

**An Explorative study of the Child Protection System within  
the Welfare Sector in Phoenix:**

**A Systems Approach Perspective**

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**Submitted in fulfilment of the requirements for the degree of Master of  
Social Work in the School of Applied Human Sciences in the College of  
Humanities**

**University of KwaZulu Natal, Howard College, Durban**

**2018**

## **ABSTRACT**

Care and protection of children presents an ongoing challenge. Post 1994 there has been significant shift in South Africa towards a formalised, child protection system characterised by comprehensive and sustainable interventions. The South African Government recognises that a successful child protection system requires effective intersectoral collaboration and has generated an infrastructure of policies, regulations and strategic plans for the implementation of a comprehensive, integrated Child Protection System. The Department of Social Development, in collaboration with the Departments of Education, Finance, Health, Justice, and Safety and Security – including the South African Police Services (SAPS) – is charged with the responsibility for its implementation. This study is an initiative in Child Protection Systems Strengthening and aims to explore the community structures, networks, strategies and processes that reinforce, support and sustain existing programmes addressing child protection within the welfare sector. It focuses on the intersectoral, multi-disciplinary and collaborative relations within and between the designated departments, identifying gaps and duplication of child protection services. The study was undertaken in the suburb of Phoenix, which is located within the eThekweni Municipality of KwaZulu-Natal. The study applied a purposive sampling technique for the selection of key role players within the Health, Welfare, Education, Justice and Safety and Security sectors. A qualitative approach guided the generation of data using semi-structured interviews and a focus group discussion. The data were analysed using thematic analysis. A network analysis and a mapping exercise were employed to analyse the network of intersectoral relationships. Systems theory and interdisciplinary theories provided an analytical framework for data analysis. Research findings confirm that a child protection system exists in Phoenix. All respondents were aware of their legislative mandate to implement an intersectoral child-protection service-delivery system. It is evident that while there is intersectoral social-service delivery and cross-referrals amongst the core cluster departments at Phoenix, a lack of professional and financial resources has created gaps in service delivery. Addressing this critical professional and financial need will strengthen and enhance an integrated and collaborative child protection service. The recommendations of this study advocate for additional, appropriate resourcing, and improved coordination of services, ongoing communication between departments, and monitoring and evaluation.

## DECLARATION OF ORIGINALITY

I, **Rookshana Harisanker** declare that this dissertation is my own work.

I acknowledged all citations and references of other persons' writings and data in the dissertation.

Exact words of other people's work were put in quotation marks and in some cases, they were rewritten and referenced.

It has not previously been submitted to any university or institution of higher learning for any qualification or certificate.

Signed:

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Rookshana Harisanker (Student No. 8421429)

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Date

## **ACKNOWLEDGEMENTS**

After an exhilarating journey over 17 months, I would like to acknowledge the people who have supported me through this journey. It was a period of intense learning both academically and personally. Getting back to my books after 30 years was a challenging but intellectually stimulating experience.

I would first like to thank my family Vish, Viash and Kavish for their constant support and understanding. My boys for your technical guidance and my husband for his understanding and patience. Thank you for being the source of inspiration and strength when I needed it.

To my family and friends for their constant encouragement and always being there for me.

A special thank you goes to Shanta Balgobind Singh and Yugi Nair for their guidance and willingness to assist whenever I asked.

This dissertation would not have been possible without the guidance and support of my supervisor, Professor Fikile N.M. Mazibuko. Thank you for challenging my ideas, providing insight and allowing me to think independently.

I would like to thank the organisations who allowed me access to conduct my research and to the research participants for their invaluable information.

## **DEDICATION**

I dedicate this achievement to my late mother, **Hirmothie Balgobind**, who had raised me to believe in myself and instilled in me the value of Education. She taught me that “education is your passport to success and is something that nobody can take away from you”. Being a woman of great intelligence but with very little opportunity in her times, she encouraged me to pursue a career and persevere to succeed, while always remaining humble. She’s been my greatest inspiration. I dedicate this to you MUM.

**“KNOWLEDGE IS POWER”**

## **List of Abbreviations and Acronyms**

<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>AU</b>	African Union
<b>CEO</b>	Chief Executive Officer
<b>Dept</b>	Department
<b>DSD</b>	Department of Social Development
<b>FCS Unit</b>	Family violence, Child protection and Sexual offences unit.
<b>HIV</b>	Human Immunodeficiency Virus
<b>IDT</b>	Inter-disciplinary Theory
<b>KZN</b>	KwaZulu Natal
<b>NDP</b>	National Development Plan
<b>NGO</b>	Non-government organisation
<b>NPAC</b>	National Plan of Action for Children
<b>NPO</b>	Non-profit Organisation
<b>PCHC</b>	Phoenix Community Health Centre
<b>PPA</b>	Provincial Programme of Action for Children
<b>REPSSI</b>	Regional Psychosocial Support Initiative
<b>SA</b>	South Africa
<b>SACSSP</b>	South African Council for Social Services Profession
<b>SAPS</b>	South African Police Services
<b>SCH1 P</b>	School number 1 offering primary education
<b>SCH2 S</b>	School number 2 offering secondary education
<b>SCH3 S</b>	School number 3 offering secondary education
<b>SCH4 P</b>	School number 4 offering primary education.
<b>SCH5 P</b>	School number 5 offering primary education.
<b>TCC</b>	Thuthuzela care centre
<b>UN</b>	United Nations
<b>UNICEF</b>	United Nations Children's Fund

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## **CHAPTER ONE**

### **INTRODUCTION AND BACKGROUND OF THE STUDY**

#### **Introduction**

South Africa is threatened by an epidemic of violence, corruption, and a host of injustices which jeopardise the implementation of good law and policy, and the fulfilment of Constitutional obligations. Children are faced with the ongoing challenge of dealing with alcohol and substance abuse; domestic violence; gang involvement; child trafficking; poverty; and a lack of resources and support. These experiences negatively impact on children's development. Providing child protection against this background poses a daunting task.

The 'systems approach' to child protection acknowledges children's needs and vulnerability, and advocates an intersectoral, multidisciplinary intervention. Post 1994, the Social Welfare system has been restructured to ensure the protection of children and their rights by providing comprehensive, integrated and sustainable social services. The South African government legislated strategic interventions for the creation and strengthening of the child protection system. This study sought to explore the child protection system in a local community and make recommendations for systems strengthening at grassroots level, as the application of any national framework needs to reflect the local context.

This chapter presents the background and problem statement, location, research aim and objectives, key questions, assumptions and significance of the study. It further includes the rationale, a brief explanation of the methodology, and the theoretical framework.

#### **1.1. Background and Rationale of the Study**

The South African Constitution (1996) defines a child as a person under the age of 18 years. Children need special protection because they are among the most vulnerable members of society. The South African Constitution makes children's rights a priority. South Africa is threatened by an epidemic of violence, corruption, and a host of injustices. The protection of children presents unique challenges for the South African government. Providing care and support to vulnerable children and dealing with the impact of violence against women and children are some of South Africa's most daunting challenges.

Child protection is defined as "measures and structures to prevent and respond to abuse, neglect, exploitation, and violence affecting children" (Save the Children, 2013:5). Child-

protection stakeholders at national and global levels have called for the adoption of a systems approach that is holistic and guided by the Convention for the Rights of the Child. The aim of this shift is to eliminate violence, abuse and exploitation of children through comprehensive and integrated programmes. South Africa has joined the universal call for the need to move away from single-issue approaches to child protection, to a systems approach that is holistic and allows for comprehensive and sustainable interventions.

The South African Government has established a legal framework that is designed to protect children and guarantee their rights to normal development and access to social services where appropriate. Enabling policies, regulations and guidelines for the establishment of a Child Protection System, detailed below, have been created to effect this. South Africa's Children's Act 38 of 2005 is aligned with the 1989 United Nations Convention (UN) on the Rights of the Child; the Child Justice Act 75 of 2008 establishes a separate criminal justice system for children in conflict with the law; and the Criminal Law Sexual Offences Amendment Act 32 of 2007 protects against a wide range of crimes that commonly occur against children. The National Plan of Action for Children (NPAC: 2012-2017) is an implementation plan ensuring the protection of the rights of children. The primary objective of the White Paper on Families in South Africa (2012), is to enhance the function of families, so they can contribute effectively to society (Department of Social Development, 2012). Together, these policies and strategic plans contribute towards a comprehensive child protection framework.

