt well in the face of adversity.

McFadden et al.'s (2015) study suggests that CPSWs adjust well when they: "(i) apply investigative and interpersonal skills; (ii) embracing the risks and challenges; (iii) finding meaning and purpose; (iv) expecting the unexpected; (v) keeping expectations realistic; (vi) achieving competence and confidence; (vii) finding support from others and supervision; (viii) maintaining an important life outside work; (ix) debriefing from trauma; and (x) learning about self and self-awareness" (p.1552). This study focused on studies, which reflected on resilience on personal and organisational factors or burnout among CPSWs.

Truter et al. (2017) published a meta-synthesis covering a period from the 1970s to 2015/2016, which included 107 qualitative articles focussing on CPSW risks and resilience and found that little is known about the risks and resilience of South African DSWs. Moreover, Truter et al. (2018) explored risks and resilience of South African DSWs, interviewing fifteen South African DSWs mainly from the Vaal Triangle region of Gauteng, SA, and a group of seven experts to determine the indicators of resilience in South African DSWs (Truter et al., 2014). These studies are limited due to the fact that the samples included mostly white, Afrikaans-speaking, Christian women. In order to honour diversity and context (Thorne, 2019) and taking into consideration that several authors have concluded that resilience is in context specific (Ungar, 2012) more exploration is needed. The perspectives and lived experiences of a small number of South African DSWs in other South African provinces might differ from or expand on those in Gauteng (mainly Vaal Triangle) due to cultural and contextual differences (Statistics South Africa [StatsSA], 2011; Steyn, 2010).

In summary, the findings of these few South African studies pertain to small groups of South African DSWs, participants who were mostly white females, and only conducted in Gauteng. Taking into account that resilience is time, environment and culture specific (Ungar, 2012), more research is needed in other provinces of South African to explore how South African DSWs in these provinces experience workplace adversities and how they adjust well. If the risks and resilience processes of South African DSWs in diverse contexts and cultures could be determined, it would promote a better understanding of adversities

faced by South African DSWs and their resilience, and contribute towards the development of a viable intervention to reduce risk and enhance resilience. Furthermore, a more in-depth understanding of risk and resilience processes of South African DSWs could inform resilience-promoting interventions (Truter et al., 2018) and it would assist in the development of strategies to reduce risk factors. This could help lessen the taxing working context of CPSWs, possibly leading to children in need being better served. This study will focus on one of the South African provinces known for its social problems and need for effective child protection services, namely the Free State province.

2.6 Free State province

Free State is one of nine South African provinces positioned in central SA (Punt et al., 2005; StatsSA, 2019). The population size of this province makes up 4,9% of the general South African population, which is the second smallest population amongst all other provinces compared to Gauteng with a population size of 25,8%. The Free State population is diverse in terms of culture, language and race. According to the Free State's Regional Steering Committee (2010), the Free State population includes African, Indian, Mixed-race and Whites. This means there is a language variation as well. The most spoken language is Sesotho, followed by Afrikaans (13%), isiXhosa (8%), Setswana (7%), and isiZulu (5%) (Free State's Regional Steering Committee, 2010).

The Free State province is made up of rural areas (South Africa online, 2019) and agriculture is one of the main sources of economic drive in this province (Puukka, Dubarle, McKiernan, Reddy, & Wade, 2012). This means there are less employment options; hence this province is characterised by a high unemployment rate (Punt et al., 2005). Free State is the province with the second-lowest household aggregate income in SA; findings report unequal distribution of income based on subgroups, not per capita (Table 1) (Punt et al., 2005). Consequently, a high prevalence of unemployment, poor health, and poverty prevail (Puukka et al., 2012). StatsSA (2016) reported that some households in the Free State ran out of money for a period of 12 months, and go without food for days. Chibba and Luiz (2011) highlight association between poverty and unemployment. Furthermore, Farrell et al. (2017) indicate poverty as a risk factor for child maltreatment. As a result, a need for social services becomes imperative.

Table 1: Income distribution per capita in the Free State Province

	Agricultural household			Non-agricultural household		
	Black	Mixed-race	White	Black	Mixed-race	White
Provincial average (per annum)	R 11, 315	R 7, 820	R 737, 439	R 25, 928	R 39, 930	R 138, 830

Table 1 indicates that there is an uneven distribution of household income in the Free State. This implies that households, particularly black people and people of a mixed race; cannot provide for their own needs, meaning they live in poverty. This means that poverty prevails in the Free State that mostly affects black people living in rural areas (StatsSA, 2017), and lacking financial resources (Bezuidenhout, 2013). Moreover, it increases the likelihood of child abuse. According to Farrell et al. (2017), poverty may lead to child maltreatment. Recent reports show that farmers in the Free State have been brutally murdered (Evans, 2019; Gous, 2019). Killing farmers may have a negative impact on economy, as there will not be enough crops produced for food markets. Moreover, farm workers will be out of jobs, in turn adding to the already existing unemployment rates (Punt et al., 2005). Furthermore, it will intensify the occurrence of child maltreatment in the Free State. The researcher is a member of the research project as will be described in the following section.

2.7 Current research project

The researcher is involved in an umbrella research project exploring the risk and resilience of South African DSWs. To date, South African DSWs' risk and resilience have only been explored in the Gauteng province (Truter et al., 2018). In this current study, the researcher employed a qualitative exploratory approach to explore the risk and resilience processes of DSWs in the Free State after having completed a scoping review on the resilience of DSWs. Similarly, another Master's student who forms part of the mentioned umbrella research project explored the risks and resilience of DSWs in the Western Cape and conducted a scoping review on the risks of CPSWs.

3. PURPOSE OF THIS STUDY

The purpose of this qualitative exploratory study was to explore what is known from literature about CPSW resilience and to explore experiences of risks *and* resilience as reported by South African DSWs employed in the Free State. Next, the working definitions, a literature review, a theoretical framework, research questions, aim, and objectives of the study, research paradigm, methodology, trustworthiness, ethical consideration, possible contributions, and limitations of the study and the outline of the study are provided.

4. WORKING DEFINITIONS

Social work

For the purpose of this study, social work is understood to be a profession that makes use of academic knowledge and skills to enhance the social functioning of the people (International Federation of Social workers [IFSW] & International Association of School of Social work [IASSW], 2014).

Designated social worker

A designated social worker is defined within the South African context by the Children's Act, Act 38 of 2005 (Bosman-Sadie et al., 2013) as a social worker who is "in service of (a) the Department or a provincial department of social development, (b) a designated child protection organisation, or (c) a municipality" (p. 159). As mentioned earlier the term DSW and CPSW were used interchangeably.

Resilience

There are various definitions for resilience, for instance Masten and Reed (2002) state that resilience is a positive adaptation in the face of significant adversity or risk. According to this view, resilience requires a context of significant exposure to adversity (Ungar, 2008). Moreover, resilience is determined by local customs, beliefs, and environment (Ungar, 2012). In addition, Ungar (2013) explains resilience as embedded within a mutually supportive relationship between the person at risk and his or her ecology (Ungar, 2013). Furthermore, Van Breda (2018) adds that resilience is a multidimensional process between systems and the ecology resulting in a positive outcome notwithstanding adversity. How we understand resilience among CPSWs, especially those working in SA, is still undefined and thus the researcher cannot adopt a particular view of resilience as it applies to this population as yet, but acknowledges the various views and changes in the meaning of this phenomenon.

Risk factors

Risk factors are circumstances or variables linked with likeliness of lower positive outcomes, and greater chances of incurring negative outcomes (World Health Organisation [WHO], 2004).

Negative outcomes

Consequences that lack positive qualities that manifest due to exposure to risk (Benade et al., 2017).

5. LITERATURE REVIEW

A literature review involves a comprehensive reviewing of available literature on a specific subject of interest (Denney & Tewksbury 2013). For the purpose of the study overview, the researcher reviewed studies concerning the risk and resilience of CPSWs. This afforded the researcher an opportunity of learning about what is already known of the topic of interest, and what is not yet known (Denney & Tewksbury, 2013). Although a literature review of CPSW risk and resilience is presented, a comprehensive scoping review of the resilience of CPSWs follows in Manuscript 1. Resources, relevant to the topic of interest, were retrieved from the North-West University (NWU) library once-search portal, including Google Scholar, Crossref, Scopus, including sources such as academic journals and textbooks, for both the overview and Manuscript 1.

5.1 Contextualising social work

Social work is a multifaceted profession and addresses various social issues (Boehler & Randall, 2012; Canadian Association of Social Worker [CASW], 2005). A professional body guides practitioners. In SA, Social Workers are guided by the SACSSP (SACSSP, 2012); and in Canada (CASW, 2005) social workers are governed by Canadian Association of Social Workers. Furthermore, British social workers are governed by the Britain Association of Social Workers (BASW, 2012); and in Australia (ASSW) the professional council for social workers is the Australian Association of Social Workers (ASSW, 2015). The social issues that social workers address include, amongst others, poverty; unemployment; homelessness; domestic violence; divorce; mental illness; substance abuse and addiction; juvenile delinquency; HIV/AIDS; and child maltreatment (Bezuidenhout, 2013; Boehler & Randall, 2012; IFSW & IASSW, 2014; Kirst-Ashman, 2013).

Furthermore, the profession draws on social work practice theories, and theories from other disciplines that focus on understanding human needs and behaviour such as psychology, sociology, and law (Bosman-Sadie et al., 2013; Gentle-Genitty, Chen, Karikari, & Barnett, 2014; IFSW & IASSW, 2014). The profession further allows a social worker to collaborate with lay and other professional people (Kapoulitsas & Corcoran, 2015).

5.2 Social issues that the social work clients face

5.2.1 Poverty

Poverty refers to individuals or a nation being deprived; it contains both causes and the effects (Bezuidenhout, 2013). According to Lötter (2016), poverty is a lack of human capacity to participate in an economy (lack of resources and competencies alike). There are two types of poverty: (i) intermediate poverty, and (ii) extreme poverty. Intermediate poverty refers to a lack of economic capacity that would have enabled people to participate in standard activities in society (social and cultural life, initiation ceremony, thanksgiving events) (Lötter, 2016). Extreme poverty is a severe lack of economic capacity characterized by a lack of basic needs, medical care, shelter, clothes, education and information, and nutritious food (Lötter, 2016).

From the inception of social work as a profession, it has been and continues to be, committed to addressing the issue of poverty (Krumer-Nevo, Weiss-Gal, & Monnickendam, 2009; Schiettecat, Roets, & Vandenbroeck, 2015). The majority of social workers' clients across the globe are poverty-stricken (Krumer-Nevo et al., 2009). As a result, social workers face poverty-stricken individuals and groups, and the consequences of such poverty (Davis & Wainwright, 2005). Poverty may lead to malnutrition of children, poor health of women and children (Ngoma & Mayimbo; 2017); intergenerational circle of poverty (Holzer, Schanzenbach, Duncan, & Ludwig, 2007); contribute to illiteracy due to people living in poverty not accessing education (Van Der Berg, 2008). Furthermore, poverty leads to inadequate food intake in children resulting in malnutrition. According to StatsSA (2017), the number of poor South Africans has increased from 53,2% in 2011 to 55, 5% in 2015. Those most affected by poverty are black, female children between the ages of 0 to 17 years, who live in rural areas (StatsSA, 2017).

5.2.2 Homelessness

There is no generally established definition of homelessness, there is however a shift to perceiving homelessness as an experience rather than an individual trait (Kertesz & Johnson, 2017, Robertson & Greenblatt, 1992). Causes of homelessness relate to poverty. There are different factors that may give rise to homelessness, which are structural and individual factors (Kirst-Ashman, 2013).

Structural factors include an increased unemployment rate, single-parent families, and lack of care for people with mental illness, and unavailability of affordable housing (Kirst-Ashman, 2013). Individual factors that contribute to the likeliness of homelessness include mental illnesses, substance abuse, and addiction, domestic violence, and children who had experienced traumatic events (Kirst-Ashman, 2013). According to Rule-Groenewald, Timol, Khalema, and Desmond (2015), it is estimated that “between 100 000 and 200 000” (p. 1) people are homeless in SA.

5.2.3 Divorce

Rates of marriage and divorce fluctuate annually (Bezuidenhout, 2013). Divorce is a decision by a married couple to end their marital relationship and separate (Bezuidenhout, 2013). There are implications involved when a couple decides to divorce. Married partners who divorce may experience strong emotions such as anger, guilt or incompetence and difficulty to adjust to life after divorce (Amato, 2000; Bezuidenhout, 2013). Children are also affected by the decision of their parents to divorce (Bezuidenhout, 2013; Mantle, Williams, Leslie, Parsons, & Shaffer, 2006), elementary school going children whose parents are divorcing suffer socially, cognitively, and emotionally.

Often separating or divorcing parent's face a challenge of arranging whom the children will live with and planning a visiting plan for a parent who is not residing with the children (Mantle et al., 2006). A social worker is an expert witness in family courts; they therefore give testimony in courts regarding human thoughts and behaviour. Social workers provide post-divorce counselling, draw up parenting plans, and help parents to reconcile their past marital conflicts (Kruk, 1994; Prescott, 2013).

5.2.4 Domestic violence

There are different terms used interchangeably to refer to domestic violence (Chhikara, Jakhar, Malik, Singla, & Dhattarwal, 2013). These terms include intimate partner violence, domestic abuse, spousal abuse, battering and family violence (Chhikara et al., 2013; McHugh & Frieze, 2006). Domestic violence may be defined as an abuse of power in a relationship, this abuse of power may be displayed by physical aggression (kicking, hitting, tossing), sexual assault, emotional abuse, controlling, intimidation, stalking, and economic deprivation (Chhikara et al., 2013; Jura & Bukaliya, 2015). Domestic violence is not limited to married couples; it also extends to dating couples between teenagers at middle or high school, homosexual couples, and unmarried cohabiting adults (Strong & Cohen, 2014). It is estimated that an average of one in five women aged 18 years and older have experienced physical violence in South Africa (StatsSA, 2017), and that divorced women or women who have separated from their partners are more likely to experience physical violence than any other women.

To address this problem, social workers are required to help victims overcome the possible consequences of experienced violence (Danis & Lockhart, 2003). Social workers further address domestic violence (Danis & Lockhart, 2003), by delivering preventative and statutory services in cases of severe and unrelenting domestic violence cases where children are involved. Moreover, social workers help buffer the damaging effects of domestic violence on the victim's self-esteem, self-worth, the occurrence of depression, and self-efficacy (Jura & Bukaliya, 2015).

5.2.6 Mental illness

Mental illness is a wide variety of emotional, psychological, social, or cognitive disorders that interrupt a person's effective functioning (Kirst-Ashman, 2013; Nxumalo, 2017). Social workers employed in mental health institutions, mostly clinical social workers, assume the role of being an advocate for patients' rights and providing services to these patients (Kirst-Ashman, 2013). Clinical social work offers, amongst other services, psychotherapy: a treatment process in which a clinical social worker helps an individual, couple, or family. Social workers help families of patients with a mental illness to cope with challenges that are associated with mental disorders (Nxumalo, 2017). Such challenges include, amongst others, stigma, isolation, blaming, and shame (Nxumalo, 2017).

5.2.7 Juvenile delinquency

Juvenile delinquency is a global phenomenon. There is however no common definition for this phenomenon (Bezuidenhout, 2013). Juvenile delinquency is generally understood to involve a young person from any ethnicity, race, gender and socio-economic background whose behaviour is described as antisocial (Barnow, Lucht, & Freyberger, 2005; Kirst-Ashman, 2013). Even though it is mostly boys associated with such behaviour, there is evidence that girls are just less likely to exhibit behavioural problems (Barnow et al., 2005), and that factors that may lead to behavioural problems are the same for boys and girls.

There is no single, exact factor known to cause juvenile behavioural problems since there are a number of factors that may cause adolescent behavioural problems (Bezuidenhout, 2013). Factors such as social environment, parenting style, family experience, peer pressure, and personality characteristics may contribute to juvenile delinquency (Barnow et al., 2005; Bezuidenhout, 2013; Kirst-Ashman, 2013).

5.2.8 Substance abuse and addiction

Substance abuse has a significant contribution to ill health and mortality worldwide (Gordon, 2011). Substance abuse and addiction problems are masked by different underlying factors (Kirst-Ashman, 2013). While different types of drugs available, people mainly use drugs to feel euphoric (Bezuidenhout, 2013). Factors contributing to drug use and addiction relate to one's social environment, biological components, and developmental factors (Compton & Volkow, 2009).

Substance abuse has negative effects on the person who is addicted and those around him or her: on a personal level (for instance, death due to drinking and driving), on a family level (emotional burden, breakdown of family communication), and on a societal level (crime) (Bezuidenhout, 2013; Kirst-Ashman, 2013; Van Heerden et al., 2009). A link exists between substance abuse, health, committing a crime, and risky sexual behaviour (Van Heerden et al., 2009). Social workers may at any practice address the issues of substance abuse (Kirst-Ashman, 2013) to assist with the rehabilitation process and related problems that the family or individual might experience.

5.2.9 HIV/ AIDS

The human immunodeficiency virus (HIV) leads to acquired immune deficiency syndrome (AIDS) (Kirst-Ashman, 2013; Magezi, 2007). The most common way of contracting HIV is through unprotected sexual intercourse. However, HIV may be transmitted in other ways as well (Bezuidenhout, 2013; Magezi, 2007). According to AIDS review (2001), HIV in South Africa infected an estimated five million people. An estimated 7,3 million people in South Africa are living with HIV (StatsSA, 2016). According to Human Science Research Council (2004), HIV was prevalent among children aged between two and eighteen years, some of the children are orphaned by HIV and most affected are children from poor households and informal settlements. More recently, StatsSA (2016) reported a decline in HIV infection among youth aged between the ages of fifteen and twenty-four years: 7,6% in 2002 to 5,6% in 2016.

Four body fluids are found to contain a high concentration of HIV, namely blood, semen, vaginal fluid, and breast milk (Magezi, 2007). When a person with an open wound is exposed to an HIV-infected person's blood, that person may be infected, or a person who shares the same syringe or needle with a person who is infected with HIV (Bezuidenhout, 2013; Magezi, 2007). Furthermore, practising unprotected sexual intercourse (vaginal or anal) with a person who is HIV infected (Magezi, 2007) may also result in infection. Children can be infected with HIV during, childbirth, and breast-feeding (Bezuidenhout, 2013). Social workers employed in (amongst others) health care settings, support the client to adjust their lives to living with the new condition they are diagnosed with, offer emotional support to him or her and the family, and promote healthy lifestyle choices and illness prevention (Kirst-Ashman, 2013).

5.2.10 Child abuse and neglect

South Africa is one of the highest-ranking countries experiencing sexual violence, including sexual violence against children. According to Department of Social Development (DSD), Department of Women Children and People with Disabilities (DWCPD), & United Nations Children's Fund (UNICEF), (2012, p. 9) "2010/2011 there were over 50 000" cases of sexual violence against children, reported to the South African Police Service (SAPS). By the "2013/2014 period, about 29% of sexual offences" against children were reported to SAPS (Hsiao et al., 2018, p. 1). These cases involved children below the age of 18 years (Department of Social Development [DSD], Department of Women Children and People with

Disabilities [DWCPD], & United Nations Children's Fund [UNICEF], 2012; Furusa & Limberg, 2015). In 2015, Burton, Ward, Artz, and Leoschut, administered a questionnaire to participants below the age of 18, while at school and again at their household concerning sexual abuse. In SA, the Gauteng province reported second highest "20, 2%, and 23%" (p. 9) regarding child sexual abuse in comparison to "13,6% and 20,8%" (p. 9) in the Free State province (Burton et al., 2015). In addition, Artz et al. (2016) reported that in SA, at least 784 967 youth have experienced sexual abuse at the age of 17 years.

Children are exposed to various forms of abuse, Burton et al. (2015) explored forms of abuse and neglect, and exposure to violence perpetrated against young people in South Africa; data pertained to 9 730 adolescents aged between 15 and 17 years. Out of the 9 730 adolescents, 5 635 adolescents were interviewed from randomly selected households, 4 095 adolescents from schools in the same area. The findings from a survey conducted in all nine provinces in SA including a sample of "9,730 adolescents between the ages of 15 and 17 years, stratified between households and schools" (p. 4), indicated that "one in three" (p. 1) young people reported a sexually abusive experience in their lifetime (Burton et al., 2015). Violence against children is not only the infringement on children's rights (Constitution of Republic of South Africa, 1996; United Nation Convention on the Rights of the Child [UNCRC] n.d), it has negative effects on the physical health, psychological wellness and social development of children, which is more likely to manifest in their adulthood (DSD, DWCPD, & UNICEF, 2012).

There are complex interconnecting issues that give rise to child abuse and neglect (Australian Association of Social Workers [AASW], 2015). It is thus essential to bear in mind that intervening in children and their family's lives has to be done effectively and diligently (Bragg, 2003). Furthermore, it is not only CPSWs' responsibility to intervene in incidents of child abuse and neglect but it is a shared responsibility with other professionals such as health care workers, SAPS officers, psychologists, social workers in other fields of practice, and educators (Bragg, 2003). Even though the latter stated professionals have a significant role to play in the wellbeing of the children who are maltreated, there are no other professionals at the frontline of child protection services such as CPSWs (AASW, 2015). CPSWs have a statutory duty to intervene in cases of suspected child abuse and neglect (AASW, 2015; Russ, 2015).

5.2.11 Social work values and principles

When social workers, including CPSWs, deliver services to clients who often experience the above-mentioned social problems, social workers are mandated to conduct themselves according to their code of ethics, which may differ from country to country, but share some common underlying values and principles (as depicted in Table 2). Within a broader spectrum of social work, some social workers work in child protection, which is distinctly different from other social work settings.

6. CHILD PROTECTION SOCIAL WORK

Social workers who specifically render statutory services to vulnerable children are mostly known as CPSWs in Australia (Russ, 2015); child protection social workers and / or frontline state social workers in the United Kingdom (Jones, 2001; Munro, 1996); child protective service caseworkers in the United States of America (DePanfilis & Salus, 2003). As previously mentioned, in South Africa these professionals are referred to in the Children's Act 38 of 2005 as DSWs (Bosman-Sadie et al., 2013). CPSWs are at the forefront of services that aim at protecting children who are in need of care and protection (Bosman-Sadie et al., 2013; Russ, 2015). The duties of CPSWs are delivered on four levels, namely: prevention, early intervention, statutory and aftercare (Bosman-Sadie et al., 2013; British Columbia Ministry of Children and Family Development, 2010) (see Table 3).

Table 2: Values and principles in social work

Values and principles	Description
Social justice	Challenging discrimination based on characteristics such as sex, age, skin colour, socio-economic status, marital status. Ensuring a fair distribution of resources among the people affected by adversity (British Association of Social Workers [BASW], 2012; SACSSP, 2012).
Human rights	SACSSP states that social workers should respect every individual's human rights and dignity, "they respect the rights of individual's privacy, confidentiality, self-determination, and autonomy, and are mindful that legal and other obligations may lead to inconsistency and conflict with exercises of these right" (SACSSP, 2012, p. 6). Moreover, social workers should identify individuals, communities, and groups' strengths and empower them (BASW, 2012).
Competence	Social workers should recognize their boundaries in terms of competencies, level of expertise, educational training, and experience. They should be cautious when making a judgement that will affect their client's life (BASW, 2012; SACSSP, 2012).
Integrity	Social workers should uphold the profession's values and principles by acting in an honest, reliable, and trustworthy manner. In this regard, they explain when needed, their roles, and decisions made (BASW, 2012; SACSSP, 2012).
Professional responsibility	Social workers adhere to their professional standards of conduct; they clarify their roles and obligations. They take accountability of their behaviour, work together with other social work institutions for the greater benefit of their clients (BASW, 2012; SACSSP, 2012).
Show care and concern for other's well being	Social workers have to recognize the importance of human relationships; they should collaborate with their clients during the process of help (SACSSP, 2012).
Service delivery	The main goal of a social worker is to help individuals, groups, and communities to address the social needs and problems. During this process of help, the social worker should bear in mind the principle of the client's self-determination. Clients have to access the services with no restrictions and transparently. The social workers always should uphold professionalism (SACSSP, 2012).

Table 3: Levels of service delivery

Level of service delivery	Description	Task
Prevention services	Programs aimed at strengthening families, children, youth, women, and older person's capacity in order to be self-reliant (Bosman-Sadie et al., 2013).	Family preservation interventions such as parenting and communication skills, youth development (Kumpfer et al., 2002).
Early intervention services	Programs that ensure those families, children, youth, and others in the communities that are identified as being vulnerable do not encounter statutory intervention (Bosman-Sadie et al., 2013).	Working with families in both micro and mezzo level. Helping families with or connect them with a support system that will help the family with emotional support (counselling), instrumental support (social grant, food parcels), and information support (how to apply for social support grant) (Kirst-Ashman, 2013).
Statutory services	The physical removal of children from their primary caregivers and ensuring that most suitable placement options are considered for children and that "the best interest of a child is of paramount importance in all matters" (Bosman-Sadie et al., 2013, p. 28).	If the child following the investigations is in danger, a children's court may command that the child be removed from their caregivers and placed in temporary safe care (Bosman-Sadie et al., 2013; Schelbe et al., 2017).
Reconstruction and aftercare services	Services intended to re-integrate, support individuals/families, promote self-reliance, and optimal functioning (Bosman-Sadie et al., 2013).	Child re-integration with the family and community, at times with additional support (e.g. youth development, service to children sentenced to childcare facilities) (Bosman-Sadie et al., 2013).

Evidently, CPSW is very important, but CPSWs' working place has been reported to be risk-laden.

6.1 CPSW workplace adversities

In light of the social problems that the clients of CPSWs experience and the secondary exposure that CPSWs encounter as a result, it is not disputed that they are at risk for negative outcomes (Kapoulitsas & Corcoran, 2015; Truter et al., 2018). In addition to these social problems and risks, a body of literature found that the risks that CPSWs are exposed to arise from: (a) a heavy workload; (b) a lack of cooperation by the parents or caregivers, service delivery and aggressive clients; (c) scarcity in resources; (d) a lack of professional support; (e) emotionally charged cases; (f) financial crises; and (g) pressure to make the right decisions within a limited timespan (Gough, 2011; Lonne, 2003; Russ, 2015; Truter et al., 2018; Weiss, Ben-Porat, & Itzhaky, 2015). A brief discussion of each factor will now follow.

6.1.1 Heavy workload

CPSWs have to deal with heavy workloads (Griffiths & Royse, 2017; Schiller, 2017). In the United States of America (USA), Ellett et al. (2007) found that CPSWs have very high caseloads and that they are forced to work "50 to 60 hours a week" (p. 273) (70 hours at some point). In addition, they spend "50 to 75%" (Ellett et al., 2007, p. 274) of their time doing paperwork. Reporting from the same country [USA], Schelbe et al. (2017) indicate that

CPSWs work more than forty hours a week. In South Africa, Truter et al. (2018) found that CPSWs in their study have “above 100 cases” per social worker in the child protection sector (p. 7). Furthermore, they have to spend long hours doing administrative work that leaves them with little time to conduct home visits, court-related activities and mandatory training (Ferguson, 2010, McFadden et al., 2015; Regehr, Leslie, Howe & Chau, 2000; Russ, 2015, Truter et al., 2018).

It seems that workload sizes differ from country to country and office to office (Ellett et al., 2007; McFadden et al., 2015; Truter et al., 2018), yet it remains a common risk factor reported across the borders. Due to high caseloads, CPSWs fail to deliver optimal services, experience high levels of stress, and engage in unhealthy behaviour (Ferguson, 2010; Griffiths & Royse, 2017; McFadden et al., 2015; Regehr et al., 2000; Russ, 2015, Truter et al., 2018). As a result, CPSWs often leave the profession, and this affects clients negatively [vulnerable children and families] (Frost, Hojer, Campanini, Sicora, & Kullberg, 2017; Griffiths & Royse, 2017; Schelbe et al., 2017) and society.

CPSWs often execute their duties in dangerous neighbourhoods where there is a high prevalence of gang violence, domestic violence and yet they often do not have community support (Ellett et al., 2007). During home visits or when CPSWs have to remove the child(ren) they are exposed to the risk of being assaulted by the parents or caregiver of the child(ren) (Ferguson, 2010; Gibbs, 2001). This violent behaviour by parents indicates a lack of cooperation from the parents and caregiver (Gough, 2011; Regehr et al., 2000). CPSWs do their work in fear due to this threat posed by aggressive families; this further affects the quality of work done by CPSWs (Littlechild, 2008, Russ, 2015). Moreover, they are stigmatized, named “child snatchers” (Anderson, 2000, p. 840). This means that CPSWs are placed in physical and emotional danger (Ferguson, 2010).

6.1.2 Scarcity in resources

Social workers in the child protection setting have to work with a scarcity of resources (Gough, 2011; Reder & Duncan, 2003; Stack, 2010). A lack of financial support from the government to support non-governmental organizations (NGOs) which also provide statutory services, creates further functional challenges (van Niekerk, 2006), moreover other CPSWs leave NGOs in quest for better salaries in government departments (Van Niekerk, 2006), which leaves NGOs with high attrition rates (Truter et al., 2017). Moreover, a limited number of places of safety are available for children who have been removed from their primary caregivers, and opportunities to further develop specialized skills in working with children is

lacking; this contributes to CPSWs' morale declining (Gough, 2011; Reder & Duncan, 2003; Stack, 2010, van Niekerk, 2006).

6.1.3 Lack of professional support

Workers experience a “sense of satisfaction through quality supervision” (Schelbe et al., 2017, p. 57). Supervision is important for enhancing the emotional well-being of the CPSWs and diminishes work-related stressors (Bradbury-Jones, 2013; Frost et al., 2017; Griffiths & Royse, 2017; Truter & Fouché, 2015). Supervision plays a crucial role in supporting the resilience processes of CPSWs (Kapoulitsas & Corcoran, 2015). Professional supervision in social work has several functions, one being providing emotional support to a social worker, yet it is reportedly neglected (Kadushin & Harkness, 2014; Truter et al., 2018; Truter & Fouché, 2015).

Despite the importance of professional supervision, findings reveal that CPSWs often do not enjoy supervision, for instance, Bowers, Brooks, and Borucki (2014), indicate that most of CPSWs in Northern California experience a lack of support from their supervisors. Similarly, Truter et al. (2018) reveal that South African DSWs in their study have irregular supervision.

6.1.4 The pressure to make the right decisions within a limited timespan

CPSWs often experience the pressure of having to act in the best interest of maltreated children while at the same time trying to ensure family unity and respecting everyone's rights (Gough, 2011). Their decision regarding a client (child [en]) may either alleviate or worsen the client's situation (Horwitz, 2006). Adding to the existing pressure of making the right decision is working under the scrutiny of media, which also affects their work and relationships with other professionals (Collins, 2008; Stack, 2010). Social workers in child protection are “blamed for the very problem they are trying to address” (Horwitz, 2006, p. 2).

6.1.5 Emotionally charged cases

Incidents such as the death of a child, continued exposure to traumatic events such as sexual abuse, and child neglect may leave CPSWs emotionally distressed (Gough, 2011; Regehr et al., 2000). Experiences of threats, actual violence, high caseloads, the stressful nature of court work, and a lack of supervision further enhance the intensity of working with emotionally charged cases (Gonzalez, Faller, Ortega, & Tropman, 2009; Horwitz, 2006).

6.1.6 Financial crises

One of the risk factors that may lead to negative outcomes for CPSWs is the small salaries they are paid for their services, which often fails to match the constant rise in cost of living (Arrington, 2008; Ellett et al., 2007; Griffiths & Royse, 2017; Truter et al., 2018).

Possible negative outcomes for CPSWs due above mentioned risk factors will now be detailed.

6.2 Negative outcomes resulting from CPSW workplace adversities

The afore-mentioned risks may result in CPSWs experiencing negative outcomes such as: (1) secondary traumatic stress, (2) vicarious stress, (3) burnout, (4) compassion fatigue, and (5) inadequate service delivery (6) depression (Bower et al., 2014; Gough, 2011; McFadden et al., 2015; Regehr et al., 2000; Truter et al., 2018; Weiss et al., 2015).

6.2.1 Outcomes for CPSWs

Secondary traumatic stress (STS) is the effect of hearing, witnessing or having knowledge of an incident that is emotionally disturbing (Bower et al., 2014). One may experience STS due to witnessing trauma occurring to a significant other (Gough, 2011). In the context of CPSW, a significant other could be equated to a client. STS does not occur due to direct personal experience of trauma, but it is caused by exposure to knowledge or witnessing a person who has directly experienced trauma (Gough, 2011).

CPSWs experience STS due to difficult decisions they have to make, the enormous responsibility they assume regarding children at risk of abuse and neglect, working with sexually abused and neglected children, in addition to public scrutiny under which they work (Regehr et al., 2000; Weiss et al., 2015). STS may negatively affect CPSWs physiologically and psychologically (Bowers et al., 2014). This may lead to CPSWs making poor decisions, CPSW resigning, low morale, and worker turnover (Bowers et al., 2014). Ultimately, the service provision may suffer (Bowers et al., 2014). STS disturbs an individual's internal experiences and their outlook on life due to constantly hearing others' traumatic story (Gough, 2011). Those who work with traumatized people have the possibility of suffering psychological and emotional distress similar to that of their clients (Russ, 2015).

Stress may lead to psychological harm, which may manifest in the form of burnout (Kassin et al., 2011). Burnout is a sustained reaction to work-related stress characterized by mental-emotional exhaustion, physical exhaustion, disengagement, and poor personal

accomplishment (McFadden et al., 2015). CPSWs may be at risk for burnout, particularly due to their high administrative demands, little opportunity to advance in a profession, long working hours, poor working conditions and working with several families/communities who experience a wide range of social and emotional problems (Anderson, 2000; McFadden et al., 2015). Burnout is correlated with emotional fatigue (Davis, Lind, & Sorensen, 2013).

Emotional fatigue occurs when individuals' emotional and physical resources are exhausted and they can no longer deal with external stressors (Davis, Lind & Sorensen, 2013). CPSWs are at risk of suffering from emotional fatigue (Gough, 2011). Findings by Gough (2011) points out that 64% of the study participants from Vancouver Island (CPSWs) were at high risk of compassion fatigue. He further suggested that these findings are alarming and that attention should therefore be given to the field of child protection.

6.2.2 Outcomes for CPSW's clients

When a CPSW is negatively affected due to strain at the workplace, it may ultimately affect service provision (inadequate care for clients); thus vulnerable clients may suffer (Frost et al., 2017; Griffiths & Royse, 2017; Schelbe et al., 2017; Truter et al., 2017). A lack of child protection services leads to inequality, and children who do not receive adequate care and protection face "severely diminished life opportunities as they cannot always learn, or develop their potential" (Delap, 2013, p. 8). Abused and neglected children who do not receive adequate support and help often end up getting involved in further unhealthy lifestyles such as drug use, poor school performance or early school leaving, and criminal activities (European Monitory Centre for Drugs and Drug Addiction [EMCDDA], 2008).

6.2.3 Outcomes for society

The above-mentioned negative outcomes negatively influence CPSW service rendering (Bowers, 2014; Truter et al., 2017; Truter et al., 2018). When a CPSW is unable to provide services to protect vulnerable children, child abuse and neglect is likely to occur and escalate, since CPSWs are the frontline workers in child protection in the field of social work. This is evidently not only unconstitutional but it also holds an economic penalty for society at large (Kaplan & Jones, 2013), since escalating child abuse cases result in more money being made available for interventions that affect the pocket of each taxpayer. Clearly, CPSWs do important work and often they and their clients suffer due to these risk factors. It has however been noted that some CPSWs are resilient despite all the negativities they experience.

7. RESILIENCE AMONG CPSWs

As mentioned earlier, few studies have explored the resilience of CPSWs (Gough, 2011; Russ, 2015). Only a few studies from different countries dating from 2009 to 2019 could be obtained.

7.1 Studies in the United Kingdom

In the UK, Kearns and McArdle (2012) conducted a qualitative study based on the lived experiences of three CPSWs – two females and one male – with work experience in child protection for roughly one year. This study employed narrative inquiry to explore the concept of identity via resilience (Kearns & McArdle, 2012) with an aim to measure the personal, professional, and organizational identities of the participants. Moreover, Kearns and McArdle (2012) made use of Grotberg's resilience framework. This framework consists of three dimensions: (a) "I am, (b) I have, and (c) I can" (p. 389- 391). These three dimensions are associated with multi-dimensional ways of being resilient.

Findings in terms of "*I am*" (p. 389): participants reported the importance of belonging, being valued, professional autonomy and great support from the organization (Kearns & McArdle, 2012). Findings in terms of "*I have*" (p. 391): participants reported commitment of co-workers, role modelling by a manager (being responsive at all times, continuing professional development, in both a formal and informal manner) (Kearns & McArdle, 2012). Findings in terms of "*I can*" (p. 391): participant's ability to handle personal investments and emotional demands of the job, spontaneous in recognising and acknowledging others. This study is limited by its small sample size of only three participants, all of whom were just recently qualified.

7.2 Studies in Canada

In Canada, Hurley, Martin, and Hallberg (2013) conducted a qualitative study, employing semi-structured interviews, with the aim to investigate the question as to what CPSWs understand of being resilient and how they see themselves promoting the resilience of children at risk (Hurley et al., 2013, p. 261). Study included 20 participants, 80% females, 20% males, their ages ranged from 26 to 50 years. Participants' work experience in child welfare varied between three and twenty-two years.

Findings of this afore-mentioned study are as follows: "*Constructing the resilience of the children*" (p. 263). CPSWs view resilience as a complex concept involving family

background, mental health, developmental factors, environment, culture, individual inherent genes, and family's willingness to acknowledge the problem and to accept support given (Hurley et al., 2013). "*Characteristics of the child*" (p. 264), resilient children are characterised as demonstrating stubborn determination and endurance, being eager to work on the problem, and they participate in school activities (Hurley et al., 2013). "*Enabling/dynamic relationship*" (p. 265), resilience develops over time through an interaction between a child, social worker and other significant relationships a child has with others. Showing support for self-efficacy and family's decision-making is significant in construction of resilience (Hurley et al., 2013).

"*Access to resilience-enhancing resources*" (p. 266), CPSWs noted the importance of clients having and making use of the resources available within the community such as health care, education, recreational and social resources (Hurley et al., 2013). "*Nurturing and promoting resilience in clients*" (p. 267), CPSWs perceive themselves nurturing their clients' resilience by being mindful of the importance of resilience, understanding the developmental process of resilience, and exposing children to resources within their community, which can all support the resilience process (Hurley et al., 2013). The limitation of this Canadian study is that it focused on how CPSWs enhance the resilience of their clients, consequently how their observation of resilience influenced CPSWs resilience.

7.3 Studies in Northern Ireland

McFadden et al. (2015) conducted a systematic literature review with the aim of "evaluating the research findings on individual and organisational factors associated with resilience and or burnout" (p. 1546) in CPSW. Ten bibliographic databases including Google Scholar were selected. This study included sixty-five articles, which focused on the individual and organisational factors linked to resilience and burnout of CPSWs. Nine themes were identified and categorised as individual and/or an organisational theme (MacFadden et al., 2015).

Findings suggest that social workers found "balance, surviving, motivation, job satisfaction, job retention, self-actualisation, meaning and purpose" (p. 1552), by applying the following strategies: (i) "applying investigative and interpersonal skills; (ii) embracing the risks and challenges; (iii) finding meaning and purpose; (iv) expecting the unexpected; (v) keeping expectations realistic; (vi) achieving competence and confidence; (vii) finding support from others, and supervision; (viii) maintaining an important life outside work; (ix) debriefing from trauma; and (x) learning about self and self-awareness" (McFadden et al.,

2015, p. 1552). This study was limited by the fact that it included Masters and Doctoral dissertations, which are commonly not peer reviewed.

7.4 Studies in South Africa

Two empirical studies (Truter et al., 2014; Truter et al., 2018); guidelines for supervisors (Truter & Fouché, 2015); and a meta-synthesis (Truter et al., 2017) have been published to date. In 2014, Truter et al. conducted a qualitative study with DSW academics and supervisors by means of focus group discussions and written narratives. This study investigated the perception of experts regarding what constitutes resilient DSW. Findings indicate that resilient South African DSWs are characterised by: “a value-embedded life, personal strengths, and adequate support” (Truter et al., 2014, p. 313). This study is however limited because findings are based on perspectives and not lived experiences; and the fact that the sample from which findings were collected are homogenous: participants were mostly white females. This could mean cultural sensitivity was limited in the study (Truter et al., 2014).

In 2015, Truter and Fouché proposed resilience-enhancing guidelines for DSWs’ supervisors in South Africa. These guidelines were developed from one empirical study (Truter et al., 2014). A meta-synthesis by Truter et al. (2017) included 107 articles; five of the articles were empirical studies concerning the resilience of CPSWs, also five reviews, and 97 empirical studies relating to risks in CPSW. This study reveals that CPSW is riddled with stress and that little information of CPSWs’ resilience is available. Moreover, available data is mostly based on Western contexts. Although this synthesis is very valuable in comprehending available literature on CPSWs’ risk and resilience, this study is restricted by the fact that only qualitative studies were included. In other words, a large amount of the data presented in qualitative and mixed methods studies is missing.

The study which involved 15 South African DSWs were all females aged between 26 and 50 years; 11 were white, three were black, and one was of mixed race. All participants were mainly based in the Vaal Triangle of the Gauteng province, their work experience ranged from ten to thirty-two years (Truter et al., 2018). Participants of this study ascribed their adversities to “high workloads, inadequate professional support, financial strain, challenges unique to CPSW, and emotional exhaustion” (Truter et al., 2018, p. 7). The resilience of participants included: “support structure, practice, and purpose informing creeds, constructive transactions, and accentuating the positive” (Truter et al., 2018, p. 7). Key limitations of this study are that participants were all women, all held Christian beliefs, the

majority of participants were white Afrikaans-speaking, and the study was conducted in Gauteng (mainly the Vaal Triangle region). As such, in order to contribute to the ongoing conversation on risks and resilience of South African DSWs and to honour diversity and context, similar studies in SA have to be replicated (Thorne, 2019; Ungar, 2012; Van Breda, 2018). Next to be discussed is the theoretical framework applied in this study.

8. THEORETICAL FRAMEWORK

A theoretical framework described as a “blueprint” (Adom, Hussein, & Agyem, 2018, p. 438). It serves as guidance to a researcher, in terms of choosing and applying an appropriate theory, research design and data analysis plan (Adom et al., 2018; Grant & Osanloo, 2014). Throughout this study, the researcher adopted the Socio-ecological Model (SEM) which underlines the individual interaction between the environment and individual behaviour as an outcome of such interaction (Baron-Epel & Ivancovsky, 2013; Guo, Hopson, & Yang, 2018; McLeroy, Bibeau, Steckler, & Glanz, 1988). This model encompasses five factors, or in this case, five levels: (a) “intrapersonal factors involves individuals inherent, for example behaviour, (b) interpersonal processes relate to relationships with family, friends and colleagues, (c) institutional factors encompasses rules and regulations which guides social norms in an organization, (d) community factors involves the relationships between the organizations, institutions and informal systems, and (e) policies that are enforced on local, state and national level” (McLeroy et al., 1988, p. 355).

The role of ecology in how people behave and live is also emphasized by Bronfenbrenner’s ecological theory (Rosa & Tudge, 2013; Strong & Cohen, 2014) which is grounded on the notion that human development is influenced by their mutual interaction with the ecology (Rosa & Tudge, 2013; Strong & Cohen, 2014). Hence people grow through their interaction with those in their environment, including other objects with which they make a reciprocal contact (Taylor & Gebre, 2016). Furthermore, Ungar’s social-ecological framework of resilience corresponds with these mentioned models/frameworks as Ungar similarly conceptualizes resilience as the result of a relationship between an individual at risk and his or her ecology (Ungar, 2013).

9. RESEARCH QUESTIONS

The following research questions guided this study.

9.1 Primary research question

What could we learn from literature on CPSWs resilience, and from practice about risk and resilience of South African DSWs in the Free State?

9.2 Secondary research questions

- What could be learned from previous studies on resilience processes of CPSWs?
- What could be learned from South African DSWs in the Free State about their risks and resilience?
- What findings could be deduced to inform the global knowledge base and future practice related to CPSW risk and resilience?

10. AIM

To explore literature and practice to find out what is known about risk and resilience of CPSWs.

10.1 Objectives

Based on the afore-stated research questions, the following objectives were achieved:

- 1) To conduct a scoping review to identify available literature and provide a summary of evidence from a variety of studies and identify research gaps about CPSW resilience.
- 2) To explore experiences of risk and resilience among South African DSWs employed in the Free State.
- 3) To contextualize findings in order to inform the global knowledge base and future practice on CPSW risk and resilience.

11. METHODOLOGY

This study employed a qualitative exploratory approach (Yegidis, Weinbach, & Myers, 2012) Rubin and Babbie; 2013) contend that this method enables the researcher to discover a deeper meaningful human experience and thus produce richer theoretical observations that cannot be drawn from numbers (Yegidis et al., 2012). This study aimed at exploring South African DSWs' lived experiences of risk and resilience in the Free State.

The researcher followed a phenomenological study design which refers to the “philosophical paradigm for conducting qualitative research that emphasizes people’s subjective experience and interpretations of the world” (Rubin & Babbie, 2013, p. 248). The researcher conducted ten semi-structured interviews, participants were granted the option to be interviewed in person or telephonically. All participants opted for face-to-face interviews. An interview is a two-fold exchange of words between an interviewer and the participants; an interviewer asks the participants questions in order to gather data regarding the phenomena, opinions, and behaviour (Rubin & Babbie, 2013; Nieuwenhuis, 2014). Semi-structured interviews allow the interviewer to be flexible, informal and conversational (Rubin & Babbie, 2013) participants and the researcher took down notes. This enabled the researcher to listen to the participant’s response repeatedly and thus clarifying what the participant relayed (Rubin & Babbie, 2013). The methodology of this two-phased study is now described, yet a comprehensive description of both methodologies is found in each Manuscript respectively.

12.1 PHASE 1: SCOPING REVIEW

12.1.1 Design

A scoping review is a process of mapping and identifying already available literature (Arksey & O'Malley, 2005; Armstrong, Hall, Doyle, & Waters, 2011). A scoping review is used to either “identify available research studies on a specific topic, determination of conducting a full systematic review, publication, and dissemination of review findings, and identifying research gaps in literature” (Arksey & O'Malley, 2005, p. 21).

The researcher followed a methodological framework (Arksey and O'Malley, 2005; Levac, Colquhoun, & O'Brien, 2010) to conduct his scoping review. This framework involves six stages, however, for the purpose of this study; the researcher only followed five stages. The researcher also developed and followed a research protocol (*see addendum 1*) as proposed by Arksey and O'Malley, (2005). The first stage involved ascertaining the research

question; second, the researcher identified relevant studies, and third, the researcher selected studies according to inclusion and exclusion criteria. Hereafter, the researcher developed a data charting table (*see addendum 2*) and finally, findings were analysed, summarised, and documented (Arksey & O'Malley, 2005; Levac et al., 2010).

12.1.2 Inclusion and exclusion criteria

Inclusion criteria

The researcher used the following key words to conduct searches: resilience; positive adaptation; positive coping; child protection social work; statutory social work. Only publications written in English were used, because the researcher understands English and the finances for translation services were insufficient. This study included empirical, qualitative, quantitative, and mixed method studies, as well as knowledge syntheses. These publications had to be peer reviewed, published between 1995 and March 2019.

Exclusion criteria

Opinion pieces, grey literature such as policy documents, and blogs, were excluded, because these are generally not peer reviewed. Studies on student social workers, clients of social workers, and social workers from any practice setting other than child protection were excluded because their context differ and the aim of this study was to explore the risk and resilience specifically of social workers in child protection setting.

Study selection

Firstly, the process of identifying articles that meet inclusion criteria was conducted as recommended by Levac et al. (2010), this process have to be undertaken as a team. The study supervisors were consulted in the processes of studies selection. All articles that met the inclusion criteria were reviewed in full text. Resources relevant to study topic was retrieved from the North-West University (NWU) library once-search portal, and Google Scholar, Scopus, Crossref, sources including academic journals were consulted. Sources were identified in accordance with the inclusion and exclusion criteria (Levac et al., 2010). Hand-searches were conducted to identify potential studies that might have been missed; this was done by scrutinizing the reference lists of included publications.

Charting the data

Charting data involves extracting information that is gained from reviewing full-text articles (Arksey & O'Malley, 2005). The researcher developed a data charting table (*see addendum 2*) (Arksey & O'Malley, 2005; Levac et al., 2010) and included information extracted from the full-text articles in it. This information was used to answer the research question. For the

purpose of this scoping review, articles containing information on resilience of CPSWs was included. A quality assessment of those studies was not done, as a scoping review according to Levac et al. (2010) does not include quality appraisal.

Data analysis - collating and summarising of results

The researcher used thematic analysis, as suggested by Braun and Clarke (2006), to analyse data by following six proposed steps: (a) “familiarising oneself with data collected, (b) generating initial codes, (c) searching for themes, (d) reviewing themes, (e) defining and naming themes, and (f) producing the report” (Braun & Clarke, 2006, p. 87).

12.2 PHASE 2: INTERVIEWS

12.2.1 Design

The phenomenology design refers to a philosophical paradigm, which emphasizes an individual’s subjective life experiences and their own interpretation of the world. It seeks to capture the meaning of an individual’s lived experience in relation to events, people and situations (Krysik & Finn, 2010; Rubin & Babbie, 2013).

12.2.2 Data collection

The researcher conducted semi-structured interviews with participants to learn about their lived experiences on their risks and resilience at work (Nieuwenhuis, 2014). Participants were granted an option of either being interviewed telephonically or in person. All the interviews were conducted face to face. With permission of participants, interviews were recorded and transcribed thereafter. The researcher conducted interviews until there were no new participants volunteering to participate.

12.2.3 Sample and participants

A population is a large number of people from which the researcher may draw a specific number of people, which then constitutes a sample (Burns & Grove, 2003). Sampling is a process of selecting the portion of participants from a larger population to participate in a study (Nieuwenhuis, 2014). This study followed the non-probability and purposive sampling method: Purposive sampling means that participants are selected based on the nature of the research, and their characteristics that fit the study aim (Rubin & Babbie, 2013; Nieuwenhuis, 2014; Neuman, 2014). The researcher obtained written approval (*see addendum 3*) to recruit participants, from the director of ENGO Free State, the Child Welfare South Africa (CWSA) director in Bloemfontein, CWSA manager in Bethlehem, CWSA office manager and senior

social worker in Qwa-Qwa, and the CWSA office manager in Wepener. In an attempt to gain approval and thus access to advertise the study in their various offices, the Department of Social Development (DSD) in this province was approached several times telephonically and in writing. Unfortunately, the DSD did not respond to the invitation.

Recruitment process

The recruitment process in this study involved obtaining permission to recruit from authoritative individuals from each child protection organisation at which prospective participants are employed, distributing pamphlet (Office of the Human Research Protection Program [OHRPP], 2019), participants nominating themselves to be part of this study, identifying an independent person and signing of informed consent form. Roles and identity of the research assistant and independent person are specified in Table 4 below.

Table 4: Identity and roles of research assistant and independent research assistant

Research support team	Identity	Roles
Research assistant	Ms Emma Boonzaaier	Distributed pamphlet (<i>addendum 4</i>), sent informed consent, during recruitment process. Functioned as a co-coder.
Independent person	An individual identified by each participant from their office.	Identified by participants from their individual offices. Was present when the participant signed an informed consent form (<i>addendum 5</i>) and handed it over to a courier on the day the research assistant communicated.

Research assistant

Step 1: The research assistant distributed a pamphlet via email to different child protection organisations in the Free State, which gave permission to recruit participants.

Step 2: The research assistant contacted participants who expressed an interest in participating in the study to give them the informed consent forms (*see addendum 5*) via email.

Step 3: The research assistant explained to prospective participants that they had two weeks to decide whether or not they wanted to participate in the study, and that they could withdraw from the study at any time, nonetheless, they all signed the informed consent forms.

Step 4: The research assistant orientated independent persons (identified by participants) about their role and about what the study entails; the research assistant also arranged with the independent person when informed consent forms could be signed and collected by the courier company.

Independent assistant

Step 1: Communicated with the research assistant regarding date of signing informed consent forms.

Step 2: Was present when the participants signed informed consent forms and kept it safe until handing it to the courier.

Step 3: Handed informed consent forms in a sealed envelope to courier.

Inclusion and exclusion criteria

Inclusion criteria

For the participants to be included in this study they had to:

- Be employed by either Child Welfare SA (CWSA) or ENGO in the Free State. The state was not excluded. Of the three largest designated child protection organisations in the Free State, these are the only two non-governmental organisation (NGO) who responded to the invitation to participate in this study. Contact with the manager in the Department of Social Development in the Free State was very challenging and no response from their side could be obtained; hence, the researcher decided to stay with the two selected NGO's.
- Be a qualified and registered social worker with the South African Council for Social Service Professionals, because the focus of this study concerned the experiences of qualified South African social workers.
- Be practising as designated social workers in the Free State province, because the focus of this study centred on designated social workers in the Free State.
- Have a minimum of 2 years' experience in the child protection sector, because after two years a DSW would have had adequate exposure to workplace adversities and experience of resilience.
- Understand English.
- Be willing to participate in a semi-structured interview, because the researcher did not want to interview any participant who did not want to participate willingly.

Exclusion criteria

Any DSW who was participating in another research project at the time of this research project and felt burdened to participate in both projects was excluded, because the researcher did not want to overwhelm any participant.

Data collection

Once participants were successfully recruited and had completed their informed consent forms, the researcher contacted participants who nominated themselves to participate in this study with a view to schedule interview appointments. Participants were all interviewed in person. The researcher obtained permission from participants to record interviews, which lasted on average 45 minutes. The researcher transcribed all interviews verbatim for the purpose of data analysis (Nieuwenhuis, 2014).

Data analysis

Once interview recordings were transcribed, the researcher read them to be familiar with the content of the interviews and subsequently analysed the data. (Adom et al., 2018). Data was analysed using thematic analysis (Braun & Clarke, 2006) – a method of analysing and identifying themes from data. These steps entail (a) “familiarising one with data collected, (b) generating initial codes, (c) searching for themes, (d) reviewing themes, (e) defining and naming themes, and (f) producing the report” (Braun & Clarke, 2006, p. 87). Themes were arranged into categories (*see addendum 6*). Thereafter they were revisited to identify key concepts for analysis. Last, the researcher examined data as a whole and previous codes, selectively searching for cases that illustrate themes, then drew a comparison before grouping findings, this process is known as coding (Neumann, 2014; Nieuwenhuis, 2014). Several strategies were employed to enhance the trustworthiness of the study.

13. TRUSTWORTHINESS

Trustworthiness of this study was enhanced by applying the following concepts: “credibility, transferability and dependability” (Lincoln & Guba, 1986, p. 77). In Table 5, the researcher explains how these concepts were applied in this study (Lincoln & Guba, 1986).

Table 5: Trustworthiness

Strategies of Trustworthiness	Application to this study
Credibility	The researcher enhanced the credibility of this study by applying triangulation and peer debriefing. The study supervisors were consulted during the process of collecting and analysing data (scoping review and ten interviews with South African DSWs). Fellow master’s student was a co-coder in this study. This allowed study scrutiny which contributed to the validity of this study (Nieuwenhuis, 2014; Shenton, 2004). Furthermore, a summary of this study findings was forwarded to participants for their feedback as part of member checking. (Guba, 1981; Lincoln & Guba, 1986).
Transferability	To enhance the transferability of this study, the researcher clearly described the process of data collection, gave a fair participant profile. Moreover, the procedure that was followed when conducting this study is comprehensively detailed (Lincoln & Guba, 1986).

Dependability	In order to enhance the dependability of this study the researcher kept a record (research journal) [<i>see addendum 7</i>] of how the research was done, for instance, challenges experienced and they were resolved (Lincoln & Guba, 1986).
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14. ETHICAL CONSIDERATIONS

The researcher obtained ethical clearance from the Health Research Ethics Committee (HREC) of the North-West University, Vaal-Triangle Campus (NWU, VTC), ethics number: NWU - 0 0 1 3 2 - 1 8 - A 1 on the 26th of November 2018 (*see addendum 12*). The following ethical principles guided this research study:

14.1 Voluntary participation and informed consent

The research assistant communicated with prospective study participants in order to avoid researcher possibly coercing participants to partake in this research study. Their participation was voluntary. The participants completed written consent forms to ensure that they were aware of the purpose, content, benefits, and risks of the study (Rubin & Babbie, 2013). The research assistant contacted participants who showed an interest to participate in this study and forwarded them the informed consent forms, and information letters (*see addendum 9*). A suitable date for signing the informed consent form was established, and a courier was arranged by the research assistant to collect the informed consent forms from the independent person who was identified by participants from their office. Participants were allowed a two-week's period to decide on their willingness to participate in this study.

14.2 Privacy and Confidentiality

The researcher, his study supervisors and the research assistant (*addendum 10*) who signed confidentiality agreement were the only people who had access to information regarding participants. The following techniques were applied to safeguard participants' confidentiality: (a) identifying details were replaced with code names (i.e., Participant 1) (Rubin & Babbie, 2013). Participants were granted the option of being interviewed telephonically or face to face. All participants opted for face-to-face interviewing.

Privacy was promoted by conducting interviews in DSW's private office, door closed, an administrative officer was asked to take social worker's calls to prevent distraction. Both researcher and participant's cell phones were switched to silent mode. The interview was audio recorded with permission from the participant and transcribed at a later stage for analysing data.

Findings have been locked in a cabinet, which can only be opened, by the researcher and his supervisors. Only the researcher, his supervisors, and the research assistant had knowledge of what participants had said. Audio recordings were deleted soon after having been transcribed from the recorder. Data will be kept for ten years; after ten years, it will be shredded (papers). Data collected in this research study will be published in the researcher's thesis and later on it will be published as an academic paper in various nationally and internationally accredited academic journals.

14.3 Risk and benefit

The researcher arranged a clinical psychologist (*see addendum 11*) to be on standby to offer emotional debriefing to participants who may need such service. Participants did not benefit directly by participating in this study. However, the study contributed to our efforts to increase the knowledge we have on the risks and resilience of South African DSWs. The participants were emailed a summary of study findings, and a token of appreciation (a wimpy coffee voucher) was given to each participant.

14.4 Power redress

Verifying information with the participants before including it in data is important to make sure that participants do not feel uncomfortable or misrepresented (Nind, 2008). The researcher forwarded a summary of findings to all participants for comments. However, none of them gave feedback.

14.5 Conflict of interest

The researcher is a social worker at Vaal Echoes of Love, and there is no relationship between the researcher and the two NGOs (CWSA and ENGO) who were approached to be included in this study, and thus there are no conflict of interests.

15. CONTRIBUTIONS

The aim of this qualitative study was not to provide concluding answers but rather to add to what is already known about CPSW risk and resilience for the purpose of promoting our understanding of this phenomenon in the specific professional group, and to potentially develop new research questions. In the end, developing viable interventions to improve the situation for CPSWs is what guided this study (Thorne, 2019).

15.1 Scoping review

This review contributed to the ongoing conversation of CPSW resilience, globally by summarising available studies on this topic and identified gaps in research, to date. This scoping review identified the gaps that exploration of CPSWs risks and resilience has been done mostly in Europe and few in USA, Asia and Africa. In SA, only one study was conducted, the need for future South African studies on CPSW risks and resilience was also implied.

15.2 Interviews

Ten participants in this study reported workplace adversities in three levels of SEM; individual level, institutional level, and community level. Difficult working relationships with the DSD, and disrespectful engagement from other professionals, specifically lawyers, and are new findings from this study. In terms of resilience, participants reported resilience supporting factors on interpersonal and intrapersonal level of the SEM. Data in Manuscript 2 was shared with gatekeepers of the relevant organisation to suggest certain changes in the workplace. Analysed data in Manuscript 2 can be used to improve already existing guidelines (Truter & Fouché, 2015), and therefore inform future intervention studies that might promote CPSWs resilience. These interviews added to a better understanding of how some South African DSWs experience works place adversities and adjust. A detailed contribution of this study is documented in the concluding section of this dissertation.

16. LIMITATIONS

16.1 Scoping review

The scoping review is restricted by the following factors; only eleven articles published in English were included, meaning there is possibility that some studies written in other languages might have been missed. This review focused on resilience of CPSWs, one study conducted in India concerning both CPSWs and their managers was included, which is deviation from this scoping review inclusion criteria. The researcher stopped data searching in March 2019 which imply that possibly latest studies are missed.

16.2 Interviews

This study is limited by the fact that only ten participants were interviewed, all were females, four were white, five were black and one was of mixed race. Four participants in this study had less than two years of working experience, meaning they are novices and their exposure to risks may differ from those who have long been in practice. Participants were from only two NGO's in the Free State, thus government DSWs did not form part of this study; their risks and resilience processes may differ as well as those in different geographical settings.

17. OUTLINE OF THE STUDY

Section A Overview of the study

Section B

Manuscript 1: “Resilience of child protection social workers: A scoping review”

Manuscript 2: “The risk and resilience practices of 10 designated social workers employed in the Free State: A qualitative exploration”

Section C Conclusion and recommendations

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SECTION B

MANUSCRIPTS

PREFACE

The Manuscript that follows titled “***Resilience of child protection social workers: A scoping review***” consists of a scoping review conducted to identify available literature and provide a summary of evidence from a variety of studies and identify research gaps about CPSW resilience.

The secondary research question guiding this study is “***What could be learned from previous studies on resilience processes of child protection social workers?***”

MANUSCRIPT 1

Resilience of child protection social workers: A scoping review

Prepared for submission to:

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[Funding](#)

[Declaration of conflicting interests](#)

[Research ethics and patient consent](#)

[Research data](#)

[Publishing policies](#)

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[Contributor's publishing agreement](#)

[Open access and author archiving](#)

[Preparing your manuscript](#)

[Formatting](#)

[Artwork, figures and other graphics](#)

[Supplemental material](#)

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[English language editing services](#)

[Submitting your manuscript](#)

[ORCID](#)

[Information required for completing your submission](#)

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[Back to top](#)

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[Back to top](#)

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ABSTRACT

Due to several risk factors, child protection social workers are at risk for negative outcomes which include burnout and poor service delivery. Because child protection social workers play a key role in ensuring that children are safe and that their rights are upheld. Some researchers have explored why some child protection social workers (CPSWs) do well despite exposure to these risk factors. However, the available empirical work on child protection social worker resilience is limited to nine empirical studies conducted mostly in Europe and, although two knowledge syntheses, to date, have been conducted they are limited by the fact that they include mostly empirical work conducted in Europe, and these were conducted about three to four years ago. The need for a scoping review, related to the resilience of child protection social workers, therefore became apparent. As such it is imperative to summarise what is known and what has been reported in literature, also to identify gaps and inform future research about CPSW resilience. This scoping review guided by the framework of Arksey and O'Malley (2005) and the PRISMA checklist, to summarise available studies on this topic, and to identify any gaps in existing literature on the resilience of child protection social workers between 1995 and March 2019. Findings of this study were embedded in the socio-ecological model and reveal that resilience of child protection social workers who participated in included studies are informed by: emotional intelligence, agency, seasoned professional, calling, personal supportive and workplace supportive relationships. From this scoping review, it appears if CPSW resilience originates primarily from individual factors, although the role of the ecology also features. Conclusions and recommendations are made.