The Government of South Africa recognises that a successful child-protection system requires effective intersectoral collaboration. The Children's Amendment Act 41 of 2007 designates the Department of Social Development (DSD) as the lead actor in developing a well-resourced and coordinated Child Protection System. DSD, with the Departments of Education, Finance, Health, Justice and Police services, is tasked with developing a comprehensive, intersectoral strategy in the establishment of a National Child Protection System. The NPAC (2012-2017), in its implementation plan, recommends strategies for the achievement of an intersectoral, multi-disciplinary approach.

Systems theorists view systems as essentially incorporating inter-professional and inter-agency collaboration which brings together professionals, service providers and service users. "Systems Theory explains human behaviour as the intersection of the influences of multiple interrelated systems. According to this theory, all systems are interrelated parts constituting an ordered whole and each subsystem influences other parts of the whole". (Social work licence Map, 2015:1). A sub-system is a group of interconnected or interactive parts that perform an important task as a component of a larger system. Components of a system have a common goal.

Solving complex social problems and implementing policies that advance children's rights are beyond the capacity of any one sector, including the Welfare sector. The interdependent nature of child-protection services makes intersectoral collaboration and coordination essential. Community level

policy and programmes to improve the impact of child-protection services – by applying the national strategy to local conditions, to more effectively coordinating local services and integrating local community-based efforts – are also necessary for effective child protection.

## **1.2. Problem Statement**

“The impact of violence against children, depending on its nature and severity, can lead to devastating short and long-term consequences for children. Research has shown that violence is detrimental to all aspects of a child’s growth, including physical, psychological and social development” (UNICEF, 2015:3). Therefore, it is essential that a child protection system should have certain core functions, capacities and structures to follow processes, and to ensure continuous service delivery. This will define what a specific community does to protect its children. How this is done is unique to the community in which it operates (Wulczyn, Daro, Fluke, Feldman, Glodek and Lifanda, 2010).

South Africa has inherited a legacy of violence, extreme inequality and social dislocation, and the country’s huge HIV burden has resulted in high levels of orphaning. Childhoods are stolen as children take on adult roles as caregivers of ill parents, or of siblings in child-headed households (REPPSI, 2014). Sexual abuse of children is prevalent. According to the Optimus study, *one in every three* young South Africans has experienced some sort of sexual abuse by the age of 17 (Brumund, 2016). Childline SA states that “more than 50% of all sexual offences committed in South Africa and reported to Childline are committed by children under 18, with the youngest offender being just seven years old” (KZN Department of Community Safety and Liaison, 2010:1).

Various organisations implement, design and fund programmes to address the issue of the vulnerability and the protection of children. Child protection makes up a large portion of the service delivery of the local Child Welfare organisation. According to the Children’s Act 38 of 2005,” All organs of the state in the national, provincial and where applicable, local spheres of government involved in the care, protection and well-being of children must cooperate in the development of a uniform approach aimed at coordinating and integrating the services delivered to children” (Children’s Act 38 of 2005:20).

**1.2.1. Child protection is a major challenge in Phoenix.** In September 2014, Childline KZN reported that KwaZulu-Natal has the highest incidence of child abuse in the country (Cole, 2014). Phoenix is inundated by the everyday experiences of crime, drugs and domestic violence. SAPS crime statistics reveal that there were 2, 653 drug-related crimes reported in Phoenix in 2016. Childline listed Phoenix as one of the areas from which the bulk of the calls from distressed children are received (Cole, 2014). It is therefore assumed that an integrated child protection service-delivery system exists in Phoenix. It is also assumed that there is an interdisciplinary approach and collaboration amongst professionals including nurses, social workers, educators, police and courts. These professions tend to be the point of first contact for a child or family in need of assistance.

### **1.2.2. Research Questions**

- What measures are taken, and processes followed within the Welfare sector to provide Child Protection services in Phoenix?
- What are the community structures, networks and processes of intervention that reinforce, support and sustain existing child-protection programmes?

This study explores the inter-sectoral, multi-disciplinary relations in Phoenix to identify networks, gaps, challenges, strategies, and processes followed by key service providers within the Welfare sector with respect to child protection service delivery. Exploring the existing Child Protection System, an initiative to strengthen local systems, is one of the critical steps to effective and holistic child protection services.

### **1.3. Location of the proposed study**

The study was undertaken in the suburb of Phoenix, situated in the north west of Durban which is located within the eThekweni Municipality, KwaZulu-Natal. It was established by the apartheid Government as an Indian Township, according to the Group Areas Act of 1950, in 1976.

Phoenix in 2011 had a population of 176, 989, with 20,5% of the population being under the age of 14 (Statistics SA-census, 2011). Phoenix has predominantly formal, low-cost housing provided by the local municipality.

Phoenix is a diverse community with people of various race groups and socio-economic status. It is plagued with a host of social problems including crime, drug and alcohol abuse, violence, unemployment, HIV/AIDS, poverty, domestic violence, family conflict and rape. The local Child Welfare organisation, DSD, schools, clinics, hospital and the police services have all designed, funded and implemented programmes and services addressing the vulnerability and protection of children. In addition, these organisations provide services in healthcare, welfare, education, judiciary, security and safety, to address children's needs. Consequently, this makes the Phoenix community conducive to a study of this nature.

### **1.4. Aim and Objectives of the study**

**1.4.1 Aim** The study intended to explore the child protection system within Phoenix, with special focus on the Welfare sector. It aimed to explore the community structures, networks, strategies and processes that reinforce, support and sustain existing programmes addressing child protection. It is an initiative in child protection systems strengthening, a step towards effective and holistic child protection services.

#### **1.4.2. Objectives**

*1.4.2.1. To determine how service providers define child protection in relation to their domain of service delivery.*

Key questions to be answered:

What is Child protection?

What are their regulatory obligations in terms of procedure and management of a child in need of care?

*1.4.2.2. To determine the process followed when rendering services to a child at risk, abused or violated.*

Key questions to be answered:

What are the service providers referral procedures?

What are their follow-up processes?

Who is referred, who refers and to whom do service providers refer?

*1.4.2.3. To determine what collaborative relations exist amongst public sector organisations in terms of sharing of resources, programme planning, access to funding and services delivery.*

Key questions to be answered:

What is the nature of the relationship amongst sectors and/or service providers regarding preventative and educative programmes, and ongoing protective work with children?

What resources can be shared, for example funding, residential care, counsellors?

What are their evaluative and accountability mechanisms in terms of inter and intra-sectoral child protection service delivery.

*1.4.2.4. To determine the gaps and overlap in service delivery.*

Key questions to be answered:

What essential services are not rendered?

What services are offered by more than one organisation?

## **1.5. Underlying Assumptions of the Study**

The study assumes that an integrated child protection service-delivery system exists in Phoenix. It also assumes that there is collaboration amongst service providers and an interdisciplinary approach is practiced. A holistic approach to child protection, incorporating the Health, Welfare, Education, Justice, and Safety and Security sectors is essential in child protection service delivery. It is assumed that the care and protection of children presents an ongoing challenge in Phoenix.

## **1.6. Theoretical Framework**

Systems theory and interdisciplinary theory guided this study. The systems thinking approach focusses on the interactive nature of the system and its context. An interdisciplinary study views two or more disciplines to gain a well-developed perspective. It is concerned with the behaviour of complex systems, in this case the child protection system.

## **1.7. Research Methodology**

This study's research methodology is discussed in detail in Chapter Three. A summary is provided here. The study employed a qualitative paradigm, with an exploratory research design. The purposive sampling technique was used in the selection of participants. The data was collected through semi-structured interviews and a focus-group discussion. The data was analysed through thematic analysis and network analysis.

## **1.8. Significance of the Study**

It is envisaged that the study will contribute to the process of systems strengthening and provide insight on where and how the child protection system can to be strengthened. This study explores the components of the child protection systems that exist within the Phoenix community and identifies the local child protection systems model. The study also contributes to the body of knowledge on child protection systems and systems strengthening for future reference.

## **1.9. Definition and Explanation of Key Concepts**

*Child:* Refers to a person under the age of 18 years. This is in accordance with the Child Care Act 38 of 2007.

*Social Worker:* Refers to people qualified in accordance with relevant laws of South Africa and registered with South African Council for Social Services Professions.

*Primary School:* Is a school where children, aged five to twelve years, receive primary education from Grade R to Grade 7 (Department of Education, 2009).