Keywords: Social Work, Child Protection Social Work, resilience, positive adaptation, scoping review.

1. INTRODUCTION

1.1 Occurrence of child abuse

Child abuse is a global dilemma (Dahake et al., 2018, Radford, Corral, Bradley, & Fisher, 2014; Burton, Ward, Artz, & Leoschut, 2015; Wang & Holton, 2007), which constitutes the violation of children's rights as entrenched in the United Nation Convention on the Rights of the Child [UNCRC] (n.d). According to UNCRC every child has a right to protection, somewhere to stay, education, access to health care, and good nutrition. Moreover, child maltreatment is in contravention with the 2030 united nation sustainable goals (n.d), which amongst others aim to end violence against children, eradicate hunger, and promote quality of education.

According to Zastrow and Kirst-Ashman (2013) and Dahake et al. (2018) child abuse encompasses acts such as physical abuse, deprivation of basic needs such as food and health care, sexual abuse, exploitation through forced child labour, emotional abuse. Continuous maltreatment of children is reported to have negative repercussions for the children and the economy (Radford et al. 2014; Wang & Holton, 2007, Zastrow & Kirst-Ashman, 2013). The fight against maltreatment is a joint effort among professionals such as police officials, psychologists, nurses, educators, and social workers (Bragg, 2003; Jamieson, Sambu, & Mathews, 2017). Social workers practise in different settings such as schools, correctional services, children's homes, police services, mental institutions, and child protection organisations, amongst others (Cohen, Gimein, Bulin, & Kollar, 2010; National Association of Social Workers [NASW], 2016; South African Council for Social Service Professions [SACSSP], n.d). The social workers who practise in the field of child protection are commonly known as child protection social workers (CPSWs) (Baldschun, Hämäläinen, Töttö, Rantonen, & Salo, 2019; Littlechild, 2008; Matthews, Kemp, & Maguire, 2017). Child protection services entail assessments and investigations of reports concerning child neglect or abuse (DePanfilis & Salus, 2003). For this reason, CPSWs have a statutory duty to intervene in cases that involve child abuse, neglect or abandonment (Australian Association of Social Workers [AASW], 2015; Bosman-Sadie, Corrie, & Swanepoel, 2013; Ellett, Ellis, Westbrook, & Dews, 2007; Russ, 2015), and they are in the frontline of child abuse matters.

CPSWs render services on four levels, namely prevention (services aimed at strengthening vulnerable families, children, youth, women, and older person's capacity; thus they may be independent), early intervention (services intended to averting susceptible children, youth and other identified members from encountering statutory intervention),

statutory (conduct assessments and investigate reports of child abuse, abandonment or neglect, removals of children in need of care and protection, placement of children in alternative care), and aftercare service (programmes focussing on supporting families/families during the process of reunification, aimed at promoting independence (optimal functioning) (Bosman-Sadie et al., 2013; Ellett et al., 2007; Truter, Theron, & Fouché, 2018).

As indicated before, the rights of the children across the globe are documented in the United Nations Convention on the Rights of the Child [UNCRC] (n.d). According to the UNCRC (n.d), article three, it is the responsibility of an adult to ensure that decisions made concerning a child, is beneficial to the child. In addition, article five states that it is a family's duty to secure the rights of the children. Furthermore, article four of the UNCRC (n.d) notes that the government has to offer assistance to families when families fail to uphold the rights of children.

In other words, the government may identify the need and then offer assistance to the family or adults who fail to secure the rights of the children or on request by the family or adults through child protection service (DePanfilis & Salus, 2003). CPSWs play a central role in ensuring these rights of children (Littlechild, 2008; Russ, 2015) since they are employed in the frontline of delivering services to children and families in need. Being positioned to protect children and their rights is evidently important and disquieting when so many child protection social workers are reportedly working in taxing work contexts (Gough, 2011; Schiller, 2017; Truter et al., 2018) that render many of them burnt out, depressed and otherwise extremely stressed (Bowers, Brooks, & Borucki, 2014; Truter et al., 2018).

1.2 Child protection social workers in jeopardy

Several studies note that CPSWs are exposed to workplace adversities which may result in negative outcomes (Kapoulitsas & Corcoran, 2015; Tzafrir, Enosh, & Gur, 2015). These adverse working conditions are reportedly informed by several risk factors including: (i) a heavy workload (Alpaslan & Schenck, 2012; Bhana & Haffeejee, 1996; Ellett et al., 2007; Schiller, 2017; Truter et al., 2018); (ii) scarcity in resources (Schiller, 2017; Alpaslan & Schenck, 2012); (iii) poor professional support (Alpaslan & Schenck, 2012; Russ, 2015); (iv) staff shortages (Alpaslan & Schenck, 2012; Gibbs, 2001; Truter et al., 2018); (v) aggressive clients (Alpaslan & Schenck, 2012; Truter et al., 2018); (vi) stressful nature of statutory duties (Truter et al., 2018); (vii) administrative burden (Ellett et al., 2007); (viii) deficient financial support (Alpaslan & Schenck, 2012; Schiller, 2017; McFadden, Campbell, &

Taylor, 2015); (ix) emotional exhaustion (Kassin, Fein, & Markus, 2011; McFadden et al., 2015; Truter et al., 2018) , (x) incompetence of other role-players (Alpaslan & Schenck, 2012; Schiller, 2017), (xi) failing child protection system (Schiller, 2017), and (xii) challenging clients (Alpaslan & Schenck, 2012)

Continuous exposure to these risk factors often lead to outcomes such as high stress levels, vicarious trauma, depression, burnout, and compassion fatigue (Crowder & Sears, 2017; Kassin et al., 2011; Russ, 2015; Truter, Fouché, & Theron, 2017). When CPSWs cannot function optimally to provide services to children in need of care and protection as is their right, this means those children are likely to experience further maltreatment (Griffiths & Royse, 2017; Kaplan & Jones, 2013). According to Masten (2001), for one to be considered resilient, they must be exposed to significant risk or adversity. Despite aforementioned workplace adversities, there are some CPSWs who adapt positively to these adversities (Kearns & McArdle, 2012; Truter et al., 2018), as such they could be described as resilient.

1.3 Resilient child protection social workers

Resilience has been studied across different disciplines (Russ, 2015) and with different populations in adolescent girls (Jefferis & Theron, 2017), migrants (Roberto, Moleiro, Ramos, & Freire, 2014), social work students (Stanley, Bhuvaneswari, & Arumugam, 2016), nurses (Matos, Neushotz, Griffin, & Fitzpatrick, 2010; Rushotn, Batcheller, Schroeder, & Donohue, 2015), and fire fighters (Bernabe & Botia, 2015; Lee, Ahn, Jeong, Chae, & Choi, 2014). However, still no fixed definition for resilience exists, although some scholars support a more systematic definition of resilience (Masten, 2018). According to Van Breda (2018), resilience as a multidimensional process in which systems interact in order to adjust well notwithstanding adversity.

Some scholars define resilience in terms of an individual's personal traits (Palma-García & Hombrados-Mendieta, 2014), as a dynamic developmental process (Wright, Masten, & Narayan, 2013), or all characteristics stated (Adina, 2016). Furthermore, resilience is also described as a multidimensional concept, and interdependence between people and their environments (Armitage, Béné, Charles, Johnson, & Allison, 2012; Hurley, Martin, & Hallberg, 2013; Ungar, 2012). This latter understanding of resilience suggests that resilience is a complex phenomenon (Kearns & McArdle, 2012).

Despite the lack of consensus on how resilience is defined, resilience is generally understood as the positive adaptation amidst adversity (Benade, du Plessis, & Koen, 2017;

Bottrell, 2009; Masten, 2001; Masten & Reed, 2002). Moreover, resilience is influenced time, environment and culture (Ungar, 2012), which means that the way people adjust positively to their adversity is ever changing and influenced by their surroundings and their belief systems or ways of life.

Although nine empirical studies and two research syntheses on CPSWs resilience have been conducted, to date, the two synthesis are limited by their inclusion and exclusion criteria and both syntheses had been conducted three to four years ago, indicating the need for an updated knowledge synthesis. Furthermore, the empirical studies have only been conducted in a select few countries. It is important to conduct a scoping review which summarise existing literature in this topic and to identify gaps in existing literature to further enhance our understanding of CPSW resilience. Therefore, the purpose of this scoping review was to map available literature on CPSW and to identify research gaps to make appropriate recommendations for future research regarding the resilience of social workers in the child protection sector.

2. THEORETICAL FRAMEWORK

The socio-ecological model (SEM) sought to give an understanding of interactions between individuals and ecology and behaviour that arise as result of such contact (Guo, Hopson, & Yang, 2018; McLeroy, Bibeau, Steckeler, & Glanz, 1988). The analysis of these scoping review findings was embedded in the SEM (Baron-Epel & Ivancovsky, 2013; Guo et al., 2018; McLeroy et al., 1988). This model encompasses five factors of social systems; (i) “intrapersonal factors - innate elements such as behaviour, attitude, and skills, (ii) interpersonal factors - interpersonal relationships with friends, family, co-workers, (iii) institutional factors - organizational characteristics, rules and regulation, (iv) community factors - such as relationships between organizations, institutions and informal systems within diverse boundaries, (v) public policy factors - include laws and policies on local, state and national level” (McLeroy et al., 1988, p. 355). Findings of the scoping review will be embedded in the SEM, as has been done in previous knowledge syntheses (Bogardus, Martin, Richman, & Kulas, 2019).

3. METHODOLOGY

A scoping review is a relatively new research methodology, hence it does not have a clear universal definition (Arksey & O' Malley, 2005; Daudt et al., 2013; Peterson, Pearce, Ferguson, & Langford, 2016). According to Arksey and O' Malley (2005) and Munn, Peters, Stern, Tufanaru, McArthur, and Aromatarisa's (2018) scoping review is a process of mapping and identifying existing available literature with a view to identify available research studies on a specific topic and to identify research gaps and inform future research (Arksey & O'Malley, 2005; Armstrong, Hall, Doyle, & Waters, (2011).

The purpose of this scoping review was to summarise the findings and identify the knowledge gap in order to answer the research question pertaining to the resilience of child protection social workers (Munn et al., 2018). The research question guiding this scoping review was: what could be learned from previous studies on resilience processes of CPSWs? Methodological framework developed by Arksey and O'Malley (2005) was applied. This framework involves six stages. However, in this study only five steps were applied since the sixth stage is optional and because the scoping review was followed up with interviews with CPSWs in SA on the topic (Levac, Colquhoun, & O'Brien, 2010). The stages of the scoping review according to the framework developed by Arksey and O'Malley (2005) are illustrated in Figure 1.



Figure 1: Stages of scoping review

The application of each of these stages in the current scoping review will be discussed next.

3.1 Identifying the research question

This scoping review was guided by the following research question: What could be learned from previous studies on resilience processes of CPSWs?

3.2 Identify relevant studies

The researcher first developed research protocol as proposed by Arksey and O'Malley, (2005), then followed it to conducted searches in eleven databases, namely: EBSCOhost: Academic Search Premiere, Africa-Wide Information, E-Journals, PsycARTICLES, PsycINFO, and SocINDEX, ERIC, Google Scholar, Scopus, South African publications, and Science Direct. The following journals were consulted: British journal of social work; child abuse and neglect; social work journal; child abuse research in South Africa and; child abuse review. The librarian of the North-West University Vanderbijlpark Campus was also consulted for her expertise to help source literature which the researcher struggled to access (which is common practice in the process study selection, see Daudt et al., 2013). The librarian used the same keywords as those the researcher used to search for studies. Moreover, the librarian offered training to the researcher on how to source articles from databases.

Search terms used were: Resilience AND child protection social work* AND designated social work* AND child welfare workers*. Resilience AND statutory social work* AND Child protection service* AND front line workers*. Resilience AND statutory social worker* AND child protection workers*. Positive adaptation AND child protection social work* AND designated social work* AND child welfare workers*. Positive adaptation AND statutory social work* AND Child protection service* AND front line workers*. Positive adaptation AND statutory social worker* AND child protection workers*. An asterisk (*) was used only when searching Google scholar as the researcher noticed that using an asterisk on Google scholar increases the number of hits.

3.3 Study selection

3.3.1 Inclusion criteria

Only publications written in English were used because the researcher only understands English, and funding for translation services is unavailable. Empirical studies; qualitative, quantitative, and mixed-method, pertaining to resilience of child protection social workers, were included. Furthermore, meta-syntheses, systematic reviews, meta-analyses and, scoping

reviews on child protection social worker resilience were included. Publications from 1995 to March 2019 were included. Searching literature stopped in March 2019 given time restriction associated with completing the Master's dissertation.

3.3.2 Exclusion criteria

Literature reviews, opinion pieces, grey literature such as policy documents, masters and doctorate dissertations and blogs were excluded because these are generally not peer reviewed. Studies on student social workers, clients of social workers, and social workers from any practice setting other than child protection were excluded because their context differs from that of the child protection context and the aim of the current scoping review is to explore available literature specifically on the resilience of social workers in the child protection setting. Studies on coping, wellbeing, and support were excluded, as these concepts are not similar to resilience (Davey, Eaker, & Walters, 2003).

A total of (N=121) articles were obtained from the afore-mentioned databases. They were downloaded because their titles, abstracts, keywords, study discussions, and findings included CPSW resilience. After eliminating (n=46) duplicates, the remaining articles (n=75) were re-evaluated for their titles, abstracts, keywords, discussions, and findings, in relation to the research question and inclusion and exclusion criteria. Furthermore (n=46) articles were excluded because they did not meet inclusion criteria, remaining twenty-nine articles were printed and the researcher and study supervisor reviewed all (n=29) articles in terms of their titles, abstracts, keywords, discussions, and findings to establish whether they complied with the inclusion criteria. Of the (n=29) articles, (n=14) were excluded because they did not meet the inclusion criteria, they focused on social work students, clients of CPSWs, experts' opinions not practising as CPSWs, and the resilience of social workers in other settings other than CPSW.

Fifteen (n=15) articles were thus included and studied in detail. Upon another round of close review, (n=4) of these (n=15) studies were then also eliminated for the following reasons: 1) studies focused on student social workers and generic social workers, 2) studies evaluated the effectiveness of the search database using the topic of resilience as their subject, 3) some publications were opinion pieces, and 4) one study was guidelines for CPSWs' supervisors on how to promote resilience, it did not explore the resilience of CPSWs. Accordingly, (n=11) articles were included in the final round for this scoping review. Hereafter, a hand search of the reference lists of (n=11) articles was conducted. From the hand search, (n=22) studies were identified as possibly complying with inclusion criteria,

but upon review, (n=4) studies were doctoral dissertations, (n=1) was a book chapter, and (n=17) were published peer-reviewed articles. The same process of scrutiny was applied to establish whether these (n=16) studies complied with inclusion criteria, after which only (n=4) studies met the study's inclusion criteria. After comparing these with the existing (n=11) included articles, it was realized that they were duplicates of included studies. A graphical representation of this process is depicted in Figure 2.

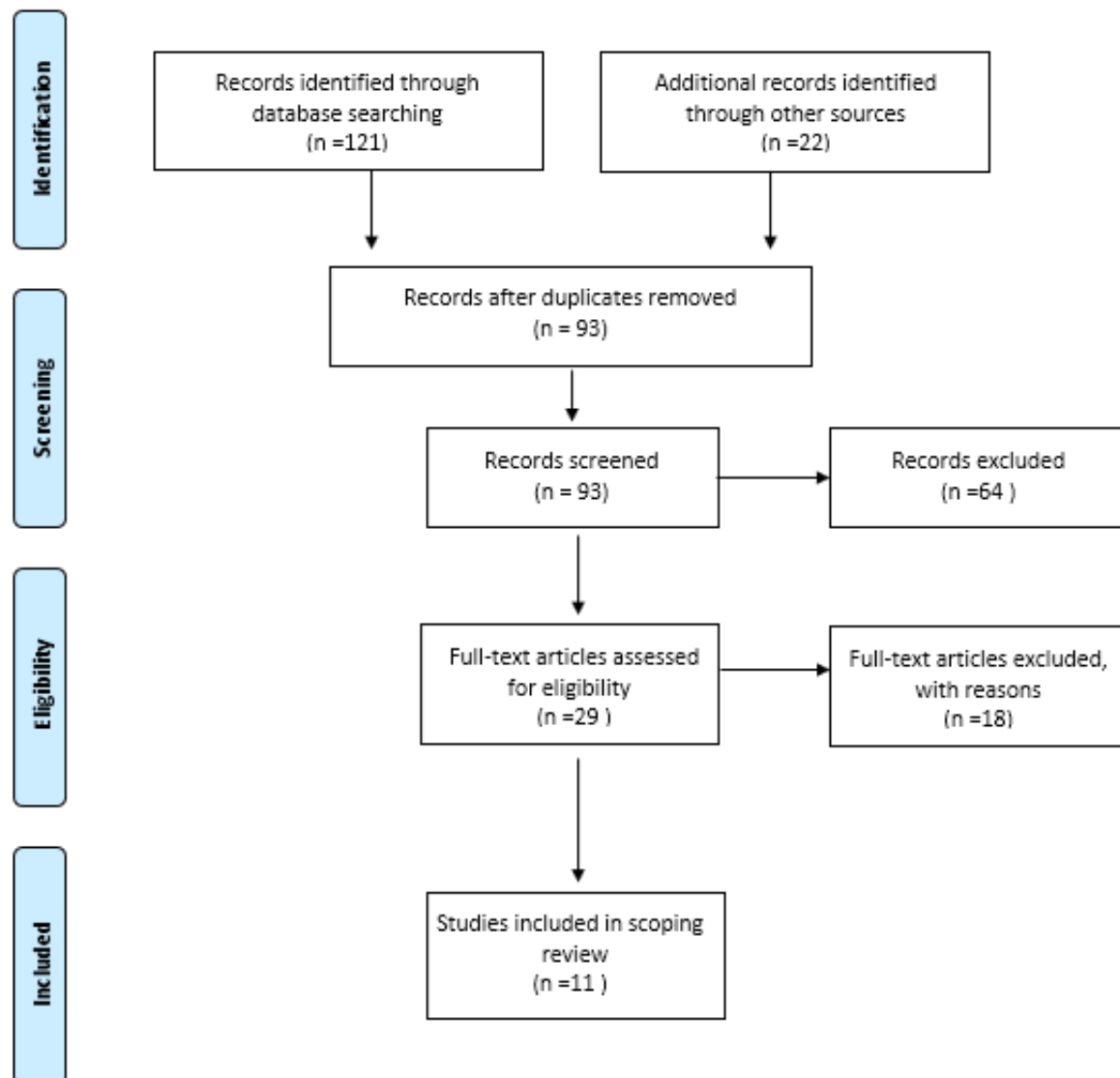


Figure 2: PRISMA flow diagram for the scoping review of child protection social worker resilience (<http://www.prisma-statement.org>)

3.4 Charting the data

Before conducting a scoping review, the researcher ensured that information that needed to be extracted from the studies were included in the charting table, in other words, the researcher created a table with the following items: title- study title, author surnames and year of publication, country where the study was conducted, research approach design (e.g. qualitative or mixed-method); method sample size and description, contextual factors (e.g. only white participants; aged between 25 and 40 years), and key findings.

The aim was that the items should assist in answering the research question and making it easier for the researcher to follow the research protocol. The researcher extracted the above-mentioned information from the included (N=11) articles and then incorporated them into the data charting table (*see addendum 2*).

3.5 Collating, summarizing and reporting the results

The researcher charted collected data (Arksey & O'Malley, 2005; Levac et al., 2010), then followed six steps of thematic analysis as suggested by Braun and Clarke (2006) to analyse the included studies. The researcher first read collected studies (Nieuwenhuis, 2014). The researcher repeatedly read included articles to trace the similarity of the study findings. While studying the included studies, the researcher kept in mind the research question with a view to understand whether the studies answer the research question.

Hereafter, the researcher generated open and axial codes: After charting the data, the researcher coded the key findings as noted under the key findings column of the charting table. The researcher used a colour-coding system, meaning different colours were used to shade and group codes that were similar or have the same meaning in relation to the research questions. After the first round of coding, the researcher met with a fellow Master's student, and two study supervisors to discuss identified codes.

All codes were written on a whiteboard marked in different colours the same as initially coded. Thereafter codes were organized into different themes. Four colours and one piece were used: yellow, blue-writing, green, sticker mark, green, and red, were used as a theme in order to organize codes. Codes with similar meanings were grouped together. For example, the yellow group included: improving the lives of clients, mission/calling, compassion satisfaction, and commitment to work. Hereafter two main themes were developed, this is because all codes resembled two themes, internal practice and external resources.

The researcher further reviewed codes paying attention to their meaning and they were merged based on their similar meanings, eventually, under *intrapersonal resilience processes*, the following subthemes were included: (a) emotional intelligence, (b) agency, (c) seasoned professionals, and (d) calling. *Interpersonal resilience processes*: included two subthemes: (a) personal support, and (b) workplace support.

Furthermore, the researcher followed the “Preferred reporting items for systematic reviews and meta analyses extension for scoping reviews” PRISMA checklist (Tricco et al., 2018, p. 1). Benefits of applying this checklist involves greater quality, permit readers to evaluate strengths and weakness, allow duplication of review methods, and structure and format review according to this guideline heading.

4. TRUSTWORTHINESS

Trustworthiness of this scoping review was enhanced by promoting dependability, credibility, and transferability. “**Dependability**” was enhanced by using a scoping review protocol (Nowell, Norris, White, & Moule, 2017, p. 3), which outline processes to be followed when conducting a scoping review. Thus, the research process is traceable and followed a standard protocol (Nowell et al., 2017). “**Credibility**” was promoted by peer debriefing, in other words study supervisors and the co-coder helped the researcher to reflect on his analysis and formulation of themes (Nowell et al., 2017, p. 3). “**Transferability**” was enhanced by documenting a thick description of the research procedure and data analysis documented in this dissertation (Nowell et al., 2017, p. 3).

5. FINDINGS

The aim of this scoping review was to summarise the available literature and identify the knowledge gap in the body of research regarding the resilience of CPSWs. This scoping review included (n=9) empirical studies and (n=2) knowledge syntheses which was plotted in a data charting table. Of these, (n=7) were qualitative, (n=3) were quantitative and (n=1) were mixed methods. The scoping review included (n=9) studies from India (n=1), United State of America (n=1), South Africa (n=1), Canada (n=1), Northern Ireland (n=2), and United Kingdom (n=3).

From the analysis, six themes were developed and categorised according to the SEM (Bogardus et al., 2019). The six themes are located and will be presented on two levels of the SEM (Bogardus et al., 2019) (Figure 3), namely: (1) intrapersonal resilience processes which

include emotional intelligence, agency, being called, and seasoned professionals, (2) interpersonal resilience processes, namely personal and professional supportive relationships.

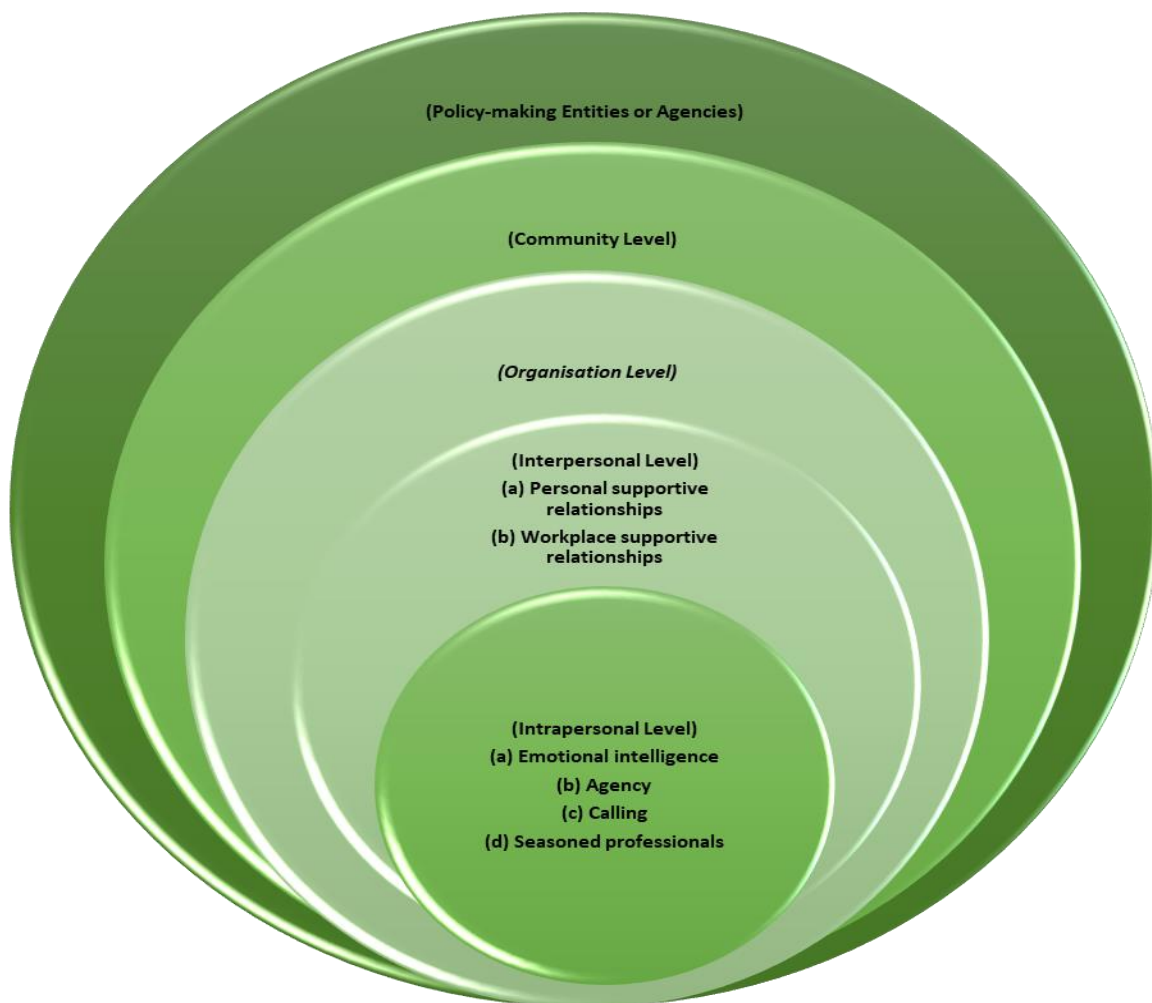


Figure 3: Categorisation of resilience processes from the scoping review in the SEM

5.1 Intrapersonal resilience processes

Intrapersonal resilience processes include what CPSWs engage in, in order to adapt positively, that is to say, CPSWs take the initiative to actively engage in specific activities that promote their resilience.

5.1.1 Emotional intelligence

Self-care, self-control, boundaries, emotional regulation, humour, optimism, and self-esteem were grouped under emotional intelligence. Emotional intelligence relates to one's ability to recognise and control their emotions and also be sensitive to others' feelings; thus act

appropriately (Ebersohn & Eloff, 2006). In a South African study, CPSWs indicated self-care as a promotor of resilience. Participants explained self-care as engaging in physical and leisure activities. For instance, one of the participants (Truter et al., 2018) stated that taking a walk daily contributed to the feeling of positivity, and feeling healthy (Truter et al., 2018).

Emotional intelligence practices were reported by resilient CPSWs in countries such as the United Kingdom and SA (Biggart, Ward, Cook, & Schifffield, 2017; Kearns & McArdle, 2012; Truter et al., 2018). Truter et al. (2018) reported that participants who practised self-control were able to deal with difficult situations. Moreover, their ability to control emotions also influenced their clients, meaning CPSWs' clients learn to regulate their emotions through observing them the social workers. Furthermore, CPSWs who regulate their emotions are also able to exercise sensitivity towards the feelings of their co-workers and their clients (Biggart et al., 2017). Leaving work at work, respecting family time, and knowing when to rest are noted as some of the ways of setting boundaries (McFadden et al., 2015; Truter et al., 2018) and subsequently fostering resilience. Sharing of humour allowed some CPSWs to laugh and as a result, lighten situations that are actually heavy (Truter et al., 2018).

5.1.2 Agency

Agency may be described as an individual's ability to act independently and make the decision voluntarily (Moore, 2016). In other words, they are in charge. This theme revolves around three sub subthemes: (a) being team player, (b) sense of secure professional identity and self-efficacy (c) personal accomplishment which were found to have similar meanings, which relates to the sense of agency.

First, being a team player or cooperative is noted as promoting a sense of team belonging, participants (Biggart et al., 2017) described spending informal time together such as going for lunch, checking on each other when they knew that other co-workers had an evening appointment as resilience promoting. It is considered to be important as it functions as a secure base (Biggart et al., 2017). Second, having a sense of secure professional identity and self-efficacy contributed to sustainability; thus reduced staff turnover rates (Kearns & McArdle, 2012). Also, Truter et al. (2017) add engaging in an ongoing training and educations. McFadden et al. (2019) note that *personal accomplishment* was highly associated with resilience. The participant's feeling that they have positively contributed to the client's life and having a workload that is manageable is linked to personal accomplishment (Lawrence, 2017; McFadden, Mallett, & Leiter, 2017; McFadden et al., 2019).

It is not only the contribution of CPSWs in the client's life that supported their resilience but also witnessing their client's resilience (Hurley et al., 2013). In 2014, Truter et al. found that positive ethics is a possible indicator of resilience in South African DSWs; such ethics include treating others well and being accountable to one's actions. McFadden et al. (2015) further indicate that a positive coping style and personal development (e.g. continuous professional development for the growth of professional knowledge and skill) contribute to resilience. These coping styles include (i) "applying investigative and interpersonal skills, (ii) embracing the risks and challenges, (iii) finding meaning and purpose, (iv) expecting the unexpected, (v) keeping expectations realistic, (vi) achieving competence and confidence, (vii) finding support from others and supervision, (viii) maintaining an important life outside work, (ix) debriefing from trauma and (x) learning about self and self-awareness" (p. 1552).

In addition, engaging in continuous professional development for the growth of professionals may enhance CPSWs' confidence, knowledge and skills, commitment to the profession and the mission of the employer, which appeared to bring more satisfaction to CPSWs; hence they had lower intentions to leave the profession (McFadden et al., 2015). Kearns and McArdle (2012) also pointed out that relationship building in the workplace may function as a base for support, for instance receiving help from co-workers to solve workplace problems.

5.1.3 Seasoned professionals

A study performed by McFadden et al. (2019) point out that participants with more work experience, higher qualifications, and who are older in terms of their age recorded higher resilience, on hierarchical regression models of resilience. Similarly, Stanley et al. (2018) reported that older participants aged between 51 and 60 years scored higher on resilience on ANOVA analysis. However, Stanley et al. (2018) conducted a study among women only and did not only investigate the resilience of CPSWs, but also included "clinical social work-medical and psychiatric social work, family and child welfare, and community development" (p. 6).

5.1.4 A calling

Findings by Truter et al. (2018) associated personal spirituality with a calling, noting that CPSWs with a belief and passion for child protection social work may be more resilient. CPSWs reported that they draw strength, hope, and purpose from their faith. This dovetails with findings by Truter et al. (2014) which reported that CPSWs' belief in God helped them

to endure tough days, because they believed that God is with them. There were no other studies outside SA that reported calling as a promoter of resilience.

5.2 Interpersonal resilience processes

Interpersonal resilience processes refer to resilience-enhancing relationships available to CPSWs. Under this theme, two forms of support were identified: *Personal supportive relationships* and *Workplace supportive relationships*.

5.2.1 Personal supportive relationships

This involves support from friends, peers, and significant others (Frost, Hojer, Campanini, Sicora, & Kullberg, 2017; Lawrence, 2017; McFadden et al., 2015; Truter et al., 2018). In their quantitative study, Stanley et al. (2018) reported that married participants scored higher on resilience compared to those who were single, they contend that being married offers an emotional benefit that helps reduce stress. Furthermore, Frost et al. (2017) explain that they feel supported by friends and co-workers.

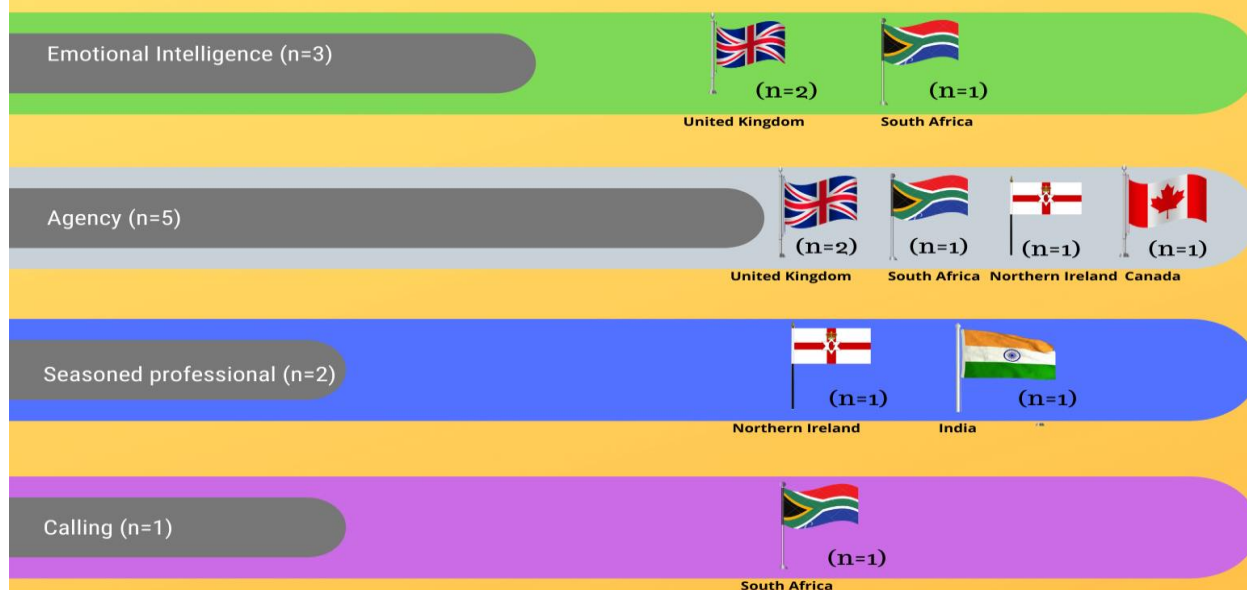
5.2.2 Workplace supportive relationships

This is described (Ferguson, 2015) as interpersonal relationship entrenched from lack or availability social factor, interconnection and social capital from the included studies. Workplace support included having an effective role model, a culture of trust among team members, which is also regarded as an asset within an organization (Kearns & McArdle, 2012). Receiving supervision from senior staff (line managers, supervisors) either from the same office or another office was reported to motivate CPSWs to remain in the field (Frost et al., 2017). In addition, Truter et al. (2018) elaborate that their study participants “experienced supportive colleagues as resilience-enabling” (p. 720).

In 2017, McFadden et al. investigated the “role of resilience in mediating burnout through organizational factors of control, values, fairness, reward, workload, and community relationships” (p. 72). McFadden et al. (2017) reported that “burnout may be mediated through fairness and reward” (McFadden et al., 2017, p. 80). Figure 4 represents the scoping review findings.

Resilience of CPWs: Scoping Review

Theme 1: Intrapersonal resilience processes



Theme 2: Interpersonal resilience processes

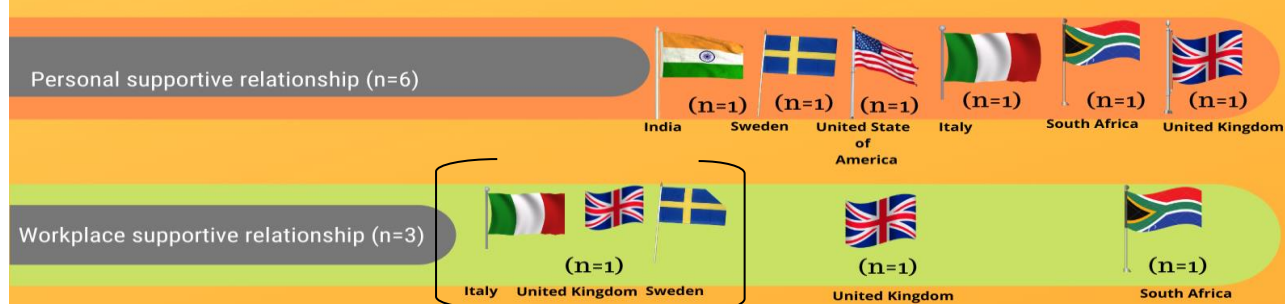


Figure 4: Scoping review findings summarised²

² Some studies reported resilience processes more than once. As such, studies are mentioned more than once on the figure above.

6. DISCUSSION

The aim of this scoping review was to summarise the findings of available research on the resilience processes of CPSWs and to identify the knowledge gap in this subject. The researcher achieved this aim by expanding and identifying the knowledge gap. The researcher expanded on the knowledge base of CPSWs' resilience by confirming CPSWs' resilience processes, emotional intelligence (Biggart et al., 2017; Kearns & McArdle, 2012; Truter et al., 2018), agency (Biggart et al., 2017; Hurley et al., 2013; Kearns & McArdle, 2012; McFadden et al., 2017; Truter et al., 2018), seasoned professionals (McFadden et al., 2019; Stanley et al., 2018), calling (Truter et al., 2018), personal supportive relationship (Frost et al., 2017; Lawrence, 2017; Stanley et al., 2018; Truter et al., 2018), and workplace supportive relationship (Biggart et al., 2017; Frost et al., 2017; McFadden et al., 2015; Truter et al., 2018).

As has been noted in findings of this review, the resilience of CPSWs seems to be promoted by both intrapersonal and interpersonal resilience processes. In other words, participants themselves played a significant role in their resilience. For instance, participants in included studies drew strength from their calling to CPSW. Furthermore, CPSWs in included studies referred to self-reflection as a way of promoting resilience.

This scoping review reveals that the ecology of the CPSWs does not seem to play a prominent role in promoting resilience of CPSWs in studies included in this scoping review. This correlates with what Truter et al. (2018) contends in highlighting the role of South African DSWs in promoting their own resilience. Scoping review identifies gaps in terms of certain countries in which the exploration of CPSWs has been explored such as India (Stanley et al., 2018). Furthermore, SA is characterised by high rates of child abuse (Hsiao et al., 2018; Ward, Artz, Leoschut, Kassanje, & Burto, 2018), and only one study concerning risks and resilience of CPSWs have been conducted and in one province only.

On intrapersonal level, the most cited resilience practice is agency, which was mentioned in six studies: two in the UK (Biggart et al., 2017; Kearns & McArdle, 2012); one in Canada (Hurley et al., 2013); one in Northern Ireland (McFadden et al., 2019), one in SA (Truter et al., 2018), in addition it was reported in a meta synthesis by Truter et al. (2017) the least mentioned resilience enhancing process on an intrapersonal level was having a calling. On this level nothing was reported from the USA. Two studies in the UK and one in SA reported emotional intelligence. Years of experience is also found by McFadden et al. (2015) and Stanley et al. (2018) to be a supporter of resilience. Personal supportive relationship was

mentioned on interpersonal level by studies mostly in Europe, the USA, India, and SA. Personal support encompasses support from significant others such as spouse, friends, siblings, children, and parents (Stanley et al., 2018; Truter et al., 2018). Workplace support was reported by Frost et al. (2017), McFadden et al. (2015), and Truter et al. (2018). In conclusion, the need for further exploration in SA and other countries in third-world countries is evident. In conclusion more studies about CPSW resilience in more South African provinces are needed to contribute to ongoing conversation about CPSW resilience.

7. LIMITATIONS

Studies included in this scoping review are only those published in English, as such, publications which might have been relevant to this study yet written in other languages may have been missed. Although this study's focus was on CPSWs resilience, a study investigating the resilience as a moderator of stress and burnout among women social workers in India was included and a study in which participants were both CPSWs and their managers. This may have deviated from the study inclusion criteria. The study was however included because its participants were from different fields in social work including child protection service. Finally, this review did not quality appraise included studies and selection of studies stopped in March 2019, possibly missing more publication.

8. CONCLUSION AND RECOMMENDATIONS

Few studies are available on this topic, the greater body of research evidence is from European countries, and only one study was conducted in SA. The findings of this study demonstrate that CPSWs' resilience as reported by studies included in the review, is supported by both intrapersonal and interpersonal resilience processes (Frost et al., 2018; Truter et al., 2018). It is worth noting that relationships that CPSWs had at the workplace (Frost et al., 2017; McFadden et al., 2015), also with significant others such as friends and spouses (Stanley et al., 2018), were perceived as sources of support which promoted resilience. Furthermore, CPSWs' motivation to actively engage in activities enabled them to adapt positively.

Looking at the insufficient information available on resilience of CPSWs in countries like Asia and Africa, it is recommended that CPSWs' resilience be investigated in countries like these, including other provinces in SA. In order to honour the diversity of people from different cultures, races, religion and context (Thorne, 2019), and also in light of the fact that

resilience is time and context specific (Ungar, 2013). The next Manuscript will report on the findings of 10 designated social workers who participated in the Free State.

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PREFACE

The Manuscript that follows titled “***The risk and resilience of 10 designated social workers employed in the Free State: A qualitative exploration***”, consist of semi structured interviews to explore experiences of risk and resilience among South African DSWs employed in the Free State.

The secondary research question guiding this study is: “***What could be learned from SA DSWs in the Free State about risk and resilience in the workplace?***”

MANUSCRIPT 2

**“The risk and resilience of 10 designated social workers employed in the
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1.1 Aims & Scope

1.2 Article types

1.3 Writing your paper

Editorial policies

2.1 Peer review policy

2.2 Authorship

2.3 Acknowledgements

2.4 Funding

2.5 Declaration of conflicting interests
2.6 Research data
Publishing policies
3.1 Publication ethics
3.2 Contributor's publishing agreement
3.3 Open access and author archiving
Preparing your manuscript
4.1 Formatting
4.2 Artwork, figures and other graphics
4.3 Supplemental material
4.4 Reference style
4.5 English language editing services
Submitting your manuscript
5.1 ORCID
5.2 Information required for completing your submission
5.3 Permissions
5.4 Information for Guest Editors
On acceptance and publication
6.1 SAGE Production
6.2 Online First publication
6.3 Access to your published article
6.4 Promoting your article
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ABSTRACT

Designated social workers (DSWs) play an important role in protecting children against maltreatment. Globally, DSWs are reported to be at jeopardy due to their risk-laden workplace. Nonetheless, some adjust well despite these workplace adversities; this phenomenon is known as resilience. Given the dearth of studies on DSW resilience in South Africa, this Manuscript reports on a qualitative exploratory study in which semi-structured interviews were employed to interview ten DSWs from the Free State province in South Africa. Data were analysed using thematic analysis and embedded in the socio-ecological model. Participants reported workplace risks including inadequate resources, a high caseload, unsafe working place, disrespectful engagements from other professionals, and the pressure of decision-making. Findings reveal that DSWs in this study engage in resilience-enhancing practices such as being passionate about child protection social work, practising religious activities, and engaging in self-care. The risks experienced by participants are situated mostly on the institutional level of the socio-ecological model, and their resilience is located on the interpersonal level. Recommendations in light of the findings are suggested.

Keywords: Social worker, child protection social worker, designated social worker, risk factor, adversity, workplace stress, positive adjustment, resilience, qualitative exploratory, phenomenology, socio-ecological model.

1. INTRODUCTION

Child abuse is a social problem that is pervasive around the world (Abbasi et al. 2014; Australian Institute of Health and Welfare [AIHW], 2019; Dahake et al., 2018). The occurrence has been reported in the USA (Wang, 2007), the UK (Radford et al., 2014), Australia (Australian Association of Social Workers [AASW], 2015); Sierra Leone (Ministry of Social Welfare, Gender and Children's Affairs [MSWGCA], 2009), and Zimbabwe (Muridzo and Malianga, 2015). South African children are not immune to this violent act (Jamieson et al., 2017), and Burton et al. (2015) highlighted that South African children are subjected to various forms of abuse. This social problem issue is described as an intentional act by a parent, adult or caregiver against a child, it encompasses sexual abuse, emotional abuse, cause of an injury, or neglect (Abbasi et al., 2014; Dahake et al., 2018; Jamieson et al., 2017).

Fighting and protecting vulnerable children against abuse is a task that involves multidisciplinary teams such as police officers, educators, doctors, nurses, and social workers, amongst others (Bragg, 2003; Jamieson et al., 2017; MSWGCA, 2009). Social workers are employed at various institutions such as healthcare facilities, schools, mental health institutions, correctional facilities and child protection organisations (Cohen et al., 2010; National Association of Social Workers [NASW], 2016; SACSSP, n.d). Specific social workers assigned the statutory powers to protect vulnerable children are child protection social workers (CPSWs) as globally known (Ellett et al. 2007; Littlechild, 2008).

In South Africa (SA), CPSWs are referred informally as statutory social workers, case workers, however the legal term is designated social workers (DSWs) (Bosman-Sadie et al., 2013). For the purpose of this study, South African DSW will be used to refer to this group of social workers. This is a group of social workers who are employed by child protection organizations such as Child Welfare, NG Welfare, ENGO, Department of Social Development (DSD) and others (Bosman-Sadie et al., 2013; Littlechild, 2008) and their duties include making assessments concerning children in compromising circumstance, placing them in alternative care, attending court proceedings and delivering aftercare services (Bosman-Sadie et al., 2013; HSE, 2011).

While conducting these duties, DSWs are bound to adhere to the ethical code of conduct provided by the South African Council of Social Service Professionals [SACSSP] (2012:6-7) which include "social justice, competence; human rights, integrity; professional responsibility, to show care and concern for others' wellbeing, and service delivery".

Although DSWs play such an important role in securing vulnerable children, they are reportedly working in conditions that make it difficult for them to perform their important duties (Kapoulitsas and Corcoran, 2015; Truter et al., 2017; Truter et al., 2018).

1.1 Child protection social workers: taxing working conditions

The hostile working conditions of CPSWs have received attention in literature (Kapoulitsas and Corcoran, 2015; Schiller, 2017; Truter et al., 2018; Tzafrir et al., 2015). These working conditions are reportedly informed by, amongst others, (a) staff shortages (Alpaslan and Schenck, 2012; Gibbs, 2001; Truter et al., 2018), (b) poor professional support (Alpaslan and Schenck, 2012; Russ, 2015; Truter et al., 2018), (c) scarcity in resources (Alpaslan and Schenck, 2012; Schiller, 2017; Truter et al., 2018), (d) a heavy workload (Alpaslan and Schenck, 2012; Bhana and Haffeejee, 1996; Ellett et al., 2007; Schiller, 2017; Truter et al., 2018), (e) aggressive clients (Alpaslan and Schenck, 2012; Truter et al., 2018); (f) a failing child protection system (Schiller, 2017), (g) the stressful nature of statutory duties (Truter et al., 2018); (h) incompetence of other role-players (Alpaslan and Schenck, 2012; Schiller, 2017), (i) the administrative burden (Ellett et al., 2007), (j) deficient financial support (Alpaslan and Schenck, 2012; Schiller, 2017; McFadden et al., 2015), (k) challenging clients (Alpaslan and Schenck, 2012; Truter et al., 2018), and (l) emotional exhaustion (Kassin et al., 2011; McFadden et al., 2015; Truter et al., 2018).

Several studies by Bowers et al. (2014); Gough (2011); Kassin et al. (2011); Truter et al. (2018) indicate that such working conditions that DSWs are exposed to could lead to various negative outcomes for the DSW such as traumatic stress, psychological harm, depression, burnout, and compassion fatigue. This in turn negatively affects quality of services rendered to vulnerable children and their families (Kaplan and Jones, 2013; Truter et al., 2017). Some DSWs are negatively affected by the afore-mentioned adversities; therefore, they exit this field of work (Griffiths and Royse, 2017) leaving those still in practice with increased volumes of work and delayed child abuse investigations (Calitz et al., 2014). This means children may be further exposed to abuse (Kaplan and Jones, 2013). In other words, their rights are violated, which contradicts the 2030 sustainable development goal to end violence against children, eliminate hunger, and stimulate quality of education (UNCRC, n.d; United Nation sustainable goals (n.d). Notwithstanding stated workplace adversities, some DSWs are said to adjust well in these working conditions (Truter et al., 2018).

1.2 Resilient child protection social workers

In order for one to be considered resilient, they have to be exposed to substantial adversity and do better than is expected (Masten, 2001; Van Breda, 2018). As demonstrated in the previous section, CPSWs work in adverse contexts and as reported in the scoping review (Manuscript 1) some CPSWs have adapted positively despite workplace adversities (Biggart et al., 2017; Frost et al., 2017; Hurley et al., 2013; Kearns and McArdle, 2012; McFadden et al., 2017; McFadden et al., 2019; Russ, 2015; Stanley et al., 2018; Truter et al., 2017; Truter et al., 2018). Furthermore, Ungar (2013) details resilience to be culture and context-specific and that it relies on mutual interactions between an individual and ecology.

In Manuscript 1 it was found that mostly empirical studies on resilience of CPSWs were conducted in Europe, one in USA, One in Asia, and one in SA. In order to honour context in which people work and role that diversity may play in their resilience (Thorne, 2019; Ungar, 2013), further exploration is needed to expand on what has already being done Gauteng. As such, this study expanded on existing knowledge by focussing on SA DSWs in different regions of the Free State province.

1.3 Free State Province

The Free State province was selected for this study. Free State is one of nine South African provinces, situated at the centre of the country (Punt et al., 2005; StatsSA, 2019). It has a population of 4, 9% of the country's residents, making it the second smallest share of the South African population (StatsSA, 2019). This population constitutes (Free State's Regional Steering Committee, 2010) African, Mixed-race, White, and Indian. The majority of the residents are Sesotho-speaking, followed by Afrikaans (13%), isiXhosa (8%), Setswana (7%), and isiZulu (5%). Its economy drive is based on agriculture (Punt et al., 2005). Free State (FS) has the high prevalence of unemployment (Punt et al., 2005), about 20.0% of the Free State population is reliant on government social grants as a source of income (Free State's Regional Steering Committee, 2010). This means most of the population in the Free State require social service, including child protection services, in other words the caseload for DSWs in this province may be high.

2. THEORETICAL FRAMEWORK

A theoretical framework is a guide to research (Adom et al., 2018). It helps the researcher to contextualise theories to the relevance of their studies (Adom et al., 2018). The socio-ecological model (SEM) was adopted for this study as it allows a multiple systems perspective (Guo et al., 2018) and has been used to analyse the health-related behaviour of members of the community as influenced by the environment (Baron-Epel and Ivancovsky, 2013), and social work studies often make use of this model (Guo et al., 2018; Pardeck, 1988; Ungar, 2012). This model is similar to that of Bronfenbrenner's ecological theory, which is based on the view that human beings progress, and this progression is influenced by the interaction between an individual and their social context (Rosa and Tudge, 2013; Strong and Cohen, 2014; Taylor and Gebre, 2016). Moreover, this model further aligns with the principles of Ungar's (2013) socio-ecological framework of resilience (Ungar, 2013), which also holds the view that the ecology plays a role in fostering individual resilience.

The SEM is based on an understanding that individuals interact with their environments, and this transaction determines an individual's behaviour (Baron-Epel and Ivancovsky, 2013; Guo et al., 2018; McLeroy et al., 1988). This model considers different factors when analysing an individual's behaviour: (i) "intrapersonal factors- innate elements such as behaviour, attitude, and skills, (ii) interpersonal factors- include interpersonal relationships with friends, family, co-workers, (iii) institutional factors- entails organisational characteristics, rules and regulations that should be adhered to, (iv) community factors- entails relationships between organisations, institutions and casual networks within distinct boundaries, (v) public policy factors - entails laws and policies on local, state and national level" (McLeroy et al., 1988, p. 355).

3. IMPORTANT CONCEPTS

3.1 Risk factors

According to the World Health Organization ([WHO], 2004), risk factors entail circumstances that are associated with increased chances of lower positive effects but higher chances of experiencing negative outcomes.

3.2 Resilience

Resilience refers to a positive adaptation in the face of adversities (Masten, 2001; Van Breda, 2018), which means that resilience requires significant adversity as a prerequisite (Masten and Reed, 2002; Ungar, 2008). Moreover, Ungar (2012) contends that resilience processes are influenced by the environment and culture.

3.3 Designated social worker

A designated social worker according to Children's Act, Act 38 of 2005 is a social worker who is employed by "the Department or a Provincial Department of Social Development, a designated child protection organisation, or a municipality" (Bosman-Sadie et al., 2013:159).

3.4 Child protection social workers

Child protection social workers (CPSWs) are social workers practising in a child protection setting (Bradbury-Jones, 2013; Littlechild, 2008), and are legally authorized to protect vulnerable children by (a) making assessments about alleged child abuse or neglect, (b) placing children in alternative care, (c) attending court proceedings and (d) delivering aftercare services (Bosman-Sadie et al., 2013; Ellett et al., 2007; HSE, 2011). In South Africa, they are referred to as designated social workers (DSWs) (Bosman-Sadie et al., 2013).

4. METHODOLOGY

A qualitative exploratory approach (Yegidis et al., 2012) was employed in this study as it allows for exploration of deep and meaningful lived human experiences that produce rich data that cannot be obtained from numbers (Nieuwenhuis, 2014; Rubin and Babbie, 2013).

This study adopted a phenomenological design which refers to a philosophical paradigm which underlines an individual's subjective life experience and their own interpretation of the world; it seeks to capture the meaning of an individual's lived experiences in relation to events, people and situations (Cornish et al., 2014; Krysik and Finn, 2010; Rubin and Babbie, 2013). The phenomenological design best suited this study as it was interested in participants' experiences of risk and resilience.

4.1 Research question and objective

This study was guided by the following research question: *What could be learned from South African DSWs in the Free State about their risk and resilience?* In order to answer this study

research question, this study objective was to explore experiences of risk and resilience among South African DSWs in the Free State.

4.2 Sampling and Recruitment process

4.2.1 Sampling

Table 2: Participants' identifying information

Participant	Employment organization	Town in Free State	Gender	Race	Number of years' work experience as a South African DSW	Telephonic or face to face interview
P1	Child Welfare South Africa	Qwa-Qwa	Female	Black	3 years	Face-to-face
P2	Engo	Reitz	Female	White	25 years	Face-to-face
P3	Engo family care	Bloemfontein	Female	White	1 year and 6 months	Face-to-face
P4	Engo family care	Bloemfontein	Female	White	6 months	Face-to-face
P5	Engo	Henneman	Female	Mixed race	4 years	Face-to-face
P6	Engo	Virginia	Female	Black	4 years	Face-to-face
P7	Engo	Senekal	Female	White	15 years	Face-to-face
P8	Engo	Senekal	Female	Black	1 year, 08 months	Face-to-face
P9	Child Welfare South Africa	Wepener	Female	Black	9 years	Face-to-face
P10	Child Welfare South Africa	Wepener	Female	Black	1 year and 8 months	Face-to-face

Sampling is a process of selecting the portion of participants from a larger population to participate in a study (Nieuwenhuis, 2014; Taherdoost, 2016). For the purpose of this study, purposive sampling as a type of non-probability sampling (De Vos et al., 2011; Nieuwenhuis, 2014; Neuman, 2014) was employed.

Purposive sampling is also referred to as judgemental sampling; it is the intentional selection of participants based on the characteristics they have which fit the study criteria (De Vos et al., 2011; Tongco, 2007). Non-probability sampling is a technique in which the researcher selects a specific population based on the interest of the study (Rubin and Babbie, 2013; Taherdoost, 2016). Purposive sampling was used to recruit participants. Participants of the current study were invited specifically because they are DSWs and this study was interested in exploring risks and resilience processes of DSWs in the Free State. Participants in this study nominated themselves. This process is known as self-referral (Truter et al.,

2018). Participants had to comply with the inclusion criteria, which are subsequently discussed.

4.2.2 Inclusion criteria

Participants had to meet the following inclusion criteria to participate in the study: (1) be employed by either Child Welfare South Africa (CWSA) or ENGO (this is a full name of the organization) in the Free State province, (2) be qualified and registered social workers with the South African Council for Social Service Professionals, (3) be practising as a CPSW in the Free State province at the time of the study, (4) have a minimum of 2 years' experience in the child protection sector, (5) understand English, (6) and be willing to participate in a semi-structured interview.

Six participants availed themselves to participate in this study, and they complied with the abovementioned criteria of two years' experience or more. In addition, four more participants expressed their interest in participating in this study, however three of them did not meet the inclusion criteria related to years of CPSW experience. The researcher consulted his study supervisors, to possibly include them. The study supervisors permitted this exception. Thereafter, the researcher communicated to relevant organisations that interested DSWs with less than two years' experience in DSW and who complied with the rest of the set inclusion criteria, could nominate themselves to participate. Three participants with less than two years' experience were subsequently also included (see Table 6). Because sampling was guided by a self-referral process, data was collected from only ten participants since only ten participants (who complied with the inclusion criteria, besides three who had less than two years CPSW experience) volunteered to participate.

4.2.3 Recruitment process

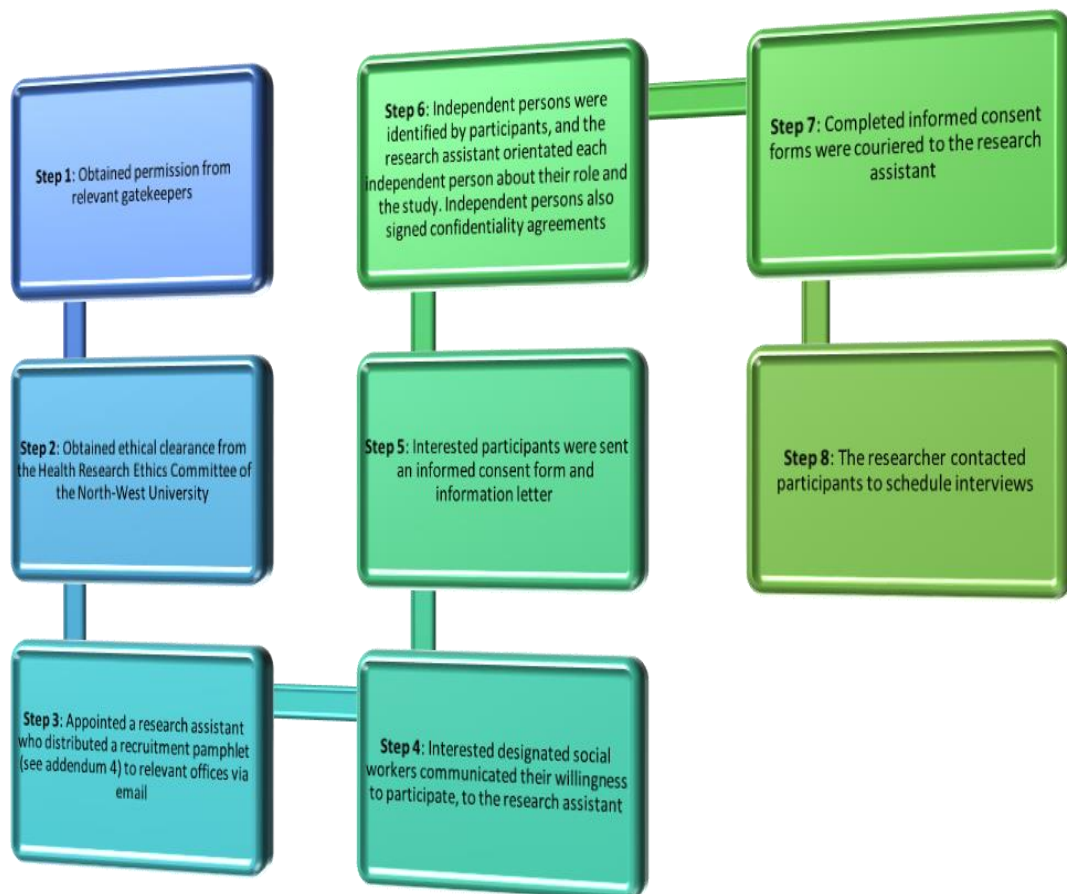


Figure 5: Recruitment process

Permission to conduct research with DSWs in the Free State was obtained by the researcher from gatekeepers (*see addendum 3*). A gatekeeper is a legitimate person of authority from each organization (Singh and Wassenaar, 2016), and in this case, DSW provincial managers or directors were approached to obtain permission. ENGO and CWSA approved access to their staff in Bloemfontein, Henneman, Virginia, Senekal, Reitz, Bethlehem, Qwa-Qwa and Wepener. The gatekeepers also provided the researcher with email addresses of their respective offices.

Once ethical clearance was obtained from the Health Research Ethics Committee (HREC), ethics number NWU - 0 0 1 3 2 - 1 8 - A 1 on the 26th of November 2018 (*see addendum 12*). The researcher made use of a research assistant (who was also the co-coder of the study) and an independent person who both signed confidentiality agreements, to assist with the study.

4.2.4 Role and duties of research assistant and independent person

To avoid undue influence and coercion, the researcher was not involved in the recruitment of participants or signing of informed consent forms (Shenton, 2004), the research assistant recruited participants by distributing a pamphlet detailing the purpose of the study, inclusion criteria, name of the researcher, the research assistant and study supervisors, confidentiality agreement possible risk and benefit for the participants and also contact details of the research assistant, through an email to the email addresses obtained from the gatekeepers. Interested participants were requested to make contact with the research assistant who then emailed these participants the information letter (*see addendum 9*) that contains detail information about the research study, and an informed consent form.

Participants had two weeks to decide whether or not they wanted to participate in the study. Eleven prospective participants made contact with the research assistant via email or telephonically to indicate their interest in participating in the study. Hereafter, the research assistant contacted all participants to ask them to identify an individual from their office whom they would be comfortable with to act as an independent person, meaning, someone who will be present when participants sign the confidentiality agreement (*see addendum 13*).

The research assistant then contacted identified independent persons (mostly colleagues or admin staff as preferred by each participant) telephonically to train them in terms of their role in this study, which included; being present when the participants sign the written informed consent form and retaining it in a sealed envelope, encouraging participants to ask questions should they not understand, and for signing informed consent forms, she arranged with a courier company for collection.