*Secondary school:* Is a school where children, aged thirteen to eighteen years, receive secondary education from Grade 8 to Grade 12 (Department of Education, 2009).

*Specialised organisations:* "Organisations delivering specialised therapeutic and special needs services will deliver those services to specifically defined target groups. Specialist knowledge and skills will contribute to the generalist services through ongoing capacity-building programmes." (White Paper for Social Welfare, 1997)

*Specialised services:* “Social work with a specific group, for example the aged or people with disabilities, for which specific additional knowledge, skills and practice methods are necessary.” (White Paper for Social Welfare, 1997)

*Service provider:* “service providers in the social welfare sector employ planners, social workers, social auxiliary workers, social development and community development workers, social security personnel, child and youth care workers, volunteers, and other categories of workers and support personnel. These service providers include the Government, the formal welfare sector, religious organisations, non-governmental organisations (NGOs) and community-based organisations (CBOs), the informal welfare sector, and social workers employed by the business sector.” (White Paper for Social Welfare, 1997)

## **1.10. Conclusion**

Chapter one introduces the study, providing an overview of the research and explaining the problem being studied. It describes the contextual location and its suitability. Against this backdrop, the aim and objectives and key questions to be asked are outlined. Finally, it discusses the value of the study and the theoretical framework underpinning the study. Chapter two presents a literature review, focusing on international and national trends, and provides a detailed historical background to the concept. The current legislative framework is detailed. Chapter three discusses the research design and methodology and demonstrates how sampling and analysis was undertaken. It also demonstrates how the reliability and validity of this study was ensured. Chapter four presents the findings and Chapter five summarises this research and makes recommendations.



## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **Introduction**

This chapter examines literature on child protection, theoretical framework of the study, and its historical development. It then looks at the evolution of systems thinking in Africa and then in South Africa. An analysis of child protection systems in South Africa is presented, focusing on the legislation within the legislative framework.

“Child protection seeks to guarantee the rights of all children to a life free from violence, abuse, exploitation and neglect” (African Child Policy Forum, 2013:1). Child protection systems are a comprehensive and sustainable approach to preventing and responding to child protection issues. They comprise the set of laws, policies, regulations and services required across all social sectors – especially social welfare, education, health, security and justice – to respond to and prevent protection-related risks (Wulczyn et al, 2010). Wulczyn et al (2010:2) maintain that “A particular child protection system manifests a combination of cultural norms, standards of behaviour, history, resources, and external influences that over time reflect the choices participants have made regarding their system”.

“System’s thinking adopts a holistic approach to analysis that focuses on the way that a system's elements or components interrelate and influence one another over time and within the context of larger systems” (African Policy Forum, 2013). “Whilst emphasising the interconnectedness of child protection and other sectors, a systems approach presupposes that child protection is a distinct sector of work, the entirety of which would not be covered by other sectors in the absence of a child protection system” (Barnett, 2010:6-7). The child protection sector globally, nationally and at community level has called for the adoption of a system’s approach to child protection that is holistic and guided by the 1989 UN Convention on the Rights of the Child.

#### **2.1 Theoretical Framework**

The concept of a ‘system’ has received wide acceptance across various disciplines. As stated, “social science is the science of social systems” (Bertalanffy, 1973:206). Concepts and theories applied in the modern systems approach are being increasingly introduced by governments in the management of its various sectors.

*The Systems Theory:* Systems theory and its relationship to social work practice have been given considerable attention since the late 1950s. Systems Theory advocates “a holistic view of individuals

within an environment and is best applied to situations where several systems inexplicably connect and influence one another. It is employed in cases where contextual understanding of behaviour will lead to the most appropriate practice interventions” (Social Work License Map, 2015:1).

Ludwig von Bertalanffy was the founder of the general systems theory. He envisaged a universal, multi-disciplinary acceptance of the general systems theory to be used across various disciplines including mathematics, engineering and sociology. Talcot Parsons, Walter F. Buckley and Niklas Luhmann were principals of the Social Systems Theory. Parsons, a Harvard professor from 1930-1970 was best known for his work on the social systems theory where he viewed systems functions to be defined in terms of four functions, namely, adaptation, goal attainment, integration and latency. He maintained that a system was supported by subsystems with specific roles. Figure 6 of this dissertation clearly depicts the various sub-systems with specific roles, that work together to support the bigger system being the child protection system. His work was influential and informed other sociologists. Burkley, an American professor felt that Systems Theory was not so much a theory: but “rather a theoretical framework and set of methodological tools that may be applied to any field of study” (Buckley,1998:490).

Niklas Luhmann, known as the most important social theorist of the 20<sup>th</sup> century, stated that “every social contact is understood as system, up to and including society as the inclusion of all possible contacts” and that “systems are orientated by their environment not just occasionally and adaptively, but structurally, and they cannot exist without organisation” (Adams, Hester and Bradley,2013:6).

The work of systems theorists has provided tremendous insight into systems concepts.

The “systems theory is the foundation for understanding multidisciplinary systems. Practitioners can benefit from the application of systems theory as a lens when viewing multidisciplinary systems and their related problems” (Adams, et al, 2013:7).

For the purposes of this study the systems-theory perspective allows for a deeper understanding of the general nature of the child protection system in South Africa and in Phoenix, in particular. This knowledge of interconnections and purposes of people, organisations and communities helps in understanding the larger picture of the relationships within the child protection system.

The systems approach to child protection requires a multi-disciplinary response. The Child Protection programme in South Africa is, by design, interdisciplinary and requires interactions among professions and structures.

#### *Inter-disciplinary Theory:*

The Inter-disciplinary theoretical framework would explore the connections and interrelations that exist amongst the various professional disciplines in the delivery of a comprehensive and integrated child protection service. Newell states that “Interdisciplinarity is necessitated by complexity, specifically by

the structure and behaviour of complex systems. The nature of complex systems provides a rationale for interdisciplinary study” (Newell, 2001:1).

Julie Klein and Newell defined interdisciplinary study as “a process of answering a question, solving a problem, or addressing a topic that is too broad or complex to be dealt with adequately by a single discipline or profession . . . IDS draws on disciplinary perspectives and integrates their insights through construction of a more comprehensive perspective” (Newell,2001:13).

The process of relating the overall pattern of behaviour to the behaviour of sub-systems and their components is challenging for any system. Even more challenging is identifying a pattern of behaviour for a system that is complex, such as the child protection system.

Application of the interdisciplinary approach involves the interpretation of components or relationships from different disciplines to identify the linkages between the subsystems e.g. the health, education and justice systems. Newell (2001:9) identifies a number of techniques of interdisciplinary integration for complex systems such as the Child Protection System. He emphasises that the best way of understanding a complex system is by identifying systemic patterns and each disciplines perspective while maintaining coherence to hold the system together, which would be the child protection system in this study. The systems theoretical framework would provide a more comprehensive understanding of how the behavior pattern of the system comes about from its individual parts or sub-systems. Application of this framework would produce a pattern that closely reflects the behaviour of the various sub-systems. The Interdisciplinary theory would help conceptualise the interdisciplinary process and relations within the child protection system.

Applied to the local community context in Phoenix, these two theoretical frameworks will expose the complexities of the child protection system and develop an informed understanding of the following: the roles of various stakeholders; the processes of communication and referrals; and resource sharing, in providing a holistic child protection service in Phoenix. The systemic complexities are highlighted in figures 1 to 6, where the linkages and inter-sectoral relations of the sub system are evident and where systemic patterns of the various disciplines highlighting their inter-connectedness with the larger system are identified. The various sub-systems that fall within the larger child protection system is highlighted in figure 6. The child protection system in Phoenix comprises essential components that support the overall performance of the system. This is evident in Figure 7. The various components being organisations, human resources, legislative framework and funding.

Historically, child protection services were issue focused, with programming and evaluation focusing on single issues. While such an approach may be effective and produce substantial benefits, it often results in fragmented child protection services. These present as gaps in services, a lack of collaboration, duplication of services, and insufficient focus on early intervention.

“The systems approach to child protection acknowledges that children face complex problems that require a multi-disciplinary response.” “It aims to move away from the fragmented single-issue response to a more holistic, sustainable approach, that can address multiple risks a child may confront” (African Policy Forum, 2013:2).

## **2.2. Evolution of Child Protection in Africa**

Since the inception of the system’s movement in Africa in 2008, there has been a growing interest in the systems approach for effective child protection. There has been increasing recognition amongst government leaders, national policy makers and local government in sub-Saharan Africa that system strengthening is needed for improved national responses to violence against, and abuse and exploitation of children.

The first conference on ‘Child Protection Systems Strengthening’ in sub-Saharan Africa was hosted in May 2012 by a group of international NGOs in Senegal, with the aim of introducing and discussing the concept of child protection systems. The goal of the conference was to support and sustain efforts, share ideas on strategic planning, evaluative mechanisms and essential resources, and to improve impact of child protection systems in sub-Saharan Africa, through cross-country dialogue. It was found that there was great interest and recognition of the value of an integrated system, and systems strengthening became a priority.

Child protection systems by nature are interdisciplinary and require interactions among a diverse group of professions, actors and structures. Despite strong commitment to take up child protection systems strengthening, there were several challenges in sub-Saharan Africa. These included a lack of global consensus on what constitutes child protection and systems strengthening, weak community structures, high rates of poverty, HIV and lack of skilled human and financial resources. Despite these challenges, the value of a systems approach to child protection was gaining recognition.

The joint inter-agency statement on ‘strengthening child protection systems in sub-Saharan Africa’, which was inspired by the conference in 2012, highlights that child protection systems across sub-Saharan Africa vary considerably (Joint inter-agency statement, 2012). Non-governmental, faith-based and community organisations play a pivotal role in child protection service delivery. Governments in sub-Saharan Africa were recognising the need for their greater involvement in developing policy; setting accountability structures; securing resources; monitoring; evaluating and overall coordination. This has impacted on their commitment to assessing and redefining child protection systems (African Policy Forum, 2013), as is evident in the examples below.

Zimbabwe's National Action Plan has been evolving since 2005. Over the years the Zimbabwean Government has been drawing from lessons learnt during the implementation of its National Action Plan to improve its strategies on Zimbabwe's child protection systems. Botswana has aligned its policies to the Convention on the Rights of the Child which continues to have a positive impact on the lives of children.

A case study was conducted by UNICEF across five countries, namely Ghana, Indonesia, Kenya, Senegal and the United Republic of Tanzania. "The studies are intended to generate a better understanding of the country context, government response, engagement by other actors and additional factors that are contributing to success in protecting children from violence, exploitation and abuse" (UNICEF, 2015:1). It was found that in Senegal the new National Child Protection Strategy proved to be more dynamic than previous national coordination bodies. The new strategy promoted multi-sectoral coordination.

### **2.3. An Analysis of Child Protection in South Africa**

The care and protection of children presents an ongoing challenge for South Africa. Historically, much of its child protection strategy was based on models developed in first- world countries. Despite the existence of child protection much of it was issue based, uncoordinated, without documentation of the processes involved, strategies developed and evaluative mechanisms. Coordination of the children's sector remained primarily the responsibility of the Department of Social Welfare.

International organisations, such as UNICEF and Save the Children, have encouraged the systems approach to child protection. They have supported strategies that incorporate systems strengthening at government and community levels.

Since 1994 the South African Government has restructured its social welfare system, recognising and seeking to address the plight of children, and acknowledging the need for a comprehensive, well-designed child protection system. It subsequently adapted and erected a range of child-specific policies, laws and programmes aimed at promoting and protecting children's rights.

Save the Children conducted a study in 2010 to assess the status of child protection in South Africa, to contribute to the development of the Systems Strengthening approach. Coordination and strengthening of links between the formal and informal structures that provide protective services was strongly recommended.

The child protection services system, a recommendation in DSD's Strategic Plan 2010-2015, is a relatively new initiative of the Government which has grown rapidly. Although the Government has created policy guidelines, regulations and an infrastructure to carry out their mandate, the challenge of protecting children remains great. As more and more reports of children in need of protection pour into

the system, the need for monitoring and evaluation is key to understanding and strengthening the system.

The South African Government recognises that systems' elements inter-relate and influence one another. The fact that child protection systems by nature are interdisciplinary and require interactions among a diverse group of professions, actors and structures, creates a need for further monitoring and evaluation and inter-sectoral coordination. The boundaries between the child protection system and other systems, such as health, justice, education, safety and security, influence and impact the system. The Government established a national plan of action to consider and address these issues.

A pilot study was conducted by Childline in 2004 into the sexual abuse of children seven years and younger, and its management by the Child Protection System. Conclusions from the study were that, firstly, "communication between professionals and role-players in the child protection system appeared to be lacking," and secondly, that "existing protocols for child protection, which supposedly provide for structure and facilitate communication between the sectors, did not appear to have been followed" (Niekerk and Nala, 2004 :11). Childline has subsequently made recommendations for further research in the areas of inter-sectoral communication and protocols.

Save the Children South Africa undertook an analysis of the children's sector in South Africa in 2014. It was found that while South Africa has one of the most comprehensive and progressive statutory frameworks in the world, numerous issues plague the system. They were, among other challenges: insufficient human and financial resources; poor coordination and integration of services; lack of clarity among role players on how to fulfil responsibilities; poor population-based planning; weak institutional and accountability mechanisms; poor data collection and management of information; a regulatory rather than developmental approach adopted with regards to alternative care; insufficient political will and leadership, particularly in relation to prevention and early intervention; and weak advocacy, poor communication and insufficient education of decisionmakers, the public, parents and other responsible role players (Martin, 2015:10).

In 2014, REPPSI conducted a review of child protection systems strengthening in South Africa. It noted that systems thinking around child protection had been on the agenda for many years, and its appraisal made recommendations for a holistic approach to child protection service delivery. Effective collaboration, coordination and networking amongst sectors, a need for more articulation and understanding of the existing elements of the child protection system, the identification of gaps and overlap of services, and the recognition and strengthening of the work of community-based organisations are recommended as first steps to the strengthening of a child protection system (REPPSI, 2014).

## **2.4. Legislative Framework**

The African Union (AU) adopted Vision 2063 as a roadmap for continental development. “An Africa whose development is people-driven, relying on the potential of African people, especially its women and youth, and caring for children” is highlighted as one of the aspirations of AU 2063. The AU agenda 2063 also focused on the need to eradicate poverty as one of its goals (Department of International Relations and Cooperation, 2015). Poverty has had a considerable impact on children worldwide and governments are making considerable efforts to tackle child poverty. Poverty refers to poor living conditions because of lack of income and inadequate resources (Engle & Black, 2008). A child is considered poor when her or his household living standards are regarded as below a poverty line (a measure indicating lack of income and/or insufficient resources within the household). Child poverty has long-term effects on human development, therefore making children more vulnerable to abuse, neglect, violence and exploitation. (Engle & Black, 2008).

“Parents who are stressed and overwhelmed with the pressures of poverty are unable to meet the emotional, cognitive, and caregiving needs of their children” (Engel & Black, 2008p1). Research also shows that child maltreatment is more likely in communities with high rates of poverty and fewer social networks. “Poor children suffer from emotional and behavioural problems more frequently than do other children” (Brooks-Gunn & Duncan, 1997).

Other factors that expose children to the risk of abuse, exploitation and neglect include unemployment, alcoholism, drug abuse, disability, and single-parent families. Families of migrant mothers are at high risk. It is suggested that resilience to poverty can be enhanced by keen attention to national economic policies. Focus on prevention through sound economic policies could significantly strengthen families and improve the plight of children.

In the 2016 Community Survey conducted by Statistics South Africa, households were asked what they perceived as their main challenge or difficulty in their municipality, and violence and crime was cited as one of the main challenges faced. The South African Government has taken bold steps in sustainable development to address poverty. It has committed to the aspirations of the AU, in particular Aspiration 6, the goal of which is to put children first, to empower women and to engage and empower youth (Brand SA Research, 2015:5).

Commitment to the bright future of our children remains a core value in South Africa. This is reflected in the Bill of Rights in the South African Constitution, that highlights the best interest of the Child (Republic of South Africa, 1996). In addition, the White Paper for Social Welfare, 1997, states that the Government is committed to give the highest priority to the promotion of family life and to the survival, protection and development of all South African children.

One of the Strategic objectives of the National Development Plan (NDP, 2015-2020) of the DSD is to strengthen child protection services and improve the quality of early childhood development services

by 2019. The NDP calls for the strengthening of state capacity to deliver services and, in this regard, will strengthen social welfare service delivery through legislative and policy reforms (Republic of South Africa, 2012).