Courier services informed the research assistant immediately when the documents were ready for collection at their local distribution centre. The research assistant collected and stored informed consent forms and confidentiality agreements signed by independent persons in a locked cabinet at the North-West University Vaal, social work department office. The researcher then contacted participants to arrange interviews

4.3 Data Collection

Semi-structured interviews were used to explore the participants' experiences of risk and resilience. A semi-structured interview is a set of predetermined questions used to engage a participant, it also guides the conversation between the researcher and the participant (De Vos et al., 2011; Nieuwenhuis, 2014). This method of data collection was applied in this study because it allowed the interview to be flexible, informal and conversational (Rubin and Babbie, 2013). This helped participants to relax and thus converse with ease. All interviews were conducted in English. Once informed consent was obtained, the researcher phoned each participant to ensure they understand what the study is about and asked whether they were still willing to participate.

Hereafter, the researcher determined the preference of the participant regarding a face-to-face or telephonic interview (Drabble et al., 2016; Sweet, 2002). Dates and times of semi-structured interviews were then scheduled. Each interview was guided by an interview schedule developed by Truter et al. (2018), which contained the two main research questions with some probing questions (De Vos et al., 2011).

These two key questions were: (a) “What makes your work as a child protection social worker difficult or challenging? (b) What enables you to adjust well? In addition to these two questions, probing questions were asked to get further explanation” (P.717). All ten participants chose to be interviewed face to face (see demographics information in Table 6). Conducting interviews in person came with several challenges such as high financial costs of traveling and accommodation, length of time spent on the road. The researcher secured funding from his bursary to cover these costs and applied for leave from his employer well in advance to collect data.

Interviews were audio-recorded with the permission of the participants (Rubin and Babbie, 2013), and transcribed verbatim (Nieuwenhuis, 2014). The researcher attended an interviewing skills workshop, additionally trained by the study supervisor. The duration of the interviews was an average of 45 minutes, conducted all in English.

4.4 Data analysis

Data was analysed using thematic analysis (Braun and Clarke, 2006), a method of identifying and developing themes from the data. First, the researcher repeatedly listened to audio recordings as he transcribed it. This enabled the researcher to become acquainted with the data (Nieuwenhuis, 2014). Then, the researcher and the co-coder separately coded one

transcript of the first participant to compare how they coded open and axial codes to ensure they did it similarly (Cornish et al., 2014; Nieuwenhuis, 2014). Thereafter they compared, discussed, and reached an agreement on how to code, both applying thematic analysis as described by Braun and Clarke (2006).

All transcripts of the two research questions were coded independently by the researcher and co-coder (Cornish et al., 2014; Nieuwenhuis, 2014). Coding, which relates to breaking down data into segments (Theron, 2015), was conducted separately for the two research questions in this study.

Every transcript was read to search for answers to the research questions, sentence/phrase that appeared to be responding to research questions was assigned a symbol or colour. Every identified possible answer to a research question was marked with a specific colour or symbol. This colour or symbol was used throughout the transcripts marking similar responses, for instance aggressive clients was assigned blue star, thus on every transcript this response was marked with blue star.

This was followed by axial coding where all the codes which relate were grouped (Barbour, 2014; Theron, 2015) and marked with the same colour. Then the co-coder and the researcher held a consensus discussion on assembling axial codes. Hereafter, to enhance reflexivity (Cornish et al., 2014), study supervisors were involved in the processes of developing themes answering both research questions. Together we reflected on grouping of codes, shifted some, merged some and reconsidered whether some codes matched developing themes and sub-themes. The research team reached consensus discussion regarding alignment of each theme on SEM (Baron-Epel and Ivancovsky, 2013; Guo et al., 2018; McLeroy et al., 1988).

5. TRUSTWORTHINESS

Guba (1981), as well as Lincoln and Guba (1986) explained that the trustworthiness of research studies is promoted when a study is credible, transferable and dependable. The researcher enhanced “**credibility**” (Lincoln and Guba, 1986:77) of his research study by means of triangulation (data was collected from a scoping review and ten interviews with participants in the Free State); peer debriefing (the researcher allowed the co-coder and senior academics to have an input in his analysis of data) and member checking (a summary of research findings was sent to participants for their feedback – no participants responded, however) (Guba, 1981; Lincoln and Guba, 1986).

In order to enhance the “**transferability**” (Lincoln and Guba, 1986:77) of the study, the researcher gave a comprehensive description of data, the profile of participants and procedures followed to conduct the current research study (Lincoln and Guba, 1986). To make the study more **dependable**, the researcher kept a research journal (*see addendum 7*) in which he regularly described the research process and reflected on problems experienced throughout the process (Lincoln and Guba, 1986).

6. ETHICAL CONSIDERATIONS

This study was approved by the Health Research Ethics Committee (HREC) of North-West University (*see addendum 12*) (Brinkmann and Kvale, 2017). The researcher conducted this study, cognisant of the following ethical principles:

6.1 Voluntary participation and informed consent

Participants voluntarily participated in this study; they gave their consent in writing (Brinkmann and Kvale, 2017; Rubin and Babbie, 2013). The research assistant recruited participants to avoid participants feeling pressurised by the researcher to participate (Shenton, 2004).

6.2 Confidentiality

Participants’ real names were replaced with code names, for example Participant 1. A participant’s real identity is known by the researcher, study supervisors and research assistant who signed confidentiality agreements, but no one else. This was for the purpose of maintaining participants’ confidentiality (Brinkmann and Kvale, 2017; Rubin and Babbie, 2013).

6.3 Privacy

Privacy of participants in this study was promoted by conducting interviews in each DSWs’ own office with the door closed. DSWs were asked to switch off their phones or adjust it to silent mode, ask their secretary to take their calls to avoid disturbance during the interview and other people having knowledge of their participation in this current study.

6.4 Risk and benefit

The researcher’s intention was not to cause any harm to participants; a clinical psychologist (*see addendum 11*) remained on stand-by during the course and after conducting this study, in

case participants might have experienced emotional distress. They were then allowed telephonic debriefing (Mertens, 2014), and could be referred to a professional nearest to them should they require further intervention. However, none of the participants in this study came forward to request a debriefing.

6.5 *Compensation*

Each participant was given a Wimpy coffee voucher as a token of appreciation for sacrificing their time and being willing to share personal stories of risk and resilience.

7. FINDINGS

In this section, findings relating to the two main research questions mentioned earlier will be discussed. First, findings pertaining to the question of risk factors are detailed. Thereafter, findings relating to the resilience of participants will be described. First, findings of both research questions are illustrated in Figure 6 and 7, after which each theme is presented in a table with themes, sub-themes, and supportive quotes. Findings are embedded in the SEM (McLeroy et al., 1988).

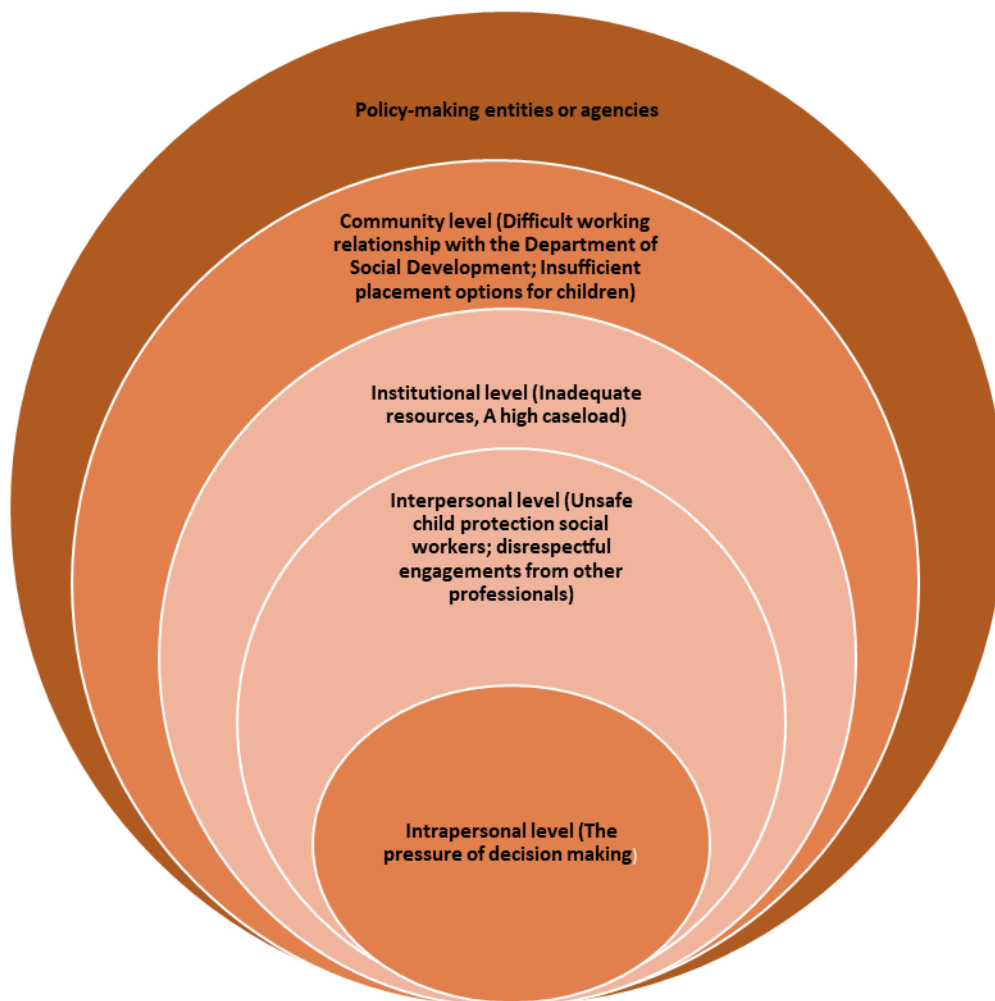


Figure 6: Risks reported by participants in the Free State, categorised according to the SEM

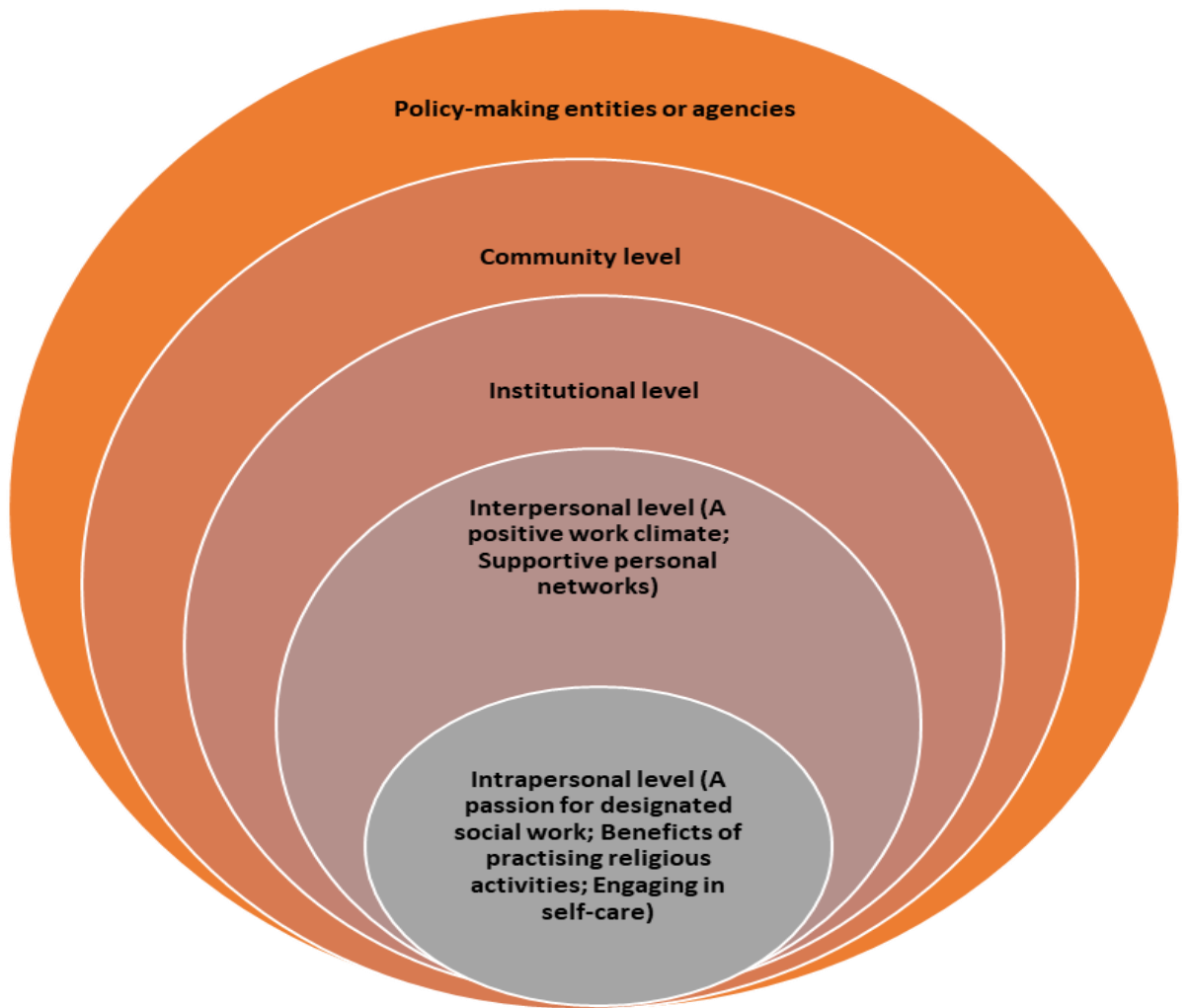


Figure 7: Resilience processes as reported by participants in the Free State categorised according to the SEM

7.1 Risks of doing child protection social work according to ten DSWs in the Free State

The risks faced by DSWs in this study were developed into seven themes located on four levels of the SEM (Baron-Epel and Ivancovsky, 2013; McLeroy et al., 1988):

1. Community level

Community factors entails the relationships between organisations, institutions, and causal networks (McLeroy et al., 1988). Themes developed on this level involve a difficult working relationship with DSD and insufficient placement options for children.

2. *Institutional level*

Institutional factors entail organizational characteristics, values and guiding rules (McLeroy et al., 1988). Two themes are embedded on this level; (1) inadequate resources; staff shortages, deficiency of material resources; financial constraints, and (2) a high caseload; a large number of cases, loads of administration, and a lack of time.

3. *Interpersonal level*

Interpersonal factors are concerned with interpersonal relationships, for instance supportive relationships with family, friends, and co-workers (McLeroy et al., 1988). Themes embedded on the interpersonal level entails: unsafe child protection social workers - facing aggressive clients and unsafe workspaces, and negative engagement with lawyers who are experienced as disrespectful.

4. *Intrapersonal level*

Intrapersonal factors involve individual traits such as talent, level of knowledge, attitudes, including acquired information from parents and or events that have had a significant influence on their developmental milestones (McLeroy et al., 1988). A theme from this study on this level include: the pressure of decision making.

7.1.1 Risks on a community level

Table 3: Theme 1: Difficult working relationship with the department of social development

Many participants in this study listed poor service delivery by the DSD as a risk factor.	
Illustrative quotes	“The lack in the system. You know, the department of social development, then court, so if I do for example foster care. I must renew, every two years I must renew 159, report I send it to the department of social development, they must send it to court then it must come back to social development, then back to us again, there is miscommunication, things get lost that really affect us. Because the foster parent come to us, we want the order, we want the order for school fees” (P4:5). “In the department, they always lose our files, we must make the file over and over again for them... and it is a lot of money because we must make that photocopy again and again” (P7:7).

Many participants reported that the DSD constantly loses their clients' files resulting in an administrative burden on them. Storey and Billingham (2001) found similar risk factors in

their study including generic social workers in South Wales – that poor inter-departmental co-operation is a risk factor. Similar findings were reported by two South African studies. Schiller (2017) cited a lack of motivation from the role players, whilst on the other hand Alpaslan and Schenck (2012) stated absence of cooperation from stakeholders, and poor communication from stakeholders. These two South African studies mention challenging working relationship with stakeholders generally, whereas participants in the current study *specified* difficult working relationship with the DSD as a risk factor.

Table 4: Theme 2: Insufficient placement options for children

A few DSWs explained struggle and difficulties involved in finding a placement alternative for children.	
Illustrative quotes	“The other thing is, the lack of resources especially in Free State or in our area we don’t have enough resources... it is either full or you have to be place on a waiting list So, we are struggling with the resources, like in Virginia we only have two place So, for us in the Free State we don’t have enough resources, we don’t... ja, let’s say the place of safety and the CYCC” (P6:7-8). “We have (names of CYCC) most of them are full... if we can’t get foster care, we ask the foster parents who are already screened if they would like to [be foster parents]. But really it is really difficult to get child and youth care centre” (P4:6).

Few participants in this study explained their struggle to find a child and youth care centre as there is a lack thereof. They referenced this as lack of resources in their area where they render services. This risk has been reported in literature by Ellett et al. (2007), however none of the former South African studies mentioned this risk, other than participants of the current study.

7.1.2 Risks on an institutional level

Table 5: Theme 3: Inadequate resources

Most participants of this study ascribed an inadequacy of a variety of resources to their workplace adversities since the inadequacy of these resources has jeopardized high-standard service delivery and has placed emotional strain on child protection social workers.
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Subtheme (s)	Illustrative quotes
Staff shortages	[P9 was the only social worker when she started working at this office] “Yes shortage of staff...it had an impact on the other social work methods. Especially group work, there was no time to do group work except at those times when we had to call the meeting for a foster parent meeting or our foster children meeting. But to have a group work with maybe children, it was very difficult” (P9:4). “Also with the resources in our community, it’s a big problem. Multi-professional where the clinical psychologist or whether its occupational therapist. Town H specifically its very, how can I put it? It very behind... I think there is only one therapist but she only do other assessments, but she only caters for white children in terms it is easier, people that can afford certain services. For the unemployed people or for the poorer community there isn’t people literally available that we can say listen please do assessment for us even if we have to refer, its Town V and again there is costs involved. As an NGO we can’t afford to pay for the services. When we get the children with severe behaviour problem, then those children need to undergo certain therapy sessions... this type of resource is limited, for black children I think there isn’t really much to cater for. I can’t make a quick referral for assessment” (P5:8)
Deficiency of material resources	“Maybe it is late, and you don’t have a car. The car is only for the organization. It sleeps here So, if I don’t have a car, how do I get client where they say the child is being neglected or the child is on its own in the house, and then they call a social worker to come and assist and I don’t have a car and it is night, and I can’t just go there on my own...it is risky, that is what I am saying, it is a big challenge, and it is a big challenge, so sometimes if I have to go through the police station, I can make a call and say we go. You understand, so if you don’t know any police officer who is working at that moment, it is a problem to there” (P1:12). “So we get a subsidy and they didn’t give us a budget breakdown so we can spend it as we wish, but that subsidy, we pay the salary, it but that is not even enough for the salary So, the money for petrol, to hire this place, for stationery, the telephone, all that means we must get from the community and that is not easy, so that put stress on us” (P7:8)
Financial constraints	“The mother’s family said she didn’t tell them he was the father before she pass [es] away. Then we now have started the process of advertising [for foster care], and that is so expensive... it’s just that it is frustrating because we don’t have money” (P3:6) “So we get a subsidy and they didn’t give us a budget breakdown so we can spend it as we wish, but that subsidy, we pay the salary, it but that is not even enough for the salary So, the money for petrol, to hire this place, for stationery, the telephone, all that means we must get from the community and that is not easy, so that put stress on us” (P7:8)

Most of the participants highlighted that a lack of resources makes it difficult for them to execute their statutory duties such as investigating the allegation of child maltreatment, because they may for example not have a car to attend to calls of alleged child maltreatment, which may place vulnerable children at further risk. Not having basic material such as paper and telephone makes it difficult to execute their duties. Similar findings to these outcomes (i.e. not being able to do work) were reported by researchers in three European countries; Italy, Sweden and England (Frost et al., 2017). Schelbe et al. (2017) in the USA, Van Niekerk (2006), Truter et al. (2018) and Alpaslan and Schenck, (2012) in SA, also found that a dearth of resources in the child protection social work setting makes it difficult to provide services to vulnerable children and families, which amplified frustrations and stress.

In addition, participants in this study reported that not having enough resources affects their ability, specifically to conduct group work as a social work method. Access to resources and funding is a commonly reported risk for DSWs, which primarily affects service delivery. Participants of this study are the first however to specify particular social work methods that are neglected due to inadequate resources.

Table 6: Theme 4: A high caseload

Having a high volume of work prevents some participants from engaging in group work and therapeutic services, which is emotionally taxing for participants.	
Subtheme (s)	Illustrative quotes
A large number of cases	“I think we handle a lot of cases, that is more than what we can handle, and intensity is also very high ... and it is emotionally, it takes a lot emotionally” (P2:3). “...so workload is a challenge [have a caseload of 130]. Sorry, so ja it is a challenge. We are like five in here, but it’s a lot of files and the services we render its prevention, early interventions and must do group work each of us and community work. And reunification, so it doesn’t feel possible to render all this services, and feels sometimes like you neglect clients because you have so much you can’t keep up with everything” (P4:3).
High administration and lack of time	“The other thing that contributed to high caseload, or rather let me say the administration at this office [renewal process of foster care order annually]” (P9:4). “There is a lot of admin, and not so much time for therapeutic services... so every call you make you must write the date, with who, what did you discuss and the planning forward. We do statistics, stats like DSD stats and our organisation’s and then small stuff like we must the story for the paper, like we work

Having a high volume of work prevents some participants from engaging in group work and therapeutic services, which is emotionally taxing for participants.	
Subtheme (s)	Illustrative quotes
	with churches a lot” (P4:7).

The risk of the high number of cases is *not* a new finding and has been reported previously in studies conducted with CPSWs by Antonopoulou et al. (2017), Tzafrir et al. (2015), Ellett et al. (2007), Griffiths and Royse (2017), Gupta and Blewett (2007), Kim (2011), McFadden et al. (2015), McFadden et al. (2017), Schiller (2017), and Regehr et al. (2000). A high volume of work drains participants emotionally as also reported by Gough (2011), Regehr et al. (2000) and Truter et al. (2018), who stated that a further outcome for CPSWs might be emotional fatigue, which negatively affects the service provision to vulnerable children and families. Excessive administration (Ellett et al., 2007) and high caseloads leave participants in this study with little time to always render prevention, early intervention, and therapeutic services. These findings confirm what other South African studies have reported (Alpaslan and Schenck, 2012; Schiller, 2017; Truter et al., 2018).

7.1.3 Risks on an interpersonal level

Table 7: Theme 5: Unsafe Child Protection Social Workers

Many DSWs in this study felt unsafe while executing their duties at both the workplace (office) and when they worked outside of the office.	
Subtheme (s)	Illustrative quotes
Aggressive clients towards the CPSWs	“Some become aggressive, that is the most risk we facing as a child protection social workers...I remember this other lady she didn’t want me to remove her children, she wanted to fight me. But she didn’t, but I could see that if she can do it she is going to snatch me, she just bumped table like this (demonstrating by banging table with her fist) and there was pores on the table... we are at her place and she is saying no you

Many DSWs in this study felt unsafe while executing their duties at both the workplace (office) and when they worked outside of the office.	
Subtheme (s)	Illustrative quotes
	can't take my child. And I had to tell her I have to take this child, when the situation like this happen you do get threatened even though make a brave face that I am here, and I am not going anywhere" (P9:8). "Yooh, sometimes you get lack of cooperativeness from the parents that is where you feel your life is in danger. I will make an example, you go and remove a child who was molested by not the child's biological father, mother's boyfriend... and you get a hostile environment, where the mother will be saying, no the child is lying. This has never happened, and the boyfriend would say, and you will be like, I actually feel attacked here" (P8:2).
Unsafe workspaces	"...sometimes you are not going to the home visit, a client would come here at the office. They would come with a gun and threaten you... I will shoot you I want my child, you know. [CPSW removed child from father's care due to allegation of abuse] ... so the guy came back after like a week with a gun and he was like pointing a guy in the office, he was like he wants to see his child... I was very afraid for my life (chuckled). I was thinking here I am going to die" (P1:8). "Domestic violence, such cases, so we are always in fear when especially in this office we are mostly females... like I said the men I work with, they come in blazing and you are uncertain if there is any object that you might feel threatened with" (P5:4, 7).

Many DSWs in this study faced aggressive clients resulting in them often working in fear, feeling threatened, and being very scared. The aggressive behaviours encountered vary between verbally intimidated to being confronted at gunpoint. Similar findings were reported by other researchers (Ferguson, 2010; Littlechild, 2008, Russ, 2015). For instance, the study by Littlechild (2008) in the UK makes refers to CPSWs who experience fear because they were personally threatened by clients. Although none of the participants did report ever having been physically assaulted, they deal with verbally vicious clients. Alike risks are reported by Ferguson's (2010) and Gibbs' (2001) studies with CPSWs that they are constantly wondering what is going to happen in their lives and the source of that is clients who are verbally aggressive. Such incidents demonstrate the level of menace the CPSWs are exposed to (Ellet et al., 2007; Ferguson, 2010; Gibbs, 2001). The current study further dovetails with findings by Alpaslan and Schenck, (2012) that South African DSWs practice in an environment with no security.

Table 8: Theme 6: Disrespectful engagements from other professionals

A few participants denote feeling disrespected, and useless due to engagements with lawyers.	
Illustrative quotes	“Lawyers and advocate just think the social workers must just do what we ask, so they disrespect us in court, they, that is where the undermining comes from” (P3:4). “You know when you are dealing with lawyers when you don’t know your ... you are gonna demolish you are going to feel like you are useless” (P6:12).

A few participants in this study indicated experience with lawyers who tell them what to do as disrespectful and make them feel incompetent. Being disrespected by lawyers and feeling belittled as a result has not yet been reported in former studies of CPSWs risk. However, Schiller (2017) reported that SA DSWs feel disrespected by other role players, but not specific on which role players as the participants in this study.

7.1.4 Risks on an intrapersonal level

Table 9: Theme 7: The pressure of decision-making

CPSWs are at the frontline, working with abused and neglected children, and they are bound to act and make decisions concerning children who are at risk often under difficult conditions with limited time (Munro, 1996). Many participants in this study explained that they become doubtful as to whether or not the decision they had made or were to make regarding the child is right, adding that they fear being placed in a newspaper because they had made a wrong decision.	
Illustrative quotes	“Because us young social workers we are sometimes become very scared to make an immediate decision, especially with the removal, because you don’t want to make the wrong decision and then the next thing you are in the newspaper” (P5:5). “I think sometimes, you think, are you making the right decisions? If now I write this is it the right decision for this child?... I have put a child in child and youth care centre and then afterwards there was lots of problems and then I think really what’s in the best interest of the child, because the behaviour did not change it more” (P2:4). “It’s like you are holding other people’s lives in your hands, every day that is actually challenge we work with on daily basis as a child protection social worker. Because whatever you are doing you are also responsible, but you might also say I am removing this from the A to point B without thinking, okay sometimes you would have thought because you have already screened the person or whatsoever, but should anything happen to that child is at point B... you are also responsible” (P6:6).

Many participants in this study mentioned that they are often caught in the middle of a situation of having to decide on whether or not to remove a child and doubting their decision-making. This dovetails with what Horwitz (2008) in the USA reported that decisions made by CPSWs may either lighten or worsen the child's situation. The decision-making in CPSW does not only relate to the possibility of making a mistake but also having substantial responsibility for the decision they make.

Fear of possibly ending up in a newspaper or being held liable by the public for whatever may have happened to a child (Munro, 1996) as seen in media reports by Ayers (2017). This risk also appeared in studies by Collins (2008), Baugerud et al. (2018), Dagan et al. (2016), Gough (2011), Stack (2010). In their research review paper, Collins (2008) discovered that CPSWs practice is prone to negative media publicity. This risk factor was not mentioned in South African DSWs studies.

7.2 Resilience of ten designated social workers in the Free State

Five themes concerning the resilience processes of DSWs in this study were established. These themes were classified within the SEM (Baron-Epel and Ivancovsky, 2013; McLeroy et al., 1988). When analysing the themes of resilience, developed themes could only be embedded on the individual level: Individual factors; (a) intrapersonal factors; (i) a passion of CPSW, (ii) benefits of practising religious activities, (iii) engaging in self-care. (b) interpersonal factors; (iv) a positive work climate- a positive collegial relationship and a supportive supervisor; (v) and supportive personal networks: supportive family and friends.

7.2.1 Resilience processes on an intrapersonal level

Table 10: Theme 1: Passion for designated social work

A few participants in this study referred to passion, calling and love for doing DSW as their source of strength to continue performing their task as social workers.	
Illustrative quotes	“...let's say when you have passion and calling you have to know your identity. You have to know who you are, and because you know your calling, you have to know your identity you have realized who you are So, the passion and calling they cover you, to tell you have the potential inside of you, to say you can do it. It always like motivating you, you gonna do it even if like today I don't feel like doing it at the end of the day, you definitely gonna do it” (P6:10). “It gives me strength. Sometime I do get angry because of the board members, tomorrow I do come to work telling myself that I need to be there to help people who need my assistance” (P9:11).

A few participants in this study referred to their passion, love, and a calling for child protection social work as their source, their strength for them to do this work. The notion of a calling involves the belief by the DSW that he or she is called to this profession (Truter et al., 2018). For instance, in SA, participants in a study conducted by Truter et al. (2018) reported that their calling enabled them to remain hopeful and face workplace challenges. These findings have not been globally reported among CPSWs. However, Masten (2018) in her study pertaining to resilience in children and families, indicated that having hope or faith is associated with resilience. Participants in this study are driven by the internal factor which is passion that motivates, strengthens and enables them to believe in their potential. This theme is strongly linked to religious practices (Truter et al. 2018) which are described next.

Table 11: Theme 2: The benefits of practising religious activities

Many participants made reference to the role of religion in promoting their resilience.	
Illustrative quotes	“We come every morning we come together [with co-workers], and then we open, we read Bible...I think that is the most important because that gives you strength for the day, because you also know that you are not alone. And that there is also somebody also give, what is this in English. To help you with what you must do today... God. It give me strength to believe in God” (P2:4). “A quiet time. Just to when I go to sleep, ja. Just time and a prayer that, I pray about everything and to give me (sigh) strength for the next day... I just ask God to give me strength for the next day and to do everything to the best ability that I can.” (P4:8). “And if you don’t have a foundation, from my side personally I would say if God was not on my side, if did have a relationship with him long time ago. I wouldn’t have made it so, my strong resilience point is knowing God is always by my side” (P6:9). “The grace of God every single day, just to like we see things and then you go home...that is we pray, I think we always ask God, if there is a certain situation or you feeling a bit demotivated... but we try to rely on him through most of what we do here, but we know that everything happen for a reason, we trust although sometimes you wonder” (P5:10-11).

Many participants engaged in prayer, belief/faith and reading the Bible to help them feel strengthened, guided and not alone. These findings regarding religious practices correlate with findings by Truter et al. (2018) who also found that some DSWs in their study

associated their resilience with religion. Truter et al. (2014) conducted a study with experts in the field of child protection, who commented that being involved in church activities and women's groups helps to adjust positively. However, this study was not based on actual experiences of DSWs. Even though participants in this current study and findings by Truter et al. (2018) mentioned practising religion as supportive to their resilience, what appears to differ is that participants in Truter et al.'s (2018) study referred to their religious practice as being community-based, for example attending ladies' meeting. Meanwhile, participants in this study reported praying alone and with co-workers. Faith and religious connection are promoter and protective elements of resilience (Wright et al., 2013).

Table 12: Theme 3: Engaging in self-care

Self-care refers to an individual decision to choose to actively engage in activities that may improve one's health, and wellness (Homewood, n.d). A few participants in this study mentioned physical exercises and eating healthy food as part of their self-care, and additionally, managing time which involves the planning of how time will be spent on each activity.	
Illustrative quotes	"It helps you to unload your emotions, your experiences and sometimes I don't feel like going to the gym but afterward you feel so much better and relaxed... it takes a lot away, so the next day you feel like fresh" (P4:7). "I eat healthy, not always the but most of the time and I do exercise... it gives me stamina if I eat too much sweet things, I am tired in the afternoon So, I know that at lunch I am not allowed to eat sweet things, I can't do my job" (P7:10).

A few participants in this study mentioned that they actively exercise, which helps them to unload emotions, boosts their stamina, and leaves them feeling relaxed and refreshed for the next day. This relates to findings by Truter et al. (2018) and Truter et al. (2014) who reported that engaging in self-care activities contribute to the feeling of positivity and being healthy, and ultimately resilience. Interestingly no other studies have reported on self-care other than South African studies.

7.2.2 Resilience processes on an Interpersonal level

Table 13: Theme 4: A positive work climate

Most participants in this study reported that they feel supported and empowered by advice from supervisors.	
Subtheme (s)	Illustrative quotes
The positive collegial relationship	“My director was like we are very proud of how you have handled the case... it adds up a value into your confidence, you end up I did the right thing... So, I will keep on doing the right thing” (P6, pg. 13). “So I think that kind of environment, the kind of support that we do get from work, as we do have challenges we are very strong team together, should you feel that you need someone to talk to you willingly walk into someone office and talk” (P5:10). “...there is sense of oneness, there is a character of oneness...there is unity among us, what is affecting me turns to affect them. We kind of look at every situation from one direction. Like if I come from wherever household I visited, they tend to be, like tend to be, put themselves in my shoes” (P9:12).
Supportive supervisor	“You know sometimes when you are faced with the challenge you just call your supervisor to say how am I going to overcome this, and then the social worker, I mean the supervisor will give the advises and the advises that empowers you” (P10:5). “Quarterly we get the group supervision; this is where you like to get the opportunity to talk to your supervisor that I am not feeling well with this particular case that I have been working with. I am scared, I am feeling overwhelmed I am not sure how to go on about it” (P6:9). “We support each other and give advice, and then we have a good supervisor that really support” (P7:10).

Most participants in this study stated that they have supportive supervisors who help with managing feelings, empower them and give guidance, this aligns with several studies (Bradbury-Jones, 2013; Frost et al., 2017; Griffiths and Royse, 2017; Kapoulitsas and Corcoran, 2015; Kearns and McArdle, 2012; Truter et al., 2018), which reported that supervision plays an important role in supporting the resilience processes of DSWs, also in enhancing their wellbeing. In addition, participants in the current study pointed out unity, collaborating with colleagues as a source of their support, this was also highlighted in a study by Truter et al. (2018) where participants reported that they approach their co-workers for assistance and this enables them to overcome challenges; thus adjust well.

Knowledge syntheses by Truter et al. (2017) and McFadden et al. (2015) reported on the supportive role of management towards DSWs. Furthermore, Frost et al. (2017) highlighted the supportive role of management, specifically during supervision, as having a positive impact on DSWs. In this study, one participant mentioned receiving a compliment from management for work well done as a confidence booster and encouraged her to keep doing the right thing.

Table 14: Theme 5: Supportive personal networks

Supportive family and friends energize DSWs in this study and help them to relax and not dwell on negativity.	
Illustrative quotes	“You know, let me start with my children first, the fact that every time when I get home, they are always happy. That motivate me not to dwell on something that is negatively affecting me...coming to my husband the support that I get, and the he would just motivate me, and he is aware that, that is how people are like sometime. Like if I have to attend the case at night, sometime he would just, he is a police officer by work. Sometime he would just go with me, even though he would remain in the car when I attend to the family” (P9:11, 12). “My husband, he is not working with, okay he is in an sense working with people but he work a lot with machines... so talking other things helps” (P2:8). “For me I like going to places with friends traveling a bit ... that also give me a little bit of zeal to continue, coming back and being refreshed” (P5:11).

The supportive personal networks according to participants in this study involve children, parents, spouse, and siblings. A stable and helpful home environment, supportive brothers and sisters are some of the factors that promote resilience (Wright et al., 2013). South African DSWs in the Free State who cited their personal networks as sources of resilience are not alone, as CPSWs who participated in studies conducted by Frost et al. (2017) in Italy, Sweden, and England; Lawrence (2017) in the USA; Stanley et al. (2018) in South India; and Truter et al. (2018) in SA confirmed that living with family and having an informal support nourished their resilience. Two participants in this current study who are married cited their husbands as being supportive. This finding relates to study findings by Stanley et al. (2018) in South India where married participants scored a higher level of resilience than those who were not married. Several studies (Frost et al., 2017; Lawrence, 2017; McFadden et al., 2015;

Truter et al., 2014; Truter et al., 2018) indicated that family and/or significant others such as friends may support resilience. Interestingly some of the participants in this study mentioned that observing their children happy also influence their happiness and also enable them to shift their thinking from work related matters. The next section is a concluding discussion.

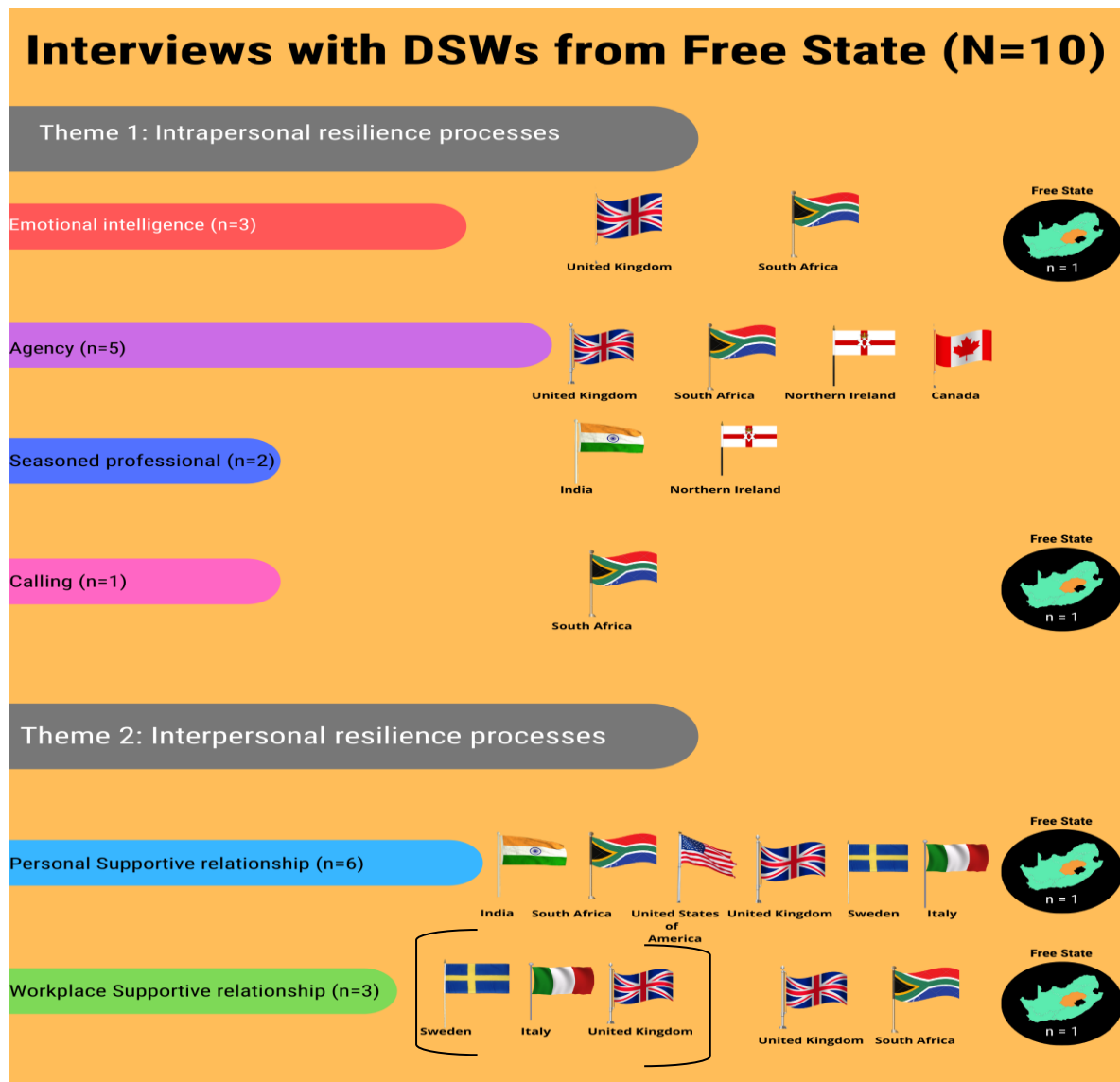


Figure 8: Findings from one study with ten DSWs in the Free State embedded in existing literature

8. CONCLUDING DISCUSSION

The aim of this study was to explore the lived experiences of DSWs in South Africa, Free State regarding risk and resilience. This was achieved by conducting semi-structured interviews with ten DSWs from seven areas across the province, employed by two different child protection organizations. Generally, findings confirm what is already reported in terms of risk and resilience, but some nuances to what is already known, is reported by participants in this study and contribute towards the ongoing discussion of South African DSWs risk and resilience.

8.1 Concluding discussion on risks

Findings of this study indicate that DSW is a threatening field of practice (Truter et al., 2017; Truter et al., 2018). Participants in this study reported risks embedded in an interpersonal level, for instance unsafe workspace, a community level, such as the difficult working relationship with the DSD. Similar to other studies, inadequate resources (Alpaslan and Schenck, 2012; Schelbe et al., 2017; Schiller, 2017), high volume of work (Antonopolou et al., 2017; Enosh and Toyse, 2017; Ellett et al., 2007), unsafe workplace (Ellett et al., 2007; Truter et al., 2018) and pressure of decision-making (Horwitz, 2006; Truter et al., 2018) are some of the risks reported by participants in this study, which are well documented in CPSW studies.

Although a lack of resources is not a new risk finding in CPSW study, outcomes reported by participants in relation to this risk has never been reported before, for instance participant who reported that lack of resources hinder them from conducting group work. The risk of both high caseload and lack of resources is reported to have a negative impact on service delivery (Gough, 2011; Regehr et al., 2000; Truter et al., 2018). Many participants in this study reported that they have a large caseload and high administration work, and this may mean they spend most of their working time doing paperwork rather than providing services to clients (Ellett et al., 2007; Griffiths and Royse, 2017). In addition, inadequate resources exacerbate a decline in service delivery (Frost et al., 2017; Schelbe et al., 2017; Truter et al., 2018).

New findings relating to risk from this study include disrespectful engagements from other professionals, particularly lawyers, difficult working relationship with the department of social development. Although the lack of placement alternatives for children could be

considered a lack of resources (Truter et al., 2018), it has not been specified by previous studies exploring South African DSW risks.

Participants listed a few negative outcomes due to exposure to the reported risk which has been documented in the literature (Ellet et al., 2007; Gibbs, 2001). On an interpersonal level, some participants explained that they are often in fear due to hostile reactions from their clients, both at the office and when they are outside the office (Alpaslan & Schenck, 2012; Ferguson, 2010; Gibbs, 2001). Some participants on institutional level reported experiences of stress and frustration due to lack of resources.

Together, all these reported risks and possible outcomes for this sample, may lead to DSWs providing suboptimal services to children in need of care and protection (Ferguson, 2010; Griffiths & Royse, 2017; McFadden et al., 2015; Regehr et al., 2000; Russ, 2015, Truter et al., 2018). Hence this creates discrepancy with ethical code of SACSSP to render social services, promote social justice and advocate for human rights, particularly for vulnerable children. Most of the reported risks are on interpersonal factors; only one risk was associated with intrapersonal factors, meaning CPSW's risks are posed by external elements, which are beyond their control. In summary, this study contributed to the knowledge base of South African DSW risk and resilience by confirming that the child protection field for these South African DSWs in the Free State are also as risk laden as it is for others. This study further expanded our knowledge of South African DSWs risks, by highlighting that risks for this sample are found on an individual, community, and institutional level according to the SEM.

8.2 Recommendations for DSWs and ENGO Free State on reported risks

To address risks reported by participants in this current study, it is recommended that organisations employ a volunteer marketing personnel who would focus solely on assisting organisations in generating funds to supplement subsidy from government. In other words, when funds are available issues such as not having stationery or rent money may be addressed. Moreover, when there are more funds available, more staff may be employed, which might also decrease DSWs' volume of work; thus quality of work could improve. In order to enhance safety measures for DSWs when they go on home visits they should go in pairs, have mobile panic buttons and also in their offices, carry pocket paper spray at all times.

8.3 Concluding discussion on resilience

In terms of resilience, participants reported their resilience-promoting factors on intrapersonal and interpersonal level. Most reported resilience practices are reported on interpersonal level. Nine participants in this study mentioned support from personal and workplace relationships. Most participants referred to positive working relationships with co-workers and supportive supervisors as sources of support to DSWs. These findings are not new in the literature (Kearns and McArdle, 2012; Truter et al., 2018). Participants explained that they approach co-workers and their supervisors for support. Only two participants mentioned emotional intelligence, making it the least reported resilience-promoting factor reported in this study (Biggart et al., 2017).

On intrapersonal level, many participants reported inherent elements such as passion/belief to have been called to do CPSW, and practising religious activities. The latter-mentioned resilience factors are closely linked to benefits of religious practice (Truter et al., 2018). Also, participants described engaging in self-care, such as eating healthy food, and doing physical exercise. This factor, as a promoter of resilience, is not novel in South African studies (Truter et al., 2014; Truter et al., 2018).

Outcomes on the intrapersonal level of resilience involved relaxation, feeling strengthened and refreshed (Truter et al., 2018). Participants reported a sense of empowerment after engaging their supervisors, and also when they need to talk, they approach their colleagues. These findings on resilience-promoting processes suggest that resilience practices are dependent on an individual to initiate interaction. In other words, according to the SEM (Baron-Epel and Ivancovsky, 2013; McLeroy et al., 1988), participant's resilience is influenced by intrapersonal and interpersonal relationships.

8.4 Recommendations for CWSA and ENGO Free State on reported resilience

Participants in this study cited workplace relationships such as supportive supervisor and supportive co-workers as promote of their resilience. Since these relationships appear to positively influence the resilience of participating DSWs, it is recommended that regular supervision be conducted with DSWs and that an open-door policy could be implemented. To enhance the relationship bond between colleagues, team building activities could be done on a regular basis. These recommendations and research findings was shared with directors and managers of CWSA and ENGO in the Free State.

8.5 Recommendations for future research

What is reported by DSWs in the Free State is valuable as it confirms what is already known in literature about risk and resilience of DSWs, but it also adds to what has not been reported and some nuances of what we already seem to know about South African DSW risk and resilience. Similar qualitative exploratory studies need to be conducted in other South African provinces in order to collect enough qualitative data across the nation. A survey could be done, informed by qualitative data collected across the country to establish more information about risk and resilience of South African DSWs, so that interventions to address risk issues and enhance resilience of DSWs may be developed. Furthermore, snowball sampling could be applied in future studies to include male South African DSWs from different background to the Free State such Indians in the Kwazulu-Natal, or Xhosa speaking men in the Eastern Cape. Moreover, a qualitative study may be conducted to compare the lived experiences of risks and resilience processes of novice South African DSWs with those who have extensive working experience.

9. LIMITATIONS

The researcher does acknowledge that findings of this study are based on reported lived experience of only ten South African DSWs, four of whom had less than two years working experience, all of whom were female, from only two NGOs in the Free State; hence findings of this study cannot generalizable to all South African DSWs, for instance male South African DSWs and those working for the DSD, or those in very different geographical contexts.

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SECTION C

CONCLUSIONS AND RECOMMENDATIONS

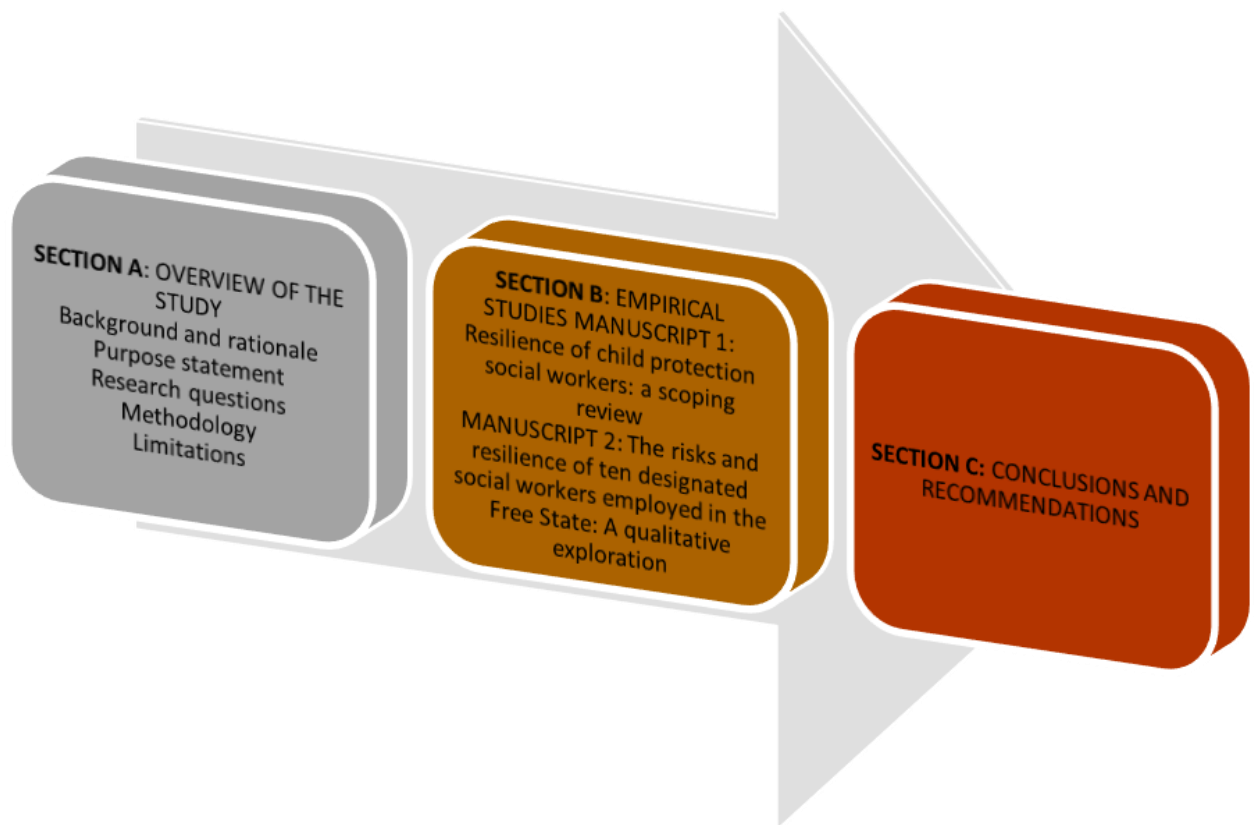


Figure 9: Summary of study process

1. INTRODUCTION

The purpose of this study was two-fold: to conduct a scoping review regarding the resilience of child protection social workers (CPSWs) in order to summarise the findings of available literature and identify the knowledge gap (Arksey & O' Malley, 2005; Daudt et al., 2013). This was followed by qualitative, exploratory interviews with 10 South African DSWs in the Free State province, to address one of the gaps identified in the scoping review, namely a lack of qualitative research on this phenomenon in different South African provinces, so as to honour diversity and context. Next, research questions are reconsidered.

2. RESEARCH QUESTIONS RECONSIDERED

Figure 2 illustrates the primary research question with the three related secondary research questions, which guided this study; as well as how these questions were explored.

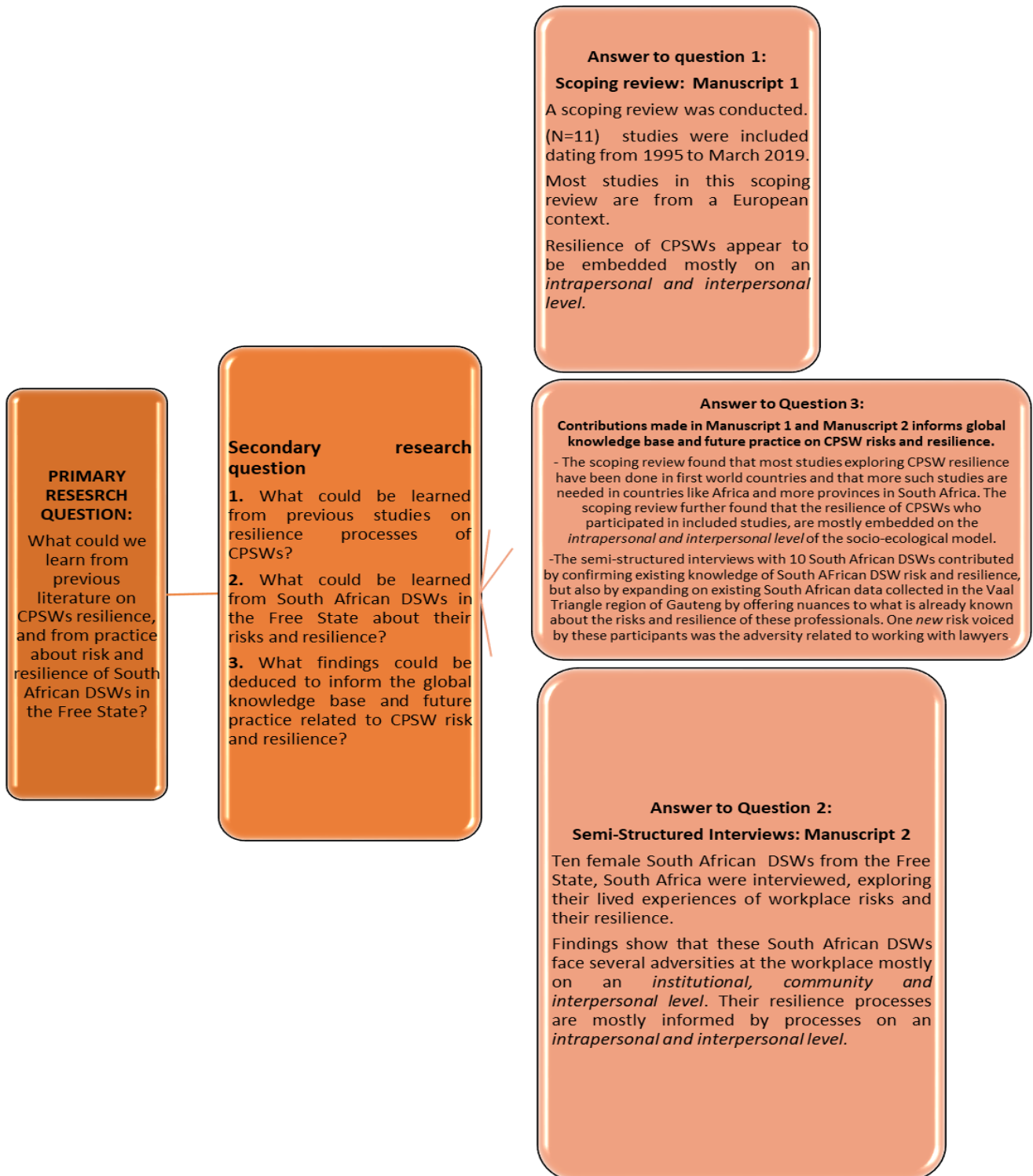


Figure 10: A schematic representation of how research questions were explored

3. CONCLUSIONS EMANATING FROM THE STUDY

3.1 Manuscript 1

A scoping review was conducted and (N=11) studies were identified and summarised. These scoping review findings revealed that the resilience of CPSWs is supported by mostly intrapersonal and interpersonal supportive relationships, meaning CPSWs had to actively engage resilience-enhancing processes in order to be resilient (Truter, Theron, & Fouché, 2018). Another important findings is that the resilience of CPSWs is commonly explored in European countries (Biggart, Ward, Cook, & Schifffield, 2017; Frost, Hojer, Campanini, Sicora, & Kullberg, 2017; Kearns & McArdle, 2012; McFadden, Campbell, & Taylor, 2015; McFadden, Mallet, & Leiter, 2017; McFadden, Mallett, Campbell, & Taylor, 2019) and little is known about the resilience processes of CPSWS in other parts of the world, including SA (Truter et al., 2017; Truter et al., 2018) and India (Stanley, Buvaneswari, & Arumugam, 2018).

On interpersonal level, seven studies reported personal supportive relationships as a promoter of resilience, while five studies cited workplace supportive relationship. On intrapersonal level six studies mentioned agency, four studied cited emotional intelligence, two studies mentioned seasoned professionals and two studies indicated a calling as resilience promoting. This scoping review was followed by qualitative exploratory interviews detailed in Manuscript 2.

3.2 Manuscript 2

Findings indicate that DSWs in *this* study are exposed to workplace adversities. These risks are reported at institutional, individual and community levels according to the SEM (Baron-Epel & Ivancovsky, 2013; McLeroy et al., 1988). Risks at the institutional level, were for instance reports as being insufficient resources, high caseload and lack of time. Resilience processes of the DSWs in the Free State were reported on two levels: intrapersonal and interpersonal level. These reported resilience processes practised by the participants in the Free State aligns with former South African research (Truter et al., 2017; Truter et al., 2018). Having a supportive relationship at the workplace was a strong resilience enhancing process for these study participants, which dovetails with what is mentioned in literature (Frost et al., 2017; McFadden et al., 2019; Truter et al., 2017; Truter et al., 2018).

4. OVERALL CONCLUSION

The purpose of this study was to explore what is known in literature about the risk and resilience of CPSWs by means of conducting scoping review, and to explore lived experiences of risks and resilience as reported by South African DSWs employed in the Free State province by conducting qualitative exploratory interviews. The findings of this study confirm findings made by other studies that CPSWs practise in high-risk workplaces (Crowder & Sears, 2017; Gibbs, 2001; Tzafir et al., 2015).

Resilience is reported on intrapersonal and interpersonal level, indicating that CPSWs' resilience is dependent on themselves by actively engaging resilience-enhancing factors and supportive relationships (Truter et al., 2018). Furthermore, studies available are based in a European context. Scant information is available about the risk and resilience of CPSWs in other parts of the world.

5. PERSONAL REFLECTION

My journey with research began a month after submitting my undergraduate academic work. I was excited, looking forward to doing a Master's degree in research. My intention was to find employment as a social worker and study part-time. I believed it would test my ability to balance work, study and have a social life. The expectation was to follow a straight path prescribed for Master's students, to my surprise the experience was just the contrary.

I have realized through this journey of conducting research that accuracy and planning are paramount. For instance, one has to plan the execution of the proposed study and apply the correct methodology and data collection method. Although one may have planned, there are often unexpected changes that occur such as extra monetary costs, changing theoretical framework, making research an evolving process.

As a practising social worker, interviewing skills is part of my daily work. However, I benefitted a great deal in attaining interviewing training prior to conducting an actual interview with participants in my study. My first interview intended for telephonic was cancelled due to the unavailability of the participant, citing workload. Likewise, the second interview was cancelled, and the participant withdrew from the study due to work commitment. This occurred on the day of the interview. From these experiences, I learned a lesson that one should learn not to take things personally. My initial response, when a social worker could no longer participate in the study, was frustration and disappointment. Nevertheless, I learned from my scoping review that child protection social workers

experience challenges concerning lack of time due to high caseloads and administration (Ellett et al., 2007; Griffiths & Royse, 2017). I could not relate to the experiences of these South African DSWs, as I am practising social work at an elderly home.

During my travel across different areas in the Free State, I discovered the difference in terms of resource availability between two from which I was interviewing participants from. One organization was well-resourced across various areas I have been to, and yet another organization was presenting challenges in this respect in various areas. For instance, one organization had enough cars while the other participants mentioned the scarcity of vehicles. All participants interviewed in this study were females. I am interested in exploring the risk and resilience processes of male child protection social workers.

It was fascinating to realize that some of the participants have been practising for as long as 25 years. They admitted that child protection is a difficult field of work, and they reported to have engaged in resilience processes to adjust well. From the information I have gathered whilst communicating with South African DSWs it became clear that they often initiate contact with resilience-promoting processes. In my opinion, it is important for other South African DSWs to be educated about the importance of engaging in resilience-enhancing activities and for South African DSWs' employer to also be informed about the risk faced by South African DSWs. I understand the value and significance of designated social workers in relation to children's safety. Hence children's safety is in jeopardy when professionals with a statutory obligation to protect them are dysfunctional due to workplace adversities.

6. LIMITATIONS OF THE CURRENT STUDY

6.1 Manuscript 1

The search strategy applied may have resulted in some studies being excluded from this review. The scoping review included eleven articles published in English only. A possibility exists that there are other studies written in other languages excluded, meaning some information on resilience might have been missed. Although this study focused on resilience of CPSWs, study conducted in India involving both CPSWs and their managers was included (Stanley et al., 2018), which is slight deviation from the study's inclusion criteria. The researcher stopped search in March 2019, for this reason latest publication may have been missed.

6.2 Manuscript 2

Qualitative exploratory interviews conducted in the Free State involved only ten DSWs, with four participants with less than two years of working experience, all were female, and majority of them were black people, employed by two different child protection organizations. The reported risk and resilience processes may not be applicable to other South African DSWs working for DSD, or those working in different geographical locations, and male DSWs might experience adversity and resilience differently, or not.

7. CONTRIBUTIONS OF THE STUDY

This scoping review shows that some CPSWs are resilient, and they engage in similar resilience processes, however what stands out is that if you consider the SEM, most of these resilience processes seem to be levelled on the individual level (McLeroy et al., 1988). Furthermore, this review reveals that most studies about CPSW resilience were conducted in European countries and very few in the USA, Asia and Africa. There is only one study which was conducted in SA, therefore, what we know about the resilience of South African DSWs, is limited, given the many provinces SA has. The scoping review therefore not only summarised the most common resilience processes reported thus far, it also highlights the gap in terms of where further research is needed, such as other provinces in SA.

The interviews with the 10 South African DSWs in the Free State shows that their risks and resilience is very similar to other CPSWs in the world and in the Vaal Triangle and some parts of the Gauteng region. However, there are some nuances to the findings of these interviews: DSWs in this particular study associated a lack of resources with the specific inability to do group work with clients. Furthermore, DSWs in this study ascribed their adversity to disrespectful engagements with other professionals, mainly lawyers, which has, to date, not been reported in any former study about this phenomenon. Overall, these two Manuscripts made a contribution to the continuous conversation and understanding of the adversities CPSWs face and how some of them adapt, in spite of these adversities.

8. RECOMMENDATIONS FOR FUTURE RESEARCH

In order to address the risk related to a lack of funding reported by the 10 South African DSWs in the Free State, it is recommended that organisations recruit a volunteer to steer fund raising campaigns. Furthermore, to improve the safety of DSWs in this study, it is suggested that DSWs have pepper spray and always conduct home visits in pairs, have mobile panic buttons and panic buttons in their offices. To support the resilience of South African DSWs an open door policy (supervision) could be implemented, and regular supervision is advised since it appeared to have positive influence on DSWs who participated in this study. In addition, team building activities could promote positive working relationships.