Strengthening psycho-social support services to orphans and vulnerable children was also highlighted in DSD's NDP as another strategic objective. The Government of South Africa has developed an infrastructure of policies, regulations and guidelines for the establishment of a child protection system.

The National Plan of Action for Children (NPAC, 2012-2017) in South Africa, and the Children's Amendment Act 41 of 2007, designates the DSD as the lead department in ensuring the care and protection of children in collaboration with the Departments of Health, Education, Justice, and Safety and Security. Section 104(1) of the Children's Amendment Act 41 of 2007 states: "The Minister, after consultation with the interested persons and the Ministers of Education, Finance, Justice and Constitutional Development and the South African Police Services, must develop a comprehensive inter-sectoral strategy aimed at securing a properly resourced, co-ordinated and managed national child protection system" (Republic of South Africa, 2007:40). The roles and responsibilities of DSD and the respective departments are clearly articulated in the NPAC 2012-2017.

The NPAC 2012-2017 was developed in close collaboration with, and broad consultation across government departments and non-government organisations, ensuring that their existing programmes and objectives are included in the plan, thereby acknowledging that all have a role to play in the realisation of children's rights and that legislature, policies and strategies are essential. "The NPAC does not seek to duplicate or replace plans, related to children, that have already been created by national and provincial government departments, or local municipalities, but rather seeks to provide a mechanism that enhances coordination, collaboration and mainstreaming of children's rights by providing a holistic framework for the integrated programming, organisation and implementation of intersectoral programmes for the betterment of the situation of children" (the Republic of South Africa, 2012:9). Its purpose is to promote and protect the rights of children.

DSD's draft strategy for developing an effective child protection system was developed in 2000 and is based on a holistic, inter-sectoral and multidisciplinary partnership on national, provincial and local levels (Department of Social Development 2000). This aligns with one of the major objectives of the Children's Amendment Act 41 of 2007, which is to strengthen and develop community structures for the care and protection of children, and the Children's Act 38 of 2005, which makes recommendations for a holistic, inter-sectoral approach to child protection management.

## **2.5. Inter-sectoral collaboration**

Inter-sectoral collaboration refers to the promotion and co-ordination of the activities of different sectors (Ramduny 1998). Since the inception of the child protection systems approach, all sectors had



to be reoriented to develop a common vision and understanding of child protection. Policy guidelines for the implementation of effective child protection services have been developed within each sector where different departments within a government or different levels of government coordinate or share responsibility for policy development and implementation.

In 2014, REPPSI conducted a radical appraisal of child protection systems strengthening in South Africa. It was noted that systems thinking around child protection has been on the agenda for many years. The appraisal made recommendations on the need for a holistic approach to child protection service delivery. Effective collaboration, coordination and networking amongst sectors, a need for more articulation and understanding of the existing elements of the child protection system, the identification of gaps and overlap of services, recognition and strengthening of the work of community-based organizations are recommended as first steps to strengthening of a child protection system (REPPSI, 2014).

The South African Government has committed to inter-sectoral collaboration and integrated service delivery. This is evident in the national departments joint work on national plans and in the recommendation for an inter-sectoral, collaborative approach to child protection. “The Provincial Programme of Action for Children (PPA) exists at a provincial level, in the Office of the Premier, and aims to facilitate inter-sectoral collaboration, planning and implementation for services to children provincially” (Department of Social development, 2006:21)

Chapter 7, of the Children’s Amendment Act 41 of 2007, specifies the need for intersectoral collaboration in the establishment of a child protection system, for effective service provision.

Interdisciplinary theory provides a framework of analysis of a complex system (the child protection system), its interrelationships, and how they influence the system. It has been used to define the collaborative relations in child protection service delivery across all sectors.

Newell states that interdisciplinary study” draws insights from relevant disciplines and integrates those insights into a more comprehensive understanding” (Newell, 2001:2). An interdisciplinary theoretical framework guides the analysis of the intersectoral relationships in this study.

## **2.6. Conclusion**

The South African Government, through the appropriate departments, NGO’s and international organisations, at national, provincial and local levels are working together to establish and sustain a comprehensive and integrated child protection social service model that is suited to the diversity of South Africa. With this context in mind, this study aims to explore the child protection system within the welfare sector in Phoenix.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **Introduction**

Babbie and Mouton (2001) state that research methodology focuses on the research process, kinds of tools and procedures used in conducting a study. This chapter provides a detailed account of the research methodology and processes that are used in this study. It covers the research paradigm; research design; sampling process; data collection methods; methods of data analysis and the data analysis process. It further discusses trustworthiness, ethical considerations, reliability and validity, and potential limitations.

#### **3.1 Research Paradigm**

“The research paradigm provides a rationale for the research and commits the researcher to certain methods of data collection, observation and interpretation” (Terre Blanche, Durrheim and Painter, 2006:40). A qualitative paradigm was chosen as “Qualitative research is a development of concepts which help us to understand social phenomena in natural (rather than experimental) settings, giving due emphasis to the meanings, experiences and views of the participants” (Sunday,2018:3).

A choice of methodology is guided by the aims and objectives of the research, and by the research topic; it provides the most appropriate strategy for answering key research questions. A qualitative method of research guided the methods of collecting and analysing empirical data in this study. The advantages of undertaking a qualitative study are that the researcher is enabled to understand and conduct an in-depth analysis of participants’ responses around service issues and challenges. It further facilitated abstract thinking in the interpretation of data, from which the researcher was able to associate findings with a theoretical framework.

#### **3.2 Research Design**

A research design reflects the purpose of the study: it indicates what data are required; what methods are to be used to collect data, and how to analyse and interpret the data. An exploratory research design was implemented to gain an in-depth understanding of the Phoenix child protection system.

“Exploratory research design is chosen to gain background information and to define the terms of the research problem. This is used to clarify the research problems. Exploratory research is flexible and provides the initial groundwork for future research” (SMstudy, 2016:1).

“Exploratory research provides greater understanding of a concept or crystallizes a problem. Exploratory research is initial research conducted to clarify and define the nature of a problem” (Manerikar and Manerikar, 2014:95). This research design provides information on measures taken and processes followed in providing child protection services in Phoenix. The exploratory research design will expose community structures, networks and processes of intervention by service providers.

### **3.3 Sampling**

#### **3.3.1. *Sampling method***

“Sampling is a process of selecting research participants from the whole population and the researcher decides on which people, settings, events, behaviour and social processes to observe” (Terre Blanche et al., 2006:85). A purposive sampling technique was implemented in this study. The purposive sampling technique is a type of non-probability sampling that is most effective when one needs to study a certain cultural domain with knowledgeable experts within. The purposive sampling technique is the deliberate choice of an informant due to the qualities the informant possesses. It is a non-random technique that does not need underlying theories or a set number of informants. Simply put, the researcher decides what needs to be known and sets out to find people who can and are willing to provide the information by virtue of knowledge or experience. (Bernard 2002, Lewis & Sheppard 2006)” (Dolores, 2007:146).

The choice of research participants was guided by the aim of the study, and participants’ expertise in providing valuable information that would answer the research questions. Research participants from the various sectors were purposively selected to provide information, using semi-structured interviews and a focus group discussion as data collection methods. As stated by Patten (2014:29), qualitative methodology would facilitate an in-depth understanding of the perspectives of purposively-selected participants of the child protection system in Phoenix.

#### **3.3.2. Sampling process**

The sampling process is explained in two phases, namely selection of research participants and gaining entry, and securing gatekeeper consent. Selection and gaining entry is the first and most crucial stage of a qualitative study, involving gaining access to the research participants, thus determining how the research process will unfold. The researcher was guided by the protocol of the University of KwaZulu-Natal in introducing the study and requesting participation of the relevant persons representing their child protection units or programmes

Child protection policies stipulate a multi-disciplinary and intersectoral approach to child protection. The NPAC in South Africa 2012-2017 designates the Department of Social Development (DSD) as the lead department in implementing the child protection strategy in South Africa with the Departments of

Health, Education, Justice and the SAPS rendering supportive services. South Africa's child protection strategy is based on a holistic, inter-sectoral and multi-disciplinary partnership. It is therefore necessary to include representatives from these sectors when seeking to understand the child protection system.

Representatives from the welfare sector were selected from the core cluster departments charged with the responsibility of implementing intersectoral child protection services under the leadership of DSD as follows:

- The Department of Social Development, which is the lead department;
- The local child welfare organisation (an NGO), and
- Specialised organisations in the child protection cluster.

Representatives from the government sectors of Health, SAPS, Education and Justice, were selected as detailed below:

- Education: Three primary schools and three secondary schools were randomly selected from various areas within Phoenix.
- Health: The community health centre and the local hospital which are active health- service providers in the community.
- The South African Police Services: The local police station situated in Phoenix that services the community.
- Justice: The Magistrates Court. Phoenix falls under the jurisdiction of the Verulam Magistrate's court. The Children's court dealt with matters pertaining to the Children's Act 38 of 2005.

Gatekeeper consent was secured from potential participants. "Researchers are morally and ethically obliged to engage in an open and transparent manner when seeking access to an institution for research purposes "(Singh and Wassenaar, 2016:43).

View Appendix1 for the gatekeeper consent letter. The aim and objectives of the study were outlined and its relevance to the respective organisations were highlighted. The social value of the study and standard ethics requirements were explained.

### 3.3.3 Sample size and Composition

**Table1: Sampling composition for the semi-structured interviews**

SECTOR	TYPE OF ORGANISATION	JOB DESCRIPTION	NO. OF PARTICIPANTS
Education	Primary school x 3	Educator	3
	Secondary School x 2	Educator	2
Health	Hospital	Social Worker	2
	Community Health Centre	Social Worker	2
Justice	Family and Criminal court	Magistrate	1
Safety and Security	SAPS	Family violence, child protection and sexual offences unit - police officer	1
Welfare	Department of Social Development	Social Worker	1
NGO	One stop service centre	Social Worker/Therapist	1
<b>TOTAL</b>	<b>11 Organisations</b>		<b>13 Participants</b>

**Table 2: Sampling composition for the focus group discussion**

SECTOR	TYPE OF ORGANISATION	JOB DESCRIPTION	NO. OF PARTICIPANTS
Welfare	Child Welfare	Social Worker	2
NGO: Specialised Agency	Crime prevention	Social Worker	2
NGO: Specialised Agency	Work with physically challenged	Social Worker	1
NGO: Specialised Agency	Work with the mentally ill	Social Worker	1
<b>TOTAL</b>	<b>4 Organisations</b>		<b>6 Participants</b>

### 3.4 Data Collection Methods

The study incorporates the technique of data triangulation using semi-structured interviews and focus group discussions to gather data from multiple service providers. It allows for different perspectives, while serving the purpose of cross-validation through the collation of information from different sources.

Semi-structured interviews were used to capture the essence of how organisations interpret policy, follow processes, relate to other service providers and render services with respect to child protection. “Semi structured interviews can make better use of the knowledge-producing potentials of dialogues by allowing much more leeway for following up on whatever angles are deemed important by the interviewee” (Denzil and Lincoln, 2017:578). They facilitate an in-depth exploration of the subject matter and allow the information to surface. The advantages of using interviews as a method of data collection was primarily because of “[their] naturalness and spontaneity, flexibility, control of the environment and direct contact with the participants” (Babbie and Mouton, 2001).

Semi-structured interviews were undertaken with 13 participants from the public-sector organisations, namely health, education, justice and police. The researcher sought participants’ consent to be interviewed and to be recorded. For the semi-structured interview schedule, refer to Appendix 2. The semi-structured interviews were transcribed onto an interview schedule and were digitally recorded to ensure important data was not lost. Digital recordings were made with the participants’ consent.

Focus group discussion was also conducted. “Focus groups are considered as socially orientated process and a form of group interview that capitalizes on communication between the research participants in order to generate data” (MacDonald, 2012:41). The focus group discussion followed a structured format. Prewritten questions were used but allowed for deviations when necessary. The focus group discussion stimulated engagement around child protection service provision with a focus on collaborative relations, child protection service-delivery processes and challenges experienced by service providers. A focus group discussion with 6 participants from 4 organisations from the Welfare sector’s core cluster NGO departments – namely the specialised welfare service providers and the local child welfare organisation – was conducted. A schedule of the questions is provided as Appendix 4. The focus group discussions were transcribed at intervals during the discussion, and digitally recorded with the participants’ permission

### **3.5 Methods of Data Analysis**

“In qualitative research using interviews, focus groups, experiments etc. data analysis is going to involve identifying common patterns within the responses and critically analysing them in order to achieve research aims and objectives” (Dudovskiy, 2018:1). In this study, the data collected was analysed using analytical and logical reasoning, and summarised. Patterns and relationships in responses from participants were analysed and interpreted.

A thematic analysis technique was used to identify themes, patterns and relationships in responses from the participants. “Thematic analysis is a search for themes that emerge as being important to the description of the phenomenon. It is a form of pattern recognition within the data, where emerging themes become the categories for analysis” (Fereday and Cochrane, 2006:82).

The following steps by Terre Blanche et al (2006), were used to thematically analyse data:

Step 1: Familiarisation and immersion: The researcher read through the data collected, listened to the digital recordings, and transcribed information omitted onto transcripts, verbatim.

Step 2: Inducing themes: Themes were selected based on the focus of the study, and underlying common information and messages frequently occurring in the data.

Step 3: Coding: Textual data from the various sectors was coded using the key research questions as a guide.

Step 4: Elaboration: This involved exploring the themes more closely. Themes were refined to ensure analysis was thorough.

Step 5: Interpretation and checking: This is the final step where the researcher put together the interpretation of the data and aligned with the research aim and objectives.

The Systems Theory and the Inter-disciplinary theory were used as an analysis framework to interpret and understand the data.

The Systems Theory provided an analytical framework for viewing data as it allowed the researcher to see the interdependence of service providers, and the organisational structures and their functions in relation to the environment and to each other. It allowed for a holistic view of the phenomena being researched. Meadows summarises the salient *principles* underlying Systems as follows: first, “a system is more than the sum of its parts; second, many of the interconnections in systems operate through the flow of information; third, the least obvious part of the system, its function or purpose, is often the most crucial determinant of the system’s behaviour; fourth, system structure is the source of system behaviour. System behaviour reveals itself as a series of events over time” (Meadows, 2008:188). The Systems theory was therefore suitable as an analysis framework for this study

A network analysis helped the researcher understand the network of inter-relations. Interactions and relationships have profound effects on how actors in the network behave and function. This exercise answered questions like, how closely does one organisation work with the other? And, what are the links between each organisation?

In addition, a mapping and interpretation exercise clarified service providers roles and identified gaps and overlap of services. The data mapping exercise identified patterns and associations, aided by visual displays.

### **3.6 The Data Analysis Process**

In qualitative data analysis, Lacy and Luff (2009) explain that the “mass of words generated by interviews or observational data needs to be described and summarised” ‘The question may require the

researchers to seek relationships between various themes that have been identified ...” (Lacy and Luff (2009:6).

The first step of this process involved the researcher becoming familiar with the data by reading through the interview responses, and listening to the recorded transcripts of the interviews, while simultaneously transcribing any missing information onto the interview transcripts. Responses were transcribed verbatim. By transcribing verbatim, researcher bias was avoided in that not only sections that seemed relevant or necessary were selected, rather, all information was reported without any filtering.

When the transcription of the recordings was complete, the data were tabulated into the various sectors responses. Participants’ details were coded to maintain confidentiality. The data were sorted using the key research questions as a measure of selecting appropriate data (coding). The data was sorted in terms of the various sector responses, bearing in mind the aims and objectives of the study. This made the data easily retrievable.

The method of analysis chosen for this study was the thematic analysis incorporating the inductive approach that would guide the analysis to produce meaningful data. Terre Blanche and Durrheim state that “data analysis begins by identifying themes in the data, and the relationship between these themes. It is of paramount importance that the data analysis employed matches the research paradigm and that the data answers the research questions” (1999:47). The inductive approach used to interpret the data was further justified by Dudoviskiy, who asserts that “[t]his approach aims to generate meanings from the data set collected in order to identify patterns and relationships to build a theory” (2011:1). In order to analyse the qualitative data generated, the researcher identified common concepts and themes, followed by similarities and differences within each.

Systems and inter-disciplinary theories were used as a framework for the analysis. A systems-theory perspective allows for a deeper understanding of the general nature of the system. This knowledge of interconnections and purposes of people, organisations and communities helps in understanding the larger picture of the relationships.