Most of the available information concerning resilience of CPSWs originates from European countries. Not much is reported on other parts of the world such as Asia and Africa, including most provinces of SA. Hence, further qualitative exploration regarding the resilience of CPSWs in these countries and provinces are required since resilience is influenced by time, culture and environment (Ungar, 2013). Information reported by South African DSWs in this study is important as it mostly confirms what is already known in literature but to also offer some nuances on similar resilience processes and risk factors which must be considered to honour diversity (Thorne, 2019). Replication of similar studies are needed in other provinces of SA in order to establish the risks and resilience of the larger South African DSW community so that evidence-based interventions to address risks and enhance resilience processes of South African DSWs may be developed, implemented and evaluated. Male DSWs from diverse backgrounds and South African DSWs representing other provinces like the Western Cape, Eastern Cape, and so forth, and who represent races such as those from a mixed race, Indian and other African races which differ from African races in the Free State, should be encouraged to participate in future similar studies, by means of purposive or snowball sampling.

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ADDENDUM 1: SCOPING REVIEW PROCESS AND PROTOCOL (ARKSEY & O'MALLEY, 2005)

Scoping review process and protocol (Arksey & O'Malley, 2005)

1. **Review title:** Workplace adversities and resilience in a group of designated social workers in South Africa, Free State.
2. **Reviewer:** Molakeng Mahloma Hebert
3. **Centre conducting the review:** North-West University Vanderbijlpark Campus
4. **Review question/objective:** What could be learned from previous studies on resilience processes of CPSWs?
5. **Inclusion criteria**
 - 5.1 **Participants:** Research studies that focused on child protection or designated/statutory social workers, published in English. Empirical studies; qualitative, quantitative, and mixed method. Furthermore, systematic reviews, rapid reviews, meta-syntheses, meta- analyses and scoping reviews. Publications had to be between 1995 – March 2019.
 - 5.2 **The phenomenon of interest:** Studies that focused on the resilience of child protection/designated social workers.
6. **Type of outcome:** Studies reporting on the resilience of child protection social workers
7. **Type of studies:**
 - 7.1 Empirical
 - 7.2 Qualitative
 - 7.3 Quantitative
 - 7.4 Mixed method studies
 - 7.5 Systematic reviews
 - 7.6 Rapid reviews
 - 7.7 Meta-syntheses
 - 7.8 Meta- analyses.
 - 7.9 Scoping reviews
8. **Publication period of included studies:** 1995 - March, 2019
9. **Language of the studies:** English only
10. **Keys terms:**
 - 10.1 Resilience AND child protection social work* AND designated social work* AND child welfare workers*
 - 10.2 Resilience AND statutory social work* AND Child protection service* AND front line workers*
 - 10.3 Resilience AND statutory social worker* AND child protection workers*
 - 10.4 Positive adaptation AND child protection social work* AND designated social work* AND child welfare workers*
 - 10.5 Positive adaptation AND statutory social work* AND Child protection service* AND front line workers*

10.6 Positive adaptation AND statutory social worker* AND child protection workers*

11. Sources:

- 11.1 EbscoHost: Academic Search Premiere, Africa-Wide Information, E-Journals, PsycARTICLES, PsycINFO. SocINDEX, ERIC; Google scholar; Scopus; Crossref; SA publications; Science direct
- 11.2 **Specific academic journals:** British Journal of Social Work; child abuse and neglect; social work journal; child abuse research in South Africa; child abuse review.

12. Exclusion criteria

Participants: Studies that focused on social work students, clients of social workers, or social workers in any other practice setting other than child protection work. All studies that is concerned with wellbeing, support and coping of Child Protection Social Workers was be excluded, as this is not the same as resilience (Davey, Eaker & Walters, 2003).

13. Study phenomenon:

Studies focusing on coping and wellbeing of child protection/designated social workers was be excluded from the study.

14. Type of studies:

Literature reviews, opinion pieces, newspaper articles, magazine articles, masters and doctorate dissertation, and all grey literature such as policy documents, and blogs, were excluded. Publication period: studies published before 1995. This study was interested in the studies published in the past two decades.

15. Study selection process

- 15.1 Identified publications through data base searches using key terms.
- 15.2 Identified publications through academic journal searches using key terms.
- 15.3 Removed duplicates.
- 15.4 Hand search was conducted to identify potential studies that might have being missed from the reference list of included studies, and were scrutinised for potential studies.
- 15.5 Applied exclusion criteria

16. Abstracts and key words were screened to identify potential studies.

17. Access and assess studies in full text for eligibility criteria

- 17.1 Excluded studies that do not meet inclusion criteria
- 17.2 Excluded studies that do not answer the research question

18. Application of inclusion and exclusion criteria to full text studies to confirm suitability

19. Specified studies that were included in scoping review

20. Search strategy

- 20.1 Typed in keys words relevant to the study
- 20.2 Analysis of text words contained in the title and abstract
- 20.3 Index terms used to describe the article
- 20.4 Identified keywords and index terms
- 20.5 Reference list of all identified reports and articles

21. Charting the data

Extraction and mapping of data from selected studies in the data charting table.

ADDENDUM 2: DATA CHARTING TABLE

Total number of studies included: (N=11)

Research question:

“What could be learned from previous studies on resilience processes of Child Protection
Social Workers?”

	TITLE	AUTHOR SURNAMES AND YEAR OF PUBLICATION	COUNTRY	Research approach; design; method SAMPLE SIZE AND DESCRIPTION	Contextual factors (e.g. anything specific to mention re the sample – if any – e.g. Only white participants; only women etc.	KEY FINDINGS	Developed themes
1.	Extending the two-process model of burnout in child protection workers: The role of resilience in mediating via organisational factors of control, values, fairness, and reward, workload, and community relationships.	McFadden, Mallet, Leiter (2017).	Northern Ireland	Quantitative; cross sectional survey	Sample (N =162) Females (n=140) Males (n=22) Permanent contracts (n=109) Senior practitioners (n=14) Assessed year of employment (n=13) Sessional staff (n=10) Temporary workers (n=10) Acting team leaders (n=6)	Organisational factors a. Workload- having a manageable workload is positively linked with personal accomplishment. Thus resilience as a direct outcome. b. Reward and fairness – the term <i>rewards</i> relates to social reward and remuneration; fairness refers to individual and collective evaluation of workers regarding their decision concerning work. Burnout was mediated through reward and fairness.	Emotional intelligence - A manageable workload is positively linked with personal accomplishment Workplace supportive relationships Reward and fairness – the term <i>rewards</i> relates to social reward and remuneration; fairness refers to individual and collective evaluation of workers regarding their decision concerning work
2.	Explaining Self-reported resilience in child-protection social work: The role of organisational factors, demographic information and	McFadden, Mallet, Campbell, Taylor (2019).	Northern Ireland	Quantitative; cross-sectional survey	Sample (N =162) Females (n=140) Males (n=22) Permanent contracts (n=109) Senior practitioners (n=14) Assessed year of employment (n=13) Sessional staff (n=10)	Personal accomplishment Higher resilience scores are linked strongly with personal accomplishment (measured in terms of e.g. "I feel I am positively influencing people's lives") a. More experience Participants with more experience (more than five years) recorded higher resilience. b. Higher qualification Those with degree, and Master's level qualification	Agency Personal accomplishment Seasoned professional More experience Older workers (age) Higher qualification

	job characteristics				Temporary workers (n=10) Acting team leaders (n=6)	recorded higher resilience. c. Older workers (age) Older workers recorded higher resilience	
3.	Doing it right? – accessing the narratives of identity of newly qualified social workers through the lens of resilience: “I am”, “I have”, “I can”.	Kearns and McArdle (2012).	Scottish city	Qualitative study; interviews	Sample (N=3) Women (n=2) Men (n=1) Aged between 25- 40 years Newly qualified social workers based in statutory children’s services.	“I am” –personal qualities, such as optimism and self-esteem were mediated through professional and organisational context. Qualities- development of self-efficacy and secure professional identity over the first year in child protection. “I have” –assets found in workplace. Assets- <i>flexible and individualised support, a culture of trust within the team and wider organisation, and effective role model.</i> “I can” was associated with communication, relationship building and problem solving	Emotional intelligence • Optimism and self-esteem Agency • Self-efficacy and secure professional identity Workplace supportive relationships • A culture of trust within the team and wider organisation • Effective role model
4.	Why do they stay? A study of resilient child protection workers in three European countries	Frost, Hojer, Campanni, Sicora, Kullburg (2017).	Italy, Sweden, and England.	Qualitative; Hermeneutic epistemology (interviews)	Sample (N=37) Italy: (n=16); social workers (n=12); social work managers (n=4) Sweden: (n=9); social workers (n=6); social work manager (n=3) England: (n=12); social workers (n=9); social work managers (n=3).	Organisational issues Task of safeguarding children and families, working structure, the team manager, the team itself and reflective spaces and supervision are significant reasons why CPSWs remain in the field. Friends, peers and significant others’ support Friendship at work play a major role as a source of support. Relationship provides a complex range of dimensions, for example recognition, esteem, support and caring. Supervision Internal supervision from senior practitioner/ management supervision/ line manager and external supervision with an expert outside of the organisation	Agency • working structure, the team manager, the team itself Personal supportive relationships • Friends, peers and significant others’ support Workplace supportive relationships • Supervision Internal supervision • external supervision

							with an expert outside of the organisation
5.	Resilience and burnout in child protection social work: individual and organisational themes from a systematic literature review	McFadden, Campbell, Taylor (2015).	Northern Ireland	Qualitative; Systematic review literature review	10 bibliographic databases were selected: Psych Info, Medline, ASSIA, Social Service Abstracts, SSCI, CINAHL, Cochrane Library, Index to Thesis, Social Care Online, ZETOC. Search engine Google Scholar (did not include crossref) Sixty-five articles Inclusion criteria: Studies focusing on social workers in child protection or child welfare work, empirical research or reviews of relevant research, Master's dissertations, and Doctoral theses, studies published only in English between 1 January 2000 and 31 December 2009. Exclusion criteria: resilience studies in other professionals and social workers in other settings, Government papers, policy documents, theoretical material, and descriptive case study articles	Themes that contribute to resilience include: 1. Individual themes (a) Positive coping style and personal development (i) applying investigative and interpersonal skills, (ii) embracing the risks and challenge, (iii) finding meaning and purpose, (iv) expecting the unexpected, (v) keeping expectations realistic, (vi) achieving competence and confidence, (vii) finding support from others and supervision, (viii) maintaining an important life outside work, (ix) debriefing from trauma and (x) learning about self and self-awareness. (b) Good quality primary and ongoing training-Continuous Professional Development for growth of professional knowledge and skills. 2. Organisational themes (a) Organisational and professional commitment- workers who are committed to the profession and to the mission of the agency were more satisfied and less motivated to leave. (b) Constructive organisational culture- supportive social and supervisory support, adequate resources, level of trust between colleagues. (c) Peer and management support- supportive relationship with supervisors can provide a secure and buffering effect and protect staff from the stresses of job. Active coping mechanisms and social support protect against burnout.	• Friendship at work Emotional intelligence • Positive coping style and personal development Seasoned professional • Continuous Professional Development for growth of professional knowledge and skills Workplace supportive relationships • Supportive relationship with supervisors • Finding support from others • Supervision
6.	Building	Lawrence (2017).	USA	Mixed method	4 250 CPSWs were invited,	(a) Children's well being	

	Caseworker Resilience Through Engagement with Children, Families, and peers.			design: Explanatory study, quantitative survey data and qualitative focus group and interview data. 60 focus groups and four interviews with 442 participants, 11 in distinct locations. ,	69% completed COHA survey. Participants included: 2 018 caseworkers and 501 supervisors. 80% of participants were white; 12% black or African American, 3% multiracial; 2% Asian; 1% American Indian, Native Alaskan, or Hawaiian and 2% other. Separately 5% identified as Latino or Spanish origin. Work experience ranged from one year to 12 years. The majority of the participants were white Females. Participants interviewed in predominantly rural regions.	Children's well-being was indicated as a grounding factor for caseworkers. (b) Families Parents and families form key relationships that kept caseworkers engaged in their job. Change and growth was a central aspect of what caseworkers described as most rewarding. (c) Peer support Practical support; especially getting the actual work done, emotional support	Workplace supportive relationships Peer support practical support, especially getting the actual work done, emotional support
7.	No stranger to adversity: Resilience-promoting practices among South African women child protection social workers	Truter, Theron, Fouché (2017).	South Africa; Gauteng, Vaal Triangle	Qualitative: interviews, qualitative thematic analysis	Fifteen South African Child protection social workers. Participants (N=15) White (n= 11) Black (n= 3) Mixed ancestry (n=1) Seven of the participants had between 10 and 18 years' experience, five had 1 to seven years' experience, and three had 23 to 32 years' experience.	Practice and purpose informing creeds Passion of sense of being called to do child protection. Being called created a sense of purpose, which encouraged CPSWs to persevere in the profession. Support system <i>Professional supportive collaborations-</i> supportive supervision, receiving constructive feedback and advice which enhanced feelings of empowerment and self-confidence. <i>Personal supportive relationships</i> Personal supportive relationships, safe spaces where participants debrief and relax. Sources of personal support- family, lover/spouse Religious supportive collaborations A number of participants reported faith as	Emotional intelligence - Respecting personal needs and boundaries- respecting and acknowledging one's own needs and limitations - Self-care - Practising self-control - Sharing humour

					source of their strength and hope. 3. Constructive transactions i). Respecting personal needs and boundaries- respecting and acknowledging one's own needs and limitations. Setting boundaries concerning what they work with, working hours, and sacredness of family and leisure time. ii). Self-care- engaging in physical and leisure activities as a form of relaxing and disconnecting from daily stress or experience mastery. iii). Being solution focused- redefining problems as challenges. Example: interpreting taxing workload positively, not negatively. iv). Engaging in continuous training and education- on-going education and training as facilitative of a sense of mastery, self-efficacy, and agency. v). Practising self-control- Controlling your emotions when you are dealing with a difficult client may help CPSWs to support the client towards practising self-control, preventing the situation from worsening. 4. Accentuating the positive a). Celebrating victories- emphasising small professional victories, not focusing on failures. b). Sharing humour- being able to laugh and share humour c). Choosing positive company- keeping positive company, involve positive-minded people.	Agency - Engaging in continuous training and education- on-going education and training A calling - Sense of being called - Religious supportive collaborations Personal supportive relationships - Personal supportive relationships, safe spaces where participants debrief and relax Workplace supportive relationships - Supportive supervision
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8.	The resilience of child protection social workers: are they at risk and if so, how do they adjust? A systematic meta-synthesis.	Truter, Fouché, Theron (2016).	South Africa	Qualitative: Meta-synthesis including only qualitative studies	107 articles: Five were reviews, five empirical studies which related to resilience in CPSWs. Ninety-seven empirical studies focusing on CPSWs' risks. Inclusion criteria: The publications dating from the 1970s to the most recent, qualitative publications on this topic, in indexed or accredited journals that detailed CPSWs' risks. Resilience of CPSWs-including criteria: qualitative publications dating from the 1970s, with designated social work, social work or social worker resilience, CPSW resilience, statutory social worker resilience, Social work or social worker or CPSWs' protective processes, child Welfare resilience and social work or social worker or CPSWs' positive adaptation in the key words or titles were included. Exclusion criteria: Studies reporting on risks faced by clients of CPSWs, or CPSW students or social workers in	1) Inadequate and Western-saturated explanations of CPSWs' resilience is available - The study reported that there is little known about the risk and resilience of CPSWs. - Those studies reported protective influence of supportive management and a sense of secure belonging. - Continuous professional development and choosing to perceive problems as challenges. Working with resilient clients enhanced CPSWs' resilience. CPSWs' RESILIENCE was enhanced through hearing the success stories of their clients. - Value-embedded life, personal strengths and support networks.	Personal supportive relationship - Personal strengths and support networks. Workplace supportive relationships - Supportive management
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					non-statutory non-child protection positions. Literature reviews, quantitative and mixed-methods studies, grey literature and syntheses were excluded. Work focusing on theories or models on the resilience of CPSWs' clients, CPSW or social work students and/or studies directed towards resilience of any persons or helping professionals other than CPSWs. Studies that focused on coping were excluded. Literature reviews, quantitative and mixed methods Studies, syntheses and grey literature on CPSW resilience processes were excluded. Searches were conducted in: OneSearch, EBSCOhost, Google Scholar, SciVerse, SApublishments and Scopus. Personal communications with experts on the aspects		
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9.	The team as a secure base: Promoting resilience and competence in child and family social work	Biggart, Ward, Cook, Schofield (2017).	United Kingdom	Qualitative: 52 phone interviews	Participants (N = 52) Female (n=39) and ranged in ages from 21 to 61 years. Participant ethnicity was primarily white- British and European (n=46). Participants varied by qualified experience from less than 1 year to 33 years' experience.	a. Dimension one: availability – promoting trust, ‘people are there for me’ Experiencing co-worker as physically, emotionally and practically available helped social workers to manage emotional demands in workplace. b. Dimension two: sensitivity – promoting emotion regulation, ‘My feelings are manageable’ Being sensitive to others’ feelings and needs. Workers’ ability to manage their own feelings, CPSWs felt more able to consider co-workers and clients’ feelings. c. Dimension three acceptance – building self-worth, ‘I don’t always have to be strong’ Receiving feedback which was non-judgemental helped CPSWs to feel less anxious when things went wrong and helped them to remain open, learning from mistakes. d. Dimension four: co-operation – promoting self-efficacy ‘I can work with others to find a solution’ Receiving positive feedback from supervisors and managers contributed towards building CPSWs’ self-worth. Acknowledgment of successes with families. Supervisors as a source for listening, reflecting back, providing constructive feedback and encouragement. e. Dimension five: team membership - promoting team belonging ‘I am valued, and I belong’	Emotional intelligence - Workers’ ability to manage their own feelings - Acceptance – building self-worth, ‘I don’t always have to be strong’ Workplace supportive relationships - Co-worker as physically, emotionally and practically available helped social workers - co-operation – promoting self-efficacy ‘I can work with others to find a solution’ Agency - Team membership - promoting team belonging
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						Regular and frequent contact with each other to help combat feelings of isolation Social occasions and the provision of food provided an important ritual in getting team members together informally.	
10.	Resilience in child welfare: a social work perspective	Hurley, Martin, and Hallberg (2013).	Canada, Ireland and Argentina.	Qualitative: semi-structured interviews, phenomenological perspective	Social workers (N=20) Qualification: BSW (n=10) MSW (n=10) Ages ranged from 26 to 50 Years of experience: between 3 and 22 years of experience in child welfare. All participants were employed at a Children's Aid Society in south-western Ontario. 80% of the participants were female. Caseloads ranged from 8 to 26.	How is the social worker's resilience impacted by the client's resilience? a. Resilience stories from clients Resilience shared between the CPSW and child or family, hearing the stories of how their client overcame adversity impacted on CPSW resilience. CPSWs reported learning a lot about their own lives by observing their clients and realising how they solve their problems.	Emotional intelligence Resilience shared between the CPSW and child or family, hearing the stories of how their client overcame adversity impacted on CPSW resilience

11.	Resilience as a moderator of stress and burnout: A study of women social workers in India	Stanley, Buvaneswari, Arumugam (2018).	South India, Tiruchirapalli	Quantitative: Survey, cross-sectional	153 surveys were circulated, 120 completed and analysed. Participants aged from 22 to 56 years All women Predominantly practising Hindu religion (70%) 76,7% lived in nuclear family, in urban area (61, 7%). 58,3% were married and of those 54% had one child Educational background: 82,5% had a postgraduate social work qualification 12,5% had a higher research degree 5% graduated social work degree Speciality: 52,5% clinical social work-medical and psychiatric social work 30,8% Family and child welfare 16,7% community development	b. Marriage Married participants were observed to have higher resilience. <i>Marriage provide emotional benefits such as reducing stress.</i> c. Work experience Years of works positively influence resilience and ability to deal with secondary trauma d. Problem focused coping strategy e. Compassion satisfaction- help mitigate the negative impact of compassion fatigue f. Age- older social workers showed higher resilience than those younger, 51-60 scored higher.	Agency • Problem focused coping strategy Seasoned professional • Age- older social workers showed higher resilience than those younger, 51-60 scored higher • Work experience Personal supportive relationships • Marriage married participants were observed to have higher resilience
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ADDENDUM 3: GATEKEEPER APPROVAL LETTERS



27 August 2018

Child Welfare South Africa
3658 Nteo Street
Phathaditjhaba
Qwa-Qwa
Cwsa.qwaqwa@gmail.com

RE: Permission to conduct research among designated social workers employed by CWSA
Free State

Dear Mr Mbhengo,

My name is Molakeng, M.H and I am a Master's student registered at the North-West University Vaal Triangle campus under supervision of Dr E Truter and Prof. A Fouché. Subject to approval by the humanities and health research ethics committee of the faculty of the North-West University this study aim to explore literature and lived experiences of DSWs (designated social workers), to find out what is known about their risks and resilience.

This study will be conducted in the Free State province with DSWs. I would thus be grateful should you grant me permission to approach and invite your staff at Child Welfare South Africa to participate in the study.

The purpose of this study is to explore the experiences of risks *and* resilience as reported by SA DSWs employed in the Free State. Several studies indicate that social workers generally work in a context that exposes them to workplace adversities which could place them at risk for negative outcomes. DSWs are reported to be at particular risk due to the unique adverse working conditions of the statutory/child protection. These adverse working conditions are informed by several risk factors. They include: (i) a heavy work load; (ii) scarcity in resources; (iii) poor professional support; (iv) staff shortages; (v) aggressive clients; (vi) stressful nature of statutory duties; (vii) administrative burden; (viii) deficient financial support; and (ix) emotional exhaustion.

Exposure to the aforementioned risk factors could potentially lead to negative outcomes for professionals, such as: high stress levels, vicarious trauma, depression, burnout, and compassion fatigue. Long-time exposure to these risks may result to negative outcomes not only affecting DSWs, but it might also result in high attrition rates and sub-optimal service delivery, subsequently affecting children and families already in need of care and protection. When DSWs are unable to provide optimal services to protect children in need of care and protection, these children could be further maltreated. Moreover, could affect social welfare organisations as more DSWs are leaving the workforce. This could lead to high caseloads, delayed response to investigate allegations of child abuse and neglect, leave community without visible means of support, and shortage of social workers to implement

social policies and programmes, also lack of service provision to protect vulnerable is economically costly.

The findings of this study will contribute to limited knowledge available about the risks and resilience of South African DSWs. The study may further inform future studies on development on strategies that aim at guiding the organisation's supervisors in supervision of the DSWs.

Inclusion criteria of this study are: participants should have at least two year experience practicing as a child protection social worker, be registered with the South African Council of Social Service Professions, communicate in English and is willing to participate in a semi-structured interview which will be audio recorded. Participants should also consider themselves to be resilient. Participants will be interviewed either telephonically or in person depending on their individual preference.

I therefore kindly request your permission, as a manager of Child Welfare South Africa in Qwa-qwa, Free State, to recruit participants (DSWs) from your organisation. Should you grant this permission, it is humbly requested that you do so in writing by completing the section below and send me this form at the email address below. Kindly indicate if you would be willing to circulate my research flyer to your various offices in the Free State once approval from your office and NWU ethics committee has been granted. Kindly e-mail me at hebertmahloma@gmail.com

I [Name and surname]: FLUNGAI MBENGO
as [position]: OFFICE MANAGER & SENIOR SOCIAL WORKER
CHILD WELFARE QWAQWA [organisation name] give permission for the study titled:
"workplace adversities and resilience in group of designated social worker to be conducted" to be conducted in our organisation in the Free State.

Signature: [Signature] Date: 03/07/2018

Kind regards

Mr Molakeng, M.H



16 August 2018

ENGO
22 Van Heerdenweg
Wilgehof
Bloemfontein

RE: Permission to conduct research among designated social workers employed by ENGO

Dear Ms Madelien,

My name is Molakeng, M.H and I am a Master's student registered at the North-West University Vaal Triangle campus under supervision of Dr E Truter and Prof. A Fouché. Subject to approval by the humanities and health research ethics committee of the faculty of the North-West University this study aim to explore literature and lived experiences of DSWs (designated social workers), to find out what is known about their risks and resilience.

This study will be conducted in the Free State province with DSWs. I would thus be grateful should you grant me permission to approach and invite your staff at Child Welfare South Africa to participate in the study.

The purpose of this study is to explore the experiences of risks *and* resilience as reported by SA DSWs employed in the Free State. Several studies indicate that social workers generally work in a context that exposes them to workplace adversities which could place them at risk for negative outcomes. DSWs are reported to be at particular risk due to the unique adverse working conditions of the statutory/child protection. These adverse working conditions are informed by several risk factors. They include: (i) a heavy work load; (ii) scarcity in resources; (iii) poor professional support; (iv) staff shortages; (v) aggressive clients; (vi) stressful nature of statutory duties; (vii) administrative burden; (viii) deficient financial support; and (ix) emotional exhaustion.

Exposure to the aforementioned risk factors could potentially lead to negative outcomes for professionals, such as: high stress levels, vicarious trauma, depression, burnout, and compassion fatigue. Long-time exposure to these risks may result to negative outcomes not only affecting DSWs, but it might also result in high attrition rates and sub-optimal service delivery, subsequently affecting children and families already in need of care and protection. When DSWs are unable to provide optimal services to protect children in need of care and protection, these children could be further maltreated. Moreover, could affect social welfare organisations as more DSWs are leaving the workforce. This could lead to

high caseloads, delayed response to investigate allegations of child abuse and neglect, leave community without visible means of support, and shortage of social workers to implement social policies and programmes, also lack of service provision to protect vulnerable is economically costly.

The findings of this study will contribute to limited knowledge available about the risks and resilience of South African DSWs. The study may further inform future studies on development on strategies that aim at guiding the organisation's supervisors in supervision of the DSWs.

Inclusion criteria of this study are: participants should have at least two year experience practicing as a child protection social worker, be registered with the South African Council of Social Service Professions, communicate in English and is willing to participate in a semi-structured interview which will be audio recorded. Participants should also consider themselves to be resilient. Participants will be interviewed either telephonically or in person depending on their individual preference.

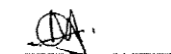
I therefore kindly request your permission, as director of ENGO in the Free State, to recruit participants (DSWs) from your organisation. Should you grant this permission, it is humbly requested that you do so in writing by completing the section below and send me this form at the email address below. Kindly indicate if you would be willing to circulate my research flyer to your various offices in the Free State once approval from your office and NWU ethics committee has been granted. Kindly e-mail me at hebertmahloma@gmail.com

I [Name and surname]: Madelein Nortje as [position]: Director of Engo Family Care
[organisation name] give permission for the study titled: **"workplace adversities and resilience in group of designated social worker to be conducted"** to be conducted in our
organisation in the Free State.

Signature:



Date: 2018-08-28



Kind regards

Mr Molakeng, M.H



FREE STATE PROVINCIAL OFFICE

Date: 4 October 2018

Attention: Mr Molakeng M.H

Re: Request to conduct research within CWSA in the Free State

Your letter dated 29 August 2018 refers. CWSA as support research work aimed at improving services to our beneficiaries and contributing to the existing body of knowledge of the profession. Social Work Research is paramount in the current era given the financial constraints that we experience in the delivery of services and increasing poverty within the society where we operate. There are very few funds to care for the professionals who are exposed to the traumatic conditions associated with their work. We hope your research will help to enhance the ability of all stakeholders to appreciate the need to care and support these professional staff.

I therefore grant you the opportunity to conduct interviews with the following individuals in the Free State. Please note seriously that in the event that in the course of your research all information that will be obtained will be solely for the purposes of your research and may not be shared with any other person, group or community without prior knowledge of CWSA leadership other than your supervisors. It is also our expectation that the research findings and recommendations must be shared with CWSA to help us in finding ways to enhance our ability to reach out to our beneficiaries.

CWSA: WEPENER (3 Social Workers)	Josephine (Office Manager- 051 583 1404)
CWSA: KOONSTAD (1 Social Worker)	Audrey Chaparadza (Office Director - 056 218 1463)
CWSA: QWAQWA (2 Social Workers)	Fungai Mbengo (Office Manager - 0834998524)

I hope you find this in order

Thank you
June Ruvando
Acting Provincial Manager
CWSA Free State
083 440 0477

Provincial Office – Free State Region: 051-101 0931(T) • 051 430 5848(F)
107 Kellner Street Suite 2 • Westdene • BFN 9300 • P.O. BOX 6203 • BFN 9300
E-mail: freestate@childwelfare.org.za • www.childwelfare.org.za
NPO Reg no: 000/834

28 August 2018

Child Welfare South Africa
277 Protea Street
Ebenhaeserhoogste
Wepener

RE: Permission to conduct research among designated social workers employed by CWSA
Free State

Dear Mrs Maslu Josephine,

My name is Molakeng, M.H and I am a Master's student registered at the North-West University Vaal Triangle campus under supervision of Dr E Truter and Prof. A Fouché. Subject to approval by the humanities and health research ethics committee of the faculty of the North-West University this study aim to explore literature and lived experiences of DSWs (designated social workers), to find out what is known about their risks and resilience.

This study will be conducted in the Free State province with DSWs. I would thus be grateful should you grant me permission to approach and invite your staff at Child Welfare South Africa to participate in the study.

The purpose of this study is to explore the experiences of risks *and* resilience as reported by SA DSWs employed in the Free State. Several studies indicate that social workers generally work in a context that exposes them to workplace adversities which could place them at risk for negative outcomes. DSWs are reported to be at particular risk due to the unique adverse working conditions of the statutory/child protection. These adverse working conditions are informed by several risk factors. They include: (i) a heavy work load; (ii) scarcity in resources; (iii) poor professional support; (iv) staff shortages; (v) aggressive clients; (vi) stressful nature of statutory duties; (vii) administrative burden; (viii) deficient financial support; and (ix) emotional exhaustion.

Exposure to the aforementioned risk factors could potentially lead to negative outcomes for professionals, such as: high stress levels, vicarious trauma, depression, burnout, and compassion fatigue. Long time exposure to these risks may result to negative outcomes not only affecting DSWs, but it might also result in high attrition rates and sub-optimal service delivery, subsequently affecting children and families already in need of care and protection. When DSWs are unable to provide optimal services to protect children in need of care and protection, these children could be further maltreated. Moreover, could affect

social welfare organisations as more DSWs are leaving the workforce. This could lead to high caseloads, delayed response to investigate allegations of child abuse and neglect, leave community without visible means of support, and shortage of social workers to implement social policies and programmes, also lack of service provision to protect vulnerable is economically costly.

The findings of this study will contribute to limited knowledge available about the risks and resilience of South African DSWs. The study may further inform future studies on development on strategies that aim at guiding the organisation's supervisors in supervision of the DSWs.

Inclusion criteria of this study are: participants should have at least two year experience practicing as a child protection social worker, be registered with the South African Council of Social Service Professions, communicate in English and is willing to participate in a semi-structured interview which will be audio recorded. Participants should also consider themselves to be resilient. Participants will be interviewed either telephonically or in person depending on their individual preference.

I therefore kindly request your permission, as manager of Child Welfare South Africa Wepener in the Free State, to recruit participants (DSWs) from your organisation. Should you grant this permission, it is humbly requested that you do so in writing by completing the section below and send me this form at the email address below. Kindly indicate if you would be willing to circulate my research flyer to your various offices in the Free State once approval from your office and NWU ethics committee has been granted. Kindly e-mail me at hebertmahloni@gmail.com

I (Name and surname): JOSEPHINA MASILI

as (position): OFFICE MANAGER of

CHILD WELFARE SOUTH AFRICA WEPENER (organisation name) give permission for the study titled:

"workplace adversities and resilience in group of designated social worker to be conducted" to be conducted in our organisation in the Free State.