The systems approach to child protection requires a multi-disciplinary response. The Child Protection System is, by design, interdisciplinary and requires interactions among professions and structures. A network analysis was therefore essential. “Network Analysis is the method used to identify and examine the structural and functional features of the network” (Groenou and Tilburg, 1996:197).

Furthermore, as coordination across government departments and amongst sectors at different levels are essential components of a child protection system, an analysis of intersectoral relations and networks was conducted. This network analysis was essential to determine what collaborative relations exist amongst public-sector organisations in terms of sharing of resources, programme planning, access to funding and services delivery (Objective 3 of the study). Scott explains that “Social network analysis



provides a vocabulary and set of measures for relational analysis but does not imply the acceptance of any one particular theory of social structure” (2017:8).

Thereafter, a ‘systems mapping’ and interpretation were completed. Systems thinking requires that we look at the dynamics and inter-connectedness of the system and its role-players. Systems mappings “provide an exploration of the system, communicate understanding, and allow for the identification of knowledge gaps, intervention points, and insights” (Acaroglu 2017:3). The mapping and interpretation exercise meant “searching for patterns, associations, concepts, and explanations in [the] data, aided by visual displays and plots” (Lacy and Luff, 2009:15).

This meant that once the key service providers were identified, the researcher made explicit the connections and relationships between them. This exercise was a means of exploring the system, to find out more about how it functions.

### **3.7 Reliability, Validity and Trustworthiness of the Study**

“Qualitative research uses a naturalistic approach that seeks to understand phenomena in context-specific settings, such as "real world setting [where] the researcher does not attempt to manipulate the phenomenon of interest" (Patton, 2001, p. 39, cited in Golafshani, 2003:600)

Qualitative research, broadly defined, means "any kind of research that produces findings not arrived at by means of statistical procedures or other means of quantification" (Strauss and Corbin, 1990, p. 17, cited in Golafshani, 2003:600) and instead, the kind of research that produces findings arrived from real-world settings where the "phenomenon of interest unfold naturally" (Patton, 2001, p. 39, cited in Golafshani, 2003:600)

The researcher conducted the study with integrity and ensured that the findings accurately reflected the data, with commitment to meticulous record keeping, demonstrating a clear decision trail and ensuring interpretations of data were consistent and transparent.

Data was cross checked, confirmed and verified, to assess for consistency between subjects in the same sector. The researcher conducted the semi-structured interviews and focus group discussions to ensure that data collected came directly from service providers, thereby ensuring genuineness.

The technique of data triangulation provided additional data sources that increased validation and reliability. Inadequacies found in one-source data is minimized when multiple sources confirm the same data. The digital recording of interviews and the focus group discussion provided an additional method of data capturing, thereby ensuring no data was lost. The recordings were crosschecked with the transcribed schedules, and missing information was added. This helped in enhancing the credibility of the data collected.

The researcher practiced reflexivity, data triangulation and basic social work principles of self-awareness and objectivity to manage threats to trustworthiness.

### **3.8 Ethical considerations**

Key ethical issues as outlined in the guidelines from the Humanities and Social Sciences Research Ethics Committee were considered and adhered to while conducting the study.

Ethical clearance was obtained from the UKZN Ethics Committee before commencing the study. (Refer to Appendix 5)

#### **Consent**

Gatekeeper consent: Consent from officials from all participating organisations was obtained prior to any interview or the focus group discussion. (Refer to Appendix 1).

Participant consent: Written consent to participation was obtained from all participants who were not coerced or unfairly pressurised; they were well-informed about what their participation entailed. Consent for the digital recording of interviews and the focus group discussion was also obtained. (Refer to Appendix 3 for the Letter of participant consent).

#### **Confidentiality**

The material and transcripts were treated as confidential information and will be destroyed after five years as per ethical guidelines of the School of Applied Human Sciences, University of KwaZulu-Natal. The anonymity and confidentiality of participants were respected, and information utilised solely for the purposes of this study.

#### **Voluntary involvement**

Participation in this research study was voluntary, and subjects were free to withdraw from the study at any stage. Organisations that decided not to participate were not disadvantaged in any way. Openness, honesty and transparency were always exercised. Participants were not rewarded for their participation.

#### **Respect for participants**

Respect for participants was displayed by arranging a suitable time and venue at participants' convenience, respecting their rights and request for confidentiality, and valuing the data given.

Social Workers are governed by ethics, as stipulated by the South African Council for Social Services profession (SACSSP) of which the researcher is a member, thus Social Work ethics guided the study.

## **Anonymity**

The researcher assured participants that every effort would be made to ensure that the data they provided would not be traceable back to them. This was maintained by the use of pseudonyms and coding for participants and participating organisations. Respondents were de-identified and all identifying characteristics were separated from the publicized data.

### **3.9 Potential limitations of the study**

Purposive sampling can be prone to researcher bias because of the judgmental, subjective component of purposive sampling. The choice of research participants was guided by the aim of the study and their expertise in providing valuable information. The researcher, who worked as a social worker in the Phoenix community for six years, reflexively guided the data collection and analysis.

Heather, Gillingham and Melendez (2007) describe reflexivity as: critical self-awareness by the practitioner, in how she or he understands and engages with social problems; realisation that assumptions about social problems and the people who experience these problems have ethical and practical consequences; and questioning of personal practice, knowledge and assumptions. These principles were adhered to by the researcher in this study.

### **3.10. Potential Value of the Study**

The study has the potential to contribute knowledge to systems strengthening, inter-sectoral collaboration and a multi-disciplinary approach to child protection in Phoenix. This study explored the components of the child protection systems that exist within the Phoenix community and makes recommendations for a local Child Protection Systems Model. The study portrays links with the national implementation strategy and recommends systems, thereby aligning services with policies, regulations and legislature.

### **3.11. Conclusion**

This chapter outlines the research method for the study. A qualitative research paradigm, using an exploratory design, was selected as appropriate for achieving its aim. The purposive sampling technique and the methods of data collection, namely semi-structured interviews and focus group discussion, were suitable for achieving the objectives of the study. The data has been analysed using thematic data analysis, network analysis, and mapping and interpretation for a visual perspective of inter-sectoral relationships. The Systems theory and the Inter-disciplinary theories provided the theoretical framework for the study. The chapter has been concluded with a consideration of the validity and reliability of the study, its potential limitations as well as the potential value of the study.

## **CHAPTER FOUR**

### **FINDINGS AND DISCUSSION**

#### **Introduction**

This chapter presents the empirical evidence from the analysis of data obtained from semi-structured interviews with participants from the Health, Welfare, Education, Justice and Police sectors, and from the focus-group discussion with participants from the NGO sector, servicing the Phoenix area. It begins with a short profile of the participants, followed by an explanation of the data analysis process.

Participant responses, from the semi-structured interviews and focus group discussion, are presented according to the key questions corresponding with each objective.

According to Section 5 of the Children's Act 38 of 2005, articulating the vision for the inter-sectoral implementation of the Act, "All organs of the state in the National, Provincial and where applicable, local spheres of government involved in the care, protection and well-being of children must cooperate in the development of a uniform approach aimed at coordinating and integrating the services delivered to children" (Children's Act 38, 2005). In addition, the NPAC (2012-2017) identifies key service sectors to be responsible for the establishment of a child protection system.

The Children's Amendment Act 41 of 2007 further clarifies that child protection services must be provided by the National and Provincial Departments of Social Development and NGOs such as Child Welfare, and designated child protection organisations.

The selection of participating organisations was guided by these policies. The selection of suitable participants was guided by the aim of the study and their expertise in providing valuable information. Participants were selected using the purposive sampling technique. Participants' responses to the key questions, with respect to each objective, are reported from both the interviews and the focus group discussion.

#### **4.1. Profile of Research Participants**

Thirteen respondents participated in the semi-structured interviews. There was a total of six participants from four organisations in the focus-group discussion.

**Table 3: Profile of Participants in the Semi- Structured Interviews**

RESPONDENT	JOB DESCRIPTION	TYPE OF ORGANISATION	SECTOR
Participant 1 SCH 1 P	Educator	Primary School	Education
Participant 2 SCH 2 S	Educator	Secondary School	Education
Participant 3 SCH 3 S	Educator	Secondary School	Education
Participant 4 SCH 4 P	Educator	Primary School	Education
Participant 5 SCH 5 P	Educator	Primary School	Education
Participant 6	Police officer	SAPS: Family violence, Child Protection and Sexual Offences Unit (FCS)	Safety and Security
Participant 7	Social Worker	Department of Social Development	Welfare
Participant 8	Social Worker	Community Health Centre	Health
Participant 9	Social Worker	Community Health Centre	Health
Participant 10	Social Worker	Hospital	Health
Participant 11	Social Worker	Hospital	Health
Participant 12	Magistrate	Family and Criminal Court	Justice
Participant 13	Social Worker/ Therapist	An NGO offering therapeutic services based at a one stop service centre	NGO

*Primary School:* is a school where children receive primary education from the age of about five years to about 12 years.