Signature: [Signature] Date: 4th September 2018

Kind regards

Mr Molokeng, M.H

ADDENDUM 4: RECRUITMENT PAMPHLET

The header of the recruitment pamphlet features a background image of a group of people, including a woman and a man, in a community setting. Overlaid on this is a dark orange banner with white text. The text reads 'ATTENTION ALL' in a small box, followed by the main title 'Designated social workers working in the Free State' in large, bold letters. Below the title, a smaller line of text asks for help understanding the challenges of the job. To the right is a white icon of a head with a heart and a plant growing inside it.

ATTENTION ALL

Designated social workers working in the Free State

Help us understand what makes your work very hard and how you do well despite this.

WE NEED YOUR HELP

We are looking for designated social workers (commonly known as child protection and statutory social workers) in the **Free State province**, to talk to me (the researcher) about things that make your work hard and how you do well.

I will have an interview with you over the phone (I will call you) or face to face (in which case I come to you) for about 90 minutes. You will be able to choose whether you feel more comfortable with a telephonic or face to face interview!

PARTICIPANT REQUIREMENTS

- ✓ Registered social worker.
- ✓ Works as a designated social worker for Child Welfare SA or ENGO in the Free State.
- ✓ Have a minimum of two years' experience as a designated social worker.
- ✓ Speak and understand English.
- ✓ You think you do well despite the difficulties at work.
- ✓ Have a Bachelor's degree in social work.

EXCLUSION CRITERIA

Participants who are already participating in another research study.

ABOUT THE STUDY

The study is led by myself, **Mahloma**, a registered and practicing social worker. I am a registered Masters student and supervised by **Dr E Truter** and **Prof. A Fouché**, from the **North-West University**.

WHAT WILL BE EXPECTED OF YOU?

- To talk to me over the phone or face to face about the risks of doing your work and how you adjust well despite these risks
- To check the accuracy of findings once I send them to you (*I will send you a summary of the themes that came from our conversation and then you can just let me know whether this is a true reflection of what you said or not*)

Confidentiality

No one will know what you told me and I will give you a fake name in my study. Only my supervisors, my research assistant (Emma) and I will know what you said.

If you agree, I will record the conversation when I talk to you so that I can remember what you said.

You do not *have* to participate and if you do, we will not pay you in any way. You will however receive a **Wimpy coffee/tea voucher** if you participate as a token of appreciation. You will not need to pay for anything to talk to me.

INTERESTED?

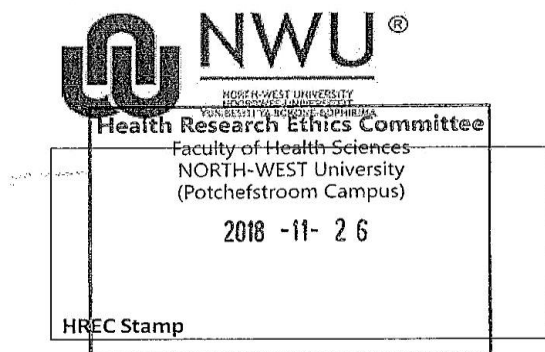
Contact Emma Boonzaaier:



0730932451

emma.boonzaaier@gmail.com

ADDENDUM 5: INFORMED CONSENT FORM



INFORMED CONSENT DOCUMENTATION FOR QUALIFIED DESIGNATED SOCIAL WORKERS

TITLE OF THE RESEARCH STUDY: Work place adversities and resilience in a group of designated social workers in the Free State

ETHICS REFERENCE NUMBERS: NWU-00132-18-S1

PRINCIPAL INVESTIGATOR: Molakeng, M, H

POST GRADUATE STUDENT: Molakeng M.H

RESEARCHER'S QUALIFICATIONS: BSW (NWU Vaal Triangle campus, 2017)

Registered as a social worker with the South African Council for Social Service Professions (registration number: 10-43015)

ADDRESS: 2919/5 Meqheleng, Ficksburg 9730

CONTACT NUMBER: 0732111856

You are being invited to take part in a **research study** that forms part of my master's study. Designated social work is a formal term that is used in South Africa to refer to Social workers employed by a registered child protection organisation. Globally social workers doing child protection are commonly known as (CPSWs) child protection social workers (Bosman-Sadie, Corrie, & Swanepoel, 2013; Littlechild, 2008). For the purpose of this study, the term South African DSWs will be used to refer to local child protection social workers. Please take some time to read the information presented here, which will explain the details of this study. Please ask the researcher or person explaining the research to you any questions about any part of this study that you do not fully understand. It is very important that you are fully satisfied that you clearly understand what this research is about and how you might be involved. Also, your participation is **entirely voluntary** and you are free to say no to participate. If you say no, this

HREC General WICF Version July 2016

Page 1 of 8

will not affect you negatively in any way whatsoever. You are also free to withdraw from the study at any point, even if you do agree to take part now.

This study has been approved by the **Health Research Ethics Committee of the Faculty of Health Sciences of the North-West University (NWU-00132-18-S1)** and will be conducted according to the ethical guidelines and principles of Ethics in Health Research: Principles, Processes and Structures (DoH, 2015) and other international ethical guidelines applicable to this study. It might be necessary for the research ethics committee members or other relevant people to inspect the research records.

What is this research study all about?

The aim of this study is to find out from the work done by other researchers (i.e books and educational papers) about what is known about risk and resilience among designated social workers (DSWs), and practice (lived experiences of DSWs in the Free State) to understand what difficulties place these social workers at risk and what enables them to adjust well, despite these risks.

The objectives of this study is:

- To find out from the work done by other researchers and provide a summary of proof from a variety of studies on DSW's resilience.
- To find out from the lived experiences of South Africa's DSWs (SA DSWs) employed in the Free State about risk and their ability to adjust well still facing workplace difficulties.
- To look into the findings in order to inform the global knowledge base and future practice.
- To compare study findings with existing criteria of resilient SA DSWs and amend if necessary.

The researcher has already obtained tentative approval to recruit and conduct research with willing staff members pending the HREC application outcome. Written approval to recruit participants has been obtained from the ENGO director of the Free State, the CWSA director in Bloemfontein, the CWSA manager in Bethlehem, the CWSA office manager in Qwa-Qwa, and the CWSA office manager in Wepener. Provincial and regional managers and office managers of CWSA and ENGO Free State will under no circumstance know if you participated or not.

Why have you been invited to participate?

You have been asked to take part in this study because you are:

- Be employed by either by Child Welfare SA (CWSA) or ENGO in the Free State.
- Be qualified and registered social workers with the South African Council for Social Service Professionals.
- Be practising as designated social workers in the Free State province.
- Have minimum of 2 years' experience in the child protection sector. Understand English.
- Be willing to participate in a semi-structured interview.

You will unfortunately not be able to take part in this study if you are at the time of this study are taking part in another research project.

What will be expected of you?

Once you have received a recruitment pamphlet and you have shown an interest to participate in the study. The researcher assistant will send you an informed consent form via email or fax to read through and agree to if you wish. You will have two weeks to decide whether you want to participate in the study or not. You may still withdraw from the study at the later stage even though you have signed the informed consent form. The research assistant will contact you to obtain a suitable date and time for signing the informed consent. An independent research assistant (who is based in the Western Cape and whose identity will be known at the time of the research) will physically come to you so at your office so that you can sign the informed consent form in his or her presence. The independent research assistant will then collect the informed consent form from you and he or she will courier it to the researcher. The research assistant will then phone you to schedule the interview on a date that suits you and either telephonically or in person depending on your preference. If it is telephonic, the researcher will phone you, if it is face to face the researcher will come to you. The interview should not take longer than 90 minutes, but it could be more or less depending you, it will be led in English, and the researcher will ask you two main questions about your workplace difficulties and your resilience. Once the interview is completed, the researcher will write word-for-word the interview recorded between you and the researcher, a copy of a transcript, also a synopsis of the themes and sub themes that emerged from the analysis of your transcripts will be e-mailed to you and you will be asked to verify accuracy of transcripts.

Be aware that taking part in this study is voluntary (you may say no to invitation).

Will you gain anything from taking part in this research?

There will not be a direct benefit for you participating in this study, you will however receive a Wimpy voucher for coffee/tea as a token of appreciation.

Are there risks involved in you taking part in this research and what will be done to prevent them?

<i>Probable/possible risks/discomforts</i>	<i>Strategies to minimize risk/discomfort</i>
The risks to you in this study is that the questions may evoke emotional responses	To decrease the effect of this emotional response, one telephonic debriefing session will be arranged with a clinical psychologist for the participants, either participant contact the researcher to link him or her with clinical psychologist or contact clinical psychologist direct if they feel distressed after the interview. Contact details of Dr Hayley Williams; Hayley.Williams@nwu.ac.za ; 016 910 3416/082 496 4105. Thus you may contact her ask for a phone call, Dr Hayley will call you for debriefing session. Should further or more sessions be required Dr Hayley Williams will refer you to the nearest professional to offer more help.

There are more gains for you in taking part in this study than there are risks.

How will we protect your confidentiality and who will see your findings?

Your true names will be replaced with fake name or a number so that you will not be known. Your privacy will be respected by reducing number of people who will know your information to the researcher, researcher assistant and his two supervisors only. The researcher assistant will sign confidentiality agreement. The researcher assistant will play the following roles in this study: (i) recruit participants, and (ii) co code collected data. The researcher's assistant will help with schedules between interested participants and the independent research assistant for a time and place where consent forms will be signed and collected. A second independent researcher assistant will collect your signed informed and couriering it to the researcher.

The researcher after getting signed informed consent, will schedule interviewed with participants and find out how they would like to be interviewed (in person or over the phone). If at this point you no longer wish to continue with the interview, then no interview will be scheduled. The interview will be done in a private room in your office, or telephonically, where both you and the researcher will be in rooms where other people cannot hear our conversation. The researcher will phone participants to interview them whilst also in an office with a closed door, where people will not hear the conversation. Telephonic interview will be conducted within the NWU Vaal, social work department office, using office landline with a loud speaker placing an audio recorder close to the telephone.

Your findings will be put safe by locking cabinet which will only be opened by the researcher and his supervisors. Only the researcher, his supervisors, and researcher assistant will know who you are and what you have said. Findings will be kept safe by locking hard copies in locked cupboards in the supervisor's office and electronic information will be password protected. As soon as information has been written word-for-word it will be deleted from the recorder. Data will be kept for ten years, after ten years it will be shredded (papers), electronic information will be deleted permanently. Data collected in this research study will be published in the researcher's thesis and later on it will be published as an academic paper in various national and international accredited academic journals.

The HREC (Health Research Ethics Committee) may the research data and record at any time once data is collect. The HREC is held to the same ethical principles as the researcher therefore they are ethically bound not to disclose any of the record they inspect.

What will happen with the findings or samples?

The researcher has intentions of publishing the articles from this research and to present findings at national and international conferences. You will be sent a copy of a study publication via an email. You will not be personally identified in any of this. The findings of this study will be used in future studies wanting to find out about the risk and resilience of SA DSWs. For future use of this study findings, go-ahead will have to be received from HREC that will stand on behalf of the participants. In all of this reporting, you will not be known. This means that the reporting will not have your name or details that will help others to know that you took part in the study (e.g., your address or place of employment).

How will you know about the results of this research?

You will be given a summary of study findings by means of an e-mail or fax when data analysis is complete.

You will be up-dated of any new and important findings through an e-mail or fax.

Will you be paid to take part in this study and are there any costs for you?

You will not be paid any monies or receive any gift for taking part in this study. A token of appreciation (a wimpy coffee/ tea voucher) will be given via email, to each participant.

The researcher will travel to where you are at your workplace, should you prefer an interview in person; you also have a choice to ask for the interview to be done by phone.

This study will cost you time (anything between 90 minutes). There will be no other conflict of interest implicated if you participate.

Is there anything else that you should know or do?

- You may contact the researcher, Mr Molakeng M.H (qualified practicing social worker) at 0732111856 or hebertmahloma@gmail.com if you have any further questions or have any problems.
- If you cannot reach the researcher, you may contact my supervisors for any question about the research study: Dr Elmien Truter: Elmien.Truter@nwu.ac.za / Prof. Ansie Fouché: Ansie.Fouche@nwu.ac.za
- You can contact the HREC secretary Ms Carolien van Zyl at: Carolien.vanzyl@nwu.ac.za, 018 299 1206 if you have any concerns or complaints that have not been addressed by the researcher enough.
- You will get a copy of this information and a consent form for your own records.

Declaration by participant

By signing below, I agree to take part in the research study titled: Work place adversities and resilience in a group of designated social workers in the Free State.

I declare that:

- I have read and understood this information and consent form and it is written in a language with which I understand and comfortable.

- I have had a chance to ask questions to both the person obtaining consent, as well as the researcher, and all my questions have been well answered.
- I understand that taking part in this study is **voluntary (it is not a must)** and I have not been forced to take part.
- I understand that what I contribute (what I report/say/write/draw) could be reproduced publically and/or quoted, but without reference to my personal identity.
- I may choose to leave the study at any time and will not be penalised or prejudiced in any way
- I may be asked to leave the study before it has finished, if the researcher feels it is in my best interests, or if I do not follow the study plan, as agreed to.

Signed at (place) on (date) 20....

.....
Signature of participant **Signature of witness**

- You may contact me again ☐ Yes ☐ No
- I would like a summary of the findings of this research ☐ Yes ☐ No

The best way to reach me is:

Name & Surname: _____
 Postal Address: _____
 Email: _____
 Phone Number: _____
 Cell Phone Number: _____

In case the above details change, please contact the following person who knows me well and who does not live with me and who will help you to contact me:

Name & Surname: _____

 Phone/ Cell Phone Number /Email: _____

Declaration by person obtaining consent

I (name) declare that:

- I explained the information in this document to
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above
- I did/did not use an interpreter.

Signed at (place) on (date) 20....

.....
Signature of person obtaining consent

.....
Signature of witness

Declaration by researcher

I (name) declare that:

- I explained the information in this document to
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above
- I did/did not use a interpreter.

Signed at (place) on (date) 20....

.....
Signature of researcher

.....
Signature of witness

HREC General WICF Version July 2016

Page 8 of 8

ADDENDUM 6: EXAMPLE OF CODING TABLE

Example of coding table: P7 (Resilience)

Participant 7 (P7): Segment of data from one interview transcript R = Researcher	Open codes	Axial codes	Developed theme
P7: That gives me, it helps me a lot. Because when I go from here, I am going to a good circumstance that is home, and our relationship in the office. We have a very good relationship with colleagues, we really can share the hardships with each other. R: Yes P7: We can help each other, like with difficult clients R: Uhmmm P7: We support each other and we give advice, and we have a good supervisor that really support, and a very good secretary and the auxiliary social workers. Without our auxiliary worker we cannot do our job, they do take a lot from our plate, they do stuff like the invitation letters and for me I can't speak Sotho they sit with me they translate. I don't know how a social worker can work without an auxiliary worker and then to be healthy. R: What does your supervisor do for you? P7: We have individual supervision, we have group supervision and then for the past ten years it was one of my task to see if there is any tension in the office.	Positive home environment Good relationship with colleagues Colleagues help each other Supportive supervisor Very good secretary and social auxiliary worker help them do their job. Individual and group supervision	Personal support Supportive relationship with co-workers Supportive supervisor Supervision	A POSITIVE WORK CLIMATE

Example of coding table: P4 (Risks)

Participant 4 (P4): Segment of data from interview R = Researcher	Open codes	Axial codes	Developed theme
R: First, I need to know the challenges that you face. P4: Okay. Yes. So ja, the workload R: Ja P4: We have a lot of files R: How many do you have? P4: I have about 130 R: 130? P4: Yes R: Alone? R: That's for you alone? P4: Ja R: You are not sharing them? P4: Ja. In those cabinets over there, and here in there. R: Ja	A high workload	A large number of cases	A HIGH CASELOAD

P4: So when I came here it was a challenge for me to like each file obviously a family because we are family care and there is adults and children involved to build a relationship with them. R: Ja P4: Because I mean with everything, so to build that relationship it was, to start with them. Because they are not used to you and I must go home visit... I must that... so workload is a challenge. Sorry, so ja it is a challenge. We are like five in here but it's a lot of files and the services we render its prevention, early intervention, you must do group work. Each of us and community work. R: Ja P4: And reunification, so it doesn't feel possible to render all this services, and it feels sometimes like you neglect clients because you have so much you can't keep up with everything R: Ja P4: So ja, they told us we must really try to do group work, some of social workers have social auxiliary workers so that help them that do group work. R: ja P4: But just the other day they said social worker must do that [group work], but we don't have time R: ja P4: so the time is also the challenge and the big problem	Few social workers with high volume of work Lots of cases that require various social work intervention. Challenging to render all services Lack of time.	A large number of cases Vast services to be rendered at the limited time	A HIGH CASELOAD
--	---	--	-------------------------------

ADDENDUM 7: RESEARCH JOURNAL EXAMPLE OF DESCRIPTIVE NOTE

24/09/2019

► Reflection

I have learned that when you ask a question to a participant, you should ask about outcome too.

For instance,

* if participant say "going to gym enable her to be resilient"

Researcher should follow up to say

* How, what is it about gym that enable you to be resilient.

Search for outcome.

Perhaps participant may say

I gain energy.

Researcher - so what. How does gaining energy enable you to do your job.

ADDENDUM 8: RESEARCH JOURNAL EXAMPLE OF DESCRIPTIVE NOTE

22/08/2019

* SMSed Ms [redacted] reminding her about our scheduled interview @ 12h00.

* M student and Dr Truter, discussed what to remember. Important aspects of the interview.

- Audio recording
- Confidentiality
- Standby Psychologist
- Their understanding of the study
- Purpose of this study

* @12h00 I phoned participant in aww-gwa, it sounded as though she couldn't hear me, she then hung up. When I phoned again she was not answering the phone, I tried with my cellphone skill. I then phoned Emma to ask for alternative number she gave me [redacted] Apparently,

According to Emma they do not have landline.

* I phoned the given numbers, receptionist told me that Ms [redacted] is out of the office and she does not know when will she return. Furthermore, she suggested I call her personal number.

* Study leader advised.

I email/mail participants to remind them about the appointment.

Thus:

Date: ----

Time: ----

SMS and/or email.

a day prior scheduled interview.

* M student tried to call Ms [redacted] several times without a luck of her answering. at around 13:08 when M student phoned again the phone was diverting to voicemail "the number you have dialed does not exist".

Way forward.

M student will send Ms [redacted] sms/WhatsApp/email/call to ask for rescheduling of the appointment.

ADDENDUM 9: PARTICIPANT INFORMATION LETTER



Participant's information letter

Dear participant

Thank you for wanting to be part of my study. Please read through this document as it has lot of information about the study in which you will participate.

The research:

This study is part of bigger study that want to understand the work problems of designated social workers, and how designated social workers do well despite this work problems. Other people have tried to find out, what work problems of designated social workers are and how they do well, but they have not found a lot yet.

I am going to find out what are the work problems of designated social workers in Free State and I am going to find out how designated social worker do well despite these work problems.

I will only talk to you if you are a qualified social worker, and you have done child protection work for two years. I will also be only be able to talk to you if you are able to speak English and work for ENGO or Child Welfare South Africa (CWSA) and are registered with South African (SACSSP). I will only talk to you if you want to talk to me.

Once you have received a recruitment pamphlet and you have shown an interest to participate in the study. The researcher assistant will send you an informed consent form via email or fax to read through and agree to if you wish. You will have two weeks to decide whether you want to participate in the study or not. You may still withdraw from the study at the later stage even though you have signed the informed consent form, and you will not be penalised in anyway. The research assistant will contact you to obtain suitable date and time for signing an informed consent. An independent research assistant will physically come to you so that you can sign the informed consent form in his or her presence. The independent

research assistant will collect it from you and he or she will courier it to me. You will be asked to take part in an interview which will be done either telephonically or in person depending on your preference. The interview should not take longer than 90 minutes, but it could be more or less depending you, it will be led in English, I will ask you two main questions about your workplace difficulties and your resilience.

When I talk to you, I am going to ask you two questions. The first question is “What makes your work as a child protection social worker difficult or challenging?” Second question is “How have you adapted positively to these challenges?” I am going to record our conversation so that I can remember what you said. I am going to write what we said word for word and sent it to you so that you may check if it is true. After that I will send you what I have learned.

Confidentiality and anonymity:

I, two of my study supervisors and researcher assistant will know your identifying and contact details. The researcher assistant will sign a confidentiality agreement. No one else apart from the above mentioned will be aware of these details. Findings of the study that will be published will not show your true identity in any way. Your true names will be replaced with fake name or a number so that you should not be known. You will be given a choice to be interviewed telephonically or face to face. Confidentiality and privacy for both data collection will be insured in the following ways;

Face-to-face: The interview will be done in a private room, led by me, in participant’s office. To promote privacy in an instance of face to face interviews in your office; the office door will be closed, an administrative officer at your place of work will be asked to take calls and help walking in clients with no appointment so as to prevent anyone from interrupting during interview. A door banner will be placed on a door indicating “meeting in progress”. I will ask permission from you to audio record the interview for the purpose of transcribing.

Telephonically: both you and I will be in rooms where other people cannot hear your conversation. I will phone you for the interview whilst in an office with a closed door, where people will not hear the conversation. Door banner will be placed on a door where I will be calling you from indicating “no disturbance”, you will be advised to do the same as well. Telephonic interview will be conducted within the NWU Vaal, social work department

office, using office landline with a loud speaker placing an audio recorder close to the telephone.

Findings will be put safe by locking cabinet which will only be opened by me and my supervisors. Only I, my two supervisors, and researcher assistant will know who participants are and what they have said. Findings will be kept safe by locking hard copies in locked cupboards in the supervisor's office and electronic information will be password protected. As soon as information has been written word-for-word it will be deleted from the recorder. Data will be kept for ten years, after ten years it will be shredded (papers), electronic information will be deleted permanently. Data collected in this research study will be published in my thesis and later on it will be published as an academic paper in various national and international accredited academic journals. You will be send a copy of a study publication via an email as indicate by you on a future contact page.

I appreciate you for wanting to participate in this master's study.

Kind regards,

Mr Molakeng M.H

You may contact me at:

0732111856; email: hebertmahloma@gmail.com

Study promoters

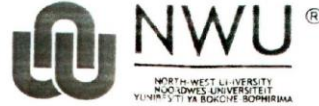
Dr E. Truter

Email: Elmien.Truter@nwu.ac.za

Prof. Ansie Fouché:

Email: Ansie.Fouche@nwu.ac.za

ADDENDUM 10: CO-CODER CONFIDENTIALITY AGREEMENT



Molakeng M.H.
Student no: 23712333
Master's degree candidate
Social work
hebertmahloa@gmail.com
Cell: 0732111856

emmaboonzaiier@gmail.com

Dear Ms Boonzaaier

Re: Co-coder and other roles in my research

You are kindly requested to be a co-coder in my research study, to assist with recruitment of the participants and obtaining their informed consent. Should you agree to adopt this role in my study, please note that your contact details will be included on the advertising flyer, as the interested participants will contact you to secure informed consent. You will be expected to explain the purpose of my study and sending prospective participants the informed consent form and collect this signed form from them before I will be able to contact them to schedule interviews. Moreover, you will co-code the qualitative data emerging from these interviews after they have been transcribed. You will then be expected to have a consensus discussion with me about your analysis.

Please complete the space below as an acknowledgement and agreement of the request.

I [full names]: Emma Boonzaier agree to be a co-coder and assist in the process of participant recruitment in study titled: "workplace adversities and resilience in group of designated social workers" to be conducted by

Molakeng M.H. Signature: MA Date: 2018/09/23

Confidentiality statement

I [full names] Emma Baanzavier

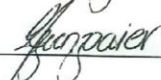
a. I understand that material I will be asked collect, and co-code is confidential.

As thus, I may not discuss it with any other person other than Principal researcher, and his two supervisors (Dr Truter E and Prof. Fouché A).

b. I may not keep records of information pertaining to this study nor allow third party to access them.

c. I will delete all documents from my computer after process of co-coding.

Co-coder/ recruiter's name: Emma Baanzavier

Co-coder/ recruiter's signature: 

Signature of principal researcher: 

Name of principal researcher: Makhoma Molakeng

Kind regards,

Mr Molakeng M.H



ADDENDUM 11: STANDBY PSYCHOLOGIST



Molakeng M.H
Student no: 23712333
Master's degree candidate
Social work
hebertmahloma@gmail.com
Cell: 0732111856

Hayley.Williams@nwu.ac.za
016 910 3416/082 496 4105

Re: Request to offer debriefing session to master's study participants.

Dear Dr Hayley Walker-Williams

I am a Master's student at the North-West University Vaal Triangle, under supervision of Dr E. Truter and Prof. A. Fouché. In my study I will explore the risks and resilience of designated social workers (DSW) in the Free State province.

Due to the nature of this field (child protection), research indicates that DSWs often suffer from vicarious trauma, depression, burnout, compassion fatigue and high stress. Although unlikely, there is a possibility that participants may indicate a need for debriefing after participating in the research interview. Should this be the case, I would like to inquire if you would be available to offer such telephonic debriefing (one session participant) at no charge, and refer participants for further counselling should the need arise?
Your contact details will be given to participants who appear emotionally distressed or who request such debriefing.

If you are agree to be available for such telephonic debriefing, please complete space below;

I [full names]: Dr Hayley Janay Walker-Williams [position]: Clinical Psychologist
[Registration number]: PS0067660 PR8645663 hereby agree to offer once off telephonic debriefing to participants of the study "Workplace adversities and resilience of designated social workers" led by Molakeng M.H. You will be informed as of when this interviews will take place.

Confidentiality statement

I [full names]: Dr Hayley Janay Walker-Williams [position]: Clinical Psychologist
[Registration number]: PS0067660 PR8645663.

Agree to:-

1. Offer one telephonic debriefing session to participants of the study titled workplace adversities and resilience in a group of designated social worker.
2. Offer debriefing service free of charge, and will refer participants to appropriate professional should the need arise.

3. Keeping proceeding of debriefing session confidential (that is information discussed will not be discussed with any other person. Exception to this would be when it is required by the law to divulge such information.

Signed

A handwritten signature in cursive script, reading "H.J. Walker-Williams".

Dr H.J. Walker-Williams
Clinical Psychologist

Kind regards,
Mr Molakeng M.H

ADDENDUM 12: HREC APPROVAL



Private Bag X1290, Potchefstroom
South Africa 2520

Tel: 018 299-1111/2022
Fax: 018 299-4910
Web: <http://www.nwu.ac.za>

Research Ethics Regulatory Committee
Tel: 018 299-4049
Email: nkoalathi.machina@nwu.ac.za

ETHICS APPROVAL LETTER OF STUDY

Based on approval by the North West University Health Research Ethics Committee (NWU-HREC) on 26/11/2018, the NWU Health Research Ethics Committee hereby approves your study as indicated below. This implies that the North-West University Research Ethics Regulatory Committee (NWU-RERC) grants its permission that, provided the special conditions specified below are met and pending any other authorisation that may be necessary, the study may be initiated, using the ethics number below.

Study title: Workplace adversities and resilience in a group of designated social workers in the Free State.																																
Study Leader/Supervisor (Principal Investigator)/Researcher: Dr E Truter																																
Student: MH Molakeng																																
Ethics number:	<table border="1"> <tr> <td>N</td><td>W</td><td>U</td><td>-</td><td>0</td><td>0</td><td>1</td><td>3</td><td>2</td><td>-</td><td>1</td><td>8</td><td>-</td><td>A</td><td>1</td> </tr> <tr> <td colspan="3">Institution</td> <td colspan="5">Study Number</td> <td colspan="2">Year</td> <td colspan="4">Status</td> </tr> </table>			N	W	U	-	0	0	1	3	2	-	1	8	-	A	1	Institution			Study Number					Year		Status			
N	W	U	-	0	0	1	3	2	-	1	8	-	A	1																		
Institution			Study Number					Year		Status																						
<u>Status:</u> S = Submission; R = Re-Submission; P = Provisional Authorisation; A = Authorisation																																
Application Type: Single study																																
Commencement date: 2018/11/28		Risk: Minimal																														
Expiry date: 2018/11/30																																
Approval of the study is initially provided for a year, after which continuation of the study is dependent on receipt and review of an annual (or as otherwise stipulated) monitoring report and the concomitant issuing of a letter of continuation.																																

Special in process conditions of the research for approval (if applicable):

- Please provide the HREC with the proof of ethics training for Dr Truter and Mr Molakeng after the attendance of the Basics of Health Research Ethics Training in January 2019.

General conditions: While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, the following general terms and conditions will apply: - The study leader/supervisor (principal investigator)/researcher must report in the prescribed format to the NWU-HREC: - annually (or as otherwise requested) on the monitoring of the study, whereby a letter of continuation will be provided, and upon completion of the study; and - without any delay in case of any adverse event or incident (or any matter that interrupts sound ethical principles) during the course of the study.
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- The approval applies strictly to the proposal as stipulated in the application form. Should any amendments to the proposal be deemed necessary during the course of the study, the study leader/researcher must apply for approval of these amendments at the NWU-HREC, prior to implementation. Should there be any deviations from the study proposal without the necessary approval of such amendments, the ethics approval is immediately and automatically forfeited.
- Annually a number of studies may be randomly selected for an external audit.
- The date of approval indicates the first date that the study may be started.
- In the interest of ethical responsibility the NWU-RERC and NWU-HREC reserves the right to:
 - request access to any information or data at any time during the course or after completion of the study;
 - to ask further questions, seek additional information, require further modification or monitor the conduct of your research or the informed consent process;
 - withdraw or postpone approval if:
 - any unethical principles or practices of the study are revealed or suspected;
 - it becomes apparent that any relevant information was withheld from the NWU-HREC or that information has been false or misrepresented;
 - submission of the annual (or otherwise stipulated) monitoring report, the required amendments, or reporting of adverse events or incidents was not done in a timely manner and accurately; and / or
 - new institutional rules, national legislation or international conventions deem it necessary.
- NWU-HREC can be contacted for further information or any report templates via Ethics-HRECApply@nwu.ac.za or 010 299 1206.

The NWU-HREC would like to remain at your service as scientist and researcher, and wishes you well with your study. Please do not hesitate to contact the NWU-HREC or the NWU-RERC for any further enquiries or requests for assistance.

Yours sincerely



Digitally signed by Wayne
Towers
Date: 2018.12.04
12:23:50 +0200

Prof Wayne Towers
Chair NWU Health Research Ethics Committee

Current details: (2281000) M008716022 Monitoring and Reporting Guide/Manual/Checklist/Template/Research Ethics Approval Letter05_1.0.4.2 HREC Ethical Approval
Letter.docx
3 December 2018

File reference: 0.1.0.4.2

ADDENDUM 13: INDEPENDENT PERSON CONFIDENTIALITY AGREEMENT

CONFIDENTIALITY AGREEMENT WITH INDEPENDENT PERSON

I, hereby confirm that I have agreed to be one of the independent persons for this study, my name and surname is: (Name and surname). I, hereby understand that obtaining the informed consent for the research assistant from the research participant is for the purpose of doing research about risk and resilience of child protection social workers in this specific organisation and that this is a confidential process. I, hereby declare that I will keep this information confidential, in other words I will not disclose to anyone who the research participant is or any knowledge that I might have about who will be participating in this research study.

Name and Surname

Witness

Signature

Date

Date

Signature of research assistant

Name and surname of research assistant

Date