*Secondary school:* is a school where children, from the age of about 12 years to 18 years, receive secondary education.

SCH 1- SCH5 refers to schools 1 TO 5.

P refers to Primary school.

S refers Secondary school.

**Table 4: Profile of participants in the Focus Group Discussion**

PARTICIPANT	JOB DESCRIPTION	ORGANISATION	SECTOR
Participant A and B	Social workers	Child Welfare	NGO: Welfare
Participant C and D	Social Workers	Organisation that focuses on crime rehabilitation	NGO: Specialised Agency
Participant E	Social Worker	Organisation that works with the physically challenged	NGO: Specialised Agency
Participant F	Social Worker	An organisation that works with the mentally ill.	NGO: Specialised Agency

## 4.2. Findings

The findings are presented in terms of the themes identified, guided by the research objectives and key questions.

**Table 5: Table of Themes and Sub-themes**

THEMES	SUB-THEMES
1. Child Protection	Definition Regulatory obligations
2. Referral processes	Who refers? Referral procedure and follow-up processes Who do you refer to?
3. Inter-sectoral Collaboration	Relationships between service providers Shared resources Evaluation and accountability
4. Challenges	Gaps/challenges Overlap of services
5. Shortcomings	

### 4.2.1 Theme 1: Child protection

Child protection is a broad term used to describe efforts that aim to keep children safe from harm. The United Nations Children’s Fund (UNICEF, 2008) uses the term “child protection” to refer to preventing and responding to violence against, and exploitation and abuse of children.

### ***Definition***

It was found that there was consensus among participants around what child protection entailed.

Participant A said child protection entailed “ensuring care and safety of children”; Participant F saw it as “Awareness and Education against abuse”. The respondent from the Magistrate’s court defined child protection as “Protection in terms of the Children’s Act” and “Safe-guarding Children’s Rights”. A response from a specialised organisation focusing on crime and rehabilitation (Participant D), defined child protection as “measures and structures to prevent and respond to neglect, exploitation and violence against children”. An educator from a primary school defined child protection as “creating a safe haven for children” (Participant 5), whilst a social worker from the hospital saw child protection as “ensuring the safety and well-being of a child in need of care”, with a special focus on the medical needs of the child. Respondents from specialised organisations emphasised their primary responsibility as meeting the special needs of a child

### ***Regulatory obligations***

Child protection in South Africa works within a defined legislative framework. When the community or professionals receive notification of a child believed to be at risk of abuse, there are certain regulatory requirements for intervention. This legislative framework usually guides service providers’ implementation and interventions.

The Children’s Act 38 of 2005 “provides for the report of physical, sexual, emotional abuse, abandonment, neglect, and circumstances that will lead to seduction of children, sexual activity and ill treatment” (Sect. 110). The National Plan of Action for Children in South Africa 2012-2017 (NPAC, 2012) outlines the roles and responsibilities of the various departments in ensuring the protection of children from all forms of abuse and exploitation.

It was found that organisations saw their role and responsibilities in terms of child protection guided by their regulatory obligations as follows:

The respondent from the South African Police Services (SAPS) explained their legal obligation as “to investigate crime against children, undertake forensic investigation, to facilitate the medical exam and initiate a criminal case”.

All educators saw general awareness and life-skills education as their responsibility and said that a matter concerning a child in need of care was immediately referred. Participant 2, an educator, explained that they saw their responsibility as “to liaise with and refer to the necessary service provider, to ensure the safety of the child”.

The respondent from DSD’s local service office stated that the care and protection of children was their core function. They focus largely on awareness and education. Cases of child abuse or neglect is referred to the local child welfare organisation. DSD works with children 10 to 18 years old. Children under 10

years old are referred to the local child welfare organisation. This is an arrangement agreed upon by DSD and the local child welfare organisation.

Respondents from the local hospital said that they saw their role as mainly providing medical care and would refer matters concerning children in need of care and child abuse cases. There was a similar response from Participant 8 of the healthcare centre, who said that their focus was on ensuring the safety of a child and they would refer child abuse/neglect matters to the child welfare organisation for ongoing services. Both service providers expressed that they would offer crisis intervention.

A respondent from the Department of Justice explained that their intervention was primarily enforcing the law, as stipulated in the Children's Act, and other regulations that may be necessary to ensure the safety of a child.

Participant A, in the focus group discussion, explained their responsibility as "protecting and ensuring the safety of a child 0 to 18 years (or 21 years if still in school), facilitating alternative care through statutory intervention if necessary. Also, to work immediately with the family".

Specialised organisations expressed that they rendered ongoing counselling services and crisis intervention to children within their domain of speciality, but referred to the local child welfare organisation if statutory intervention was required, except for the organisation that works with the mentally ill, as they do undertake statutory work.

Service providers offer services, within their capacity, in terms of their regulatory obligation.

#### **4.2.2 Theme 2: Referral Processes**

The network analysis revealed there was an active "referral system" amongst service providers.

##### ***Who refers?***

The community service providers received referrals of matters concerning the care and protection of children from various sources. Respondents provided the following information:

Educator respondents informed that mainly the educators themselves identify the problem in the classroom, learners request assistance or parents reach out.

Respondents from the local community health centre stated that referrals usually came from the out-patients' clinic, where doctors or nurses made referrals to the centre's social workers. Respondents from the hospital had similarly said that referrals were mainly internal, from doctors and nurses, and referral to the community child welfare was made for ongoing services.

Participant 6 (SAPS) explains that they have a "walk-in, open door policy" where the community was free to report a crime. TCC, the local child welfare organisation, and DSD also referred as, "with child abuse, it's a criminal matter, therefore cases have to be referred to us".



Participants C and D from the organisation that focused on crime rehabilitation, informed that referral of children came from the probation officers, the prosecutor or from primary and secondary schools when they undertook awareness programmes.

Participant A explained that when a child in need of care comes to their attention, they immediately assess to ensure the safety of the child and plan an intervention. Referrals are from various organisations and the community. Most referrals are from TCC, the SAPS, the hospital, schools and clinics.

Participant 12, from the Magistrate's court, reported that cases are brought to their attention by social workers from the local child welfare organisation, DSD local office, the organisation that works with the mentally ill and private social workers.

Participant 13, the therapist from a specialised organisation who services the one-stop service centre, informed that matters were referred to them for therapy by the centre (TCC) itself, the SAPS, the local child welfare organisation, DSD, the hospital, clinic and the community at large.

### ***The referral procedures and follow up processes***

An educator (Participant 1) informed when a matter comes to their attention it is immediately referred to the educator in charge, who informs the parent and refers to the local child welfare organisation and the SAPS. Figure 1 illustrates the Education sector's inter-sectoral relationships with key role players.

Participant 3, respondent from a secondary school, informs that once the child who is reported abused is referred, the social worker follows up with the school to assess his performance. The respondent felt that it "was not our business" thereafter, and therefore did not follow up. Participant 1 felt that they were part of the multi-disciplinary team and offered supportive services to the child. Participant 2, from a secondary school, expressed that once a matter is referred to either the local child welfare organisation or the DSD local office there is no follow-up. "The referral becomes a problem, as the age demarcation for service delivery between DSD local office and the local child welfare organisation creates a problem of ownership of the case". This impacts the child.

Participant 10 from the local hospital explained that the hospital social worker did a psycho-social assessment and referred the child to the community social worker. Follow-up services are offered to patients (children) where "poor circumstances expose the child to further medical risk/neglect"; their care is monitored by the social workers. Respondents from the community health centre said they referred to the community child welfare organisation for ongoing service. Figure 2 illustrates the Health sector service providers' inter-sectoral relationships with key role players.

The SAPS respondent said that the child is immediately taken to TCC for a medical examination if necessary or the child welfare organisation, while a criminal investigation is initiated. "Our follow-up service focuses on forensic investigation and report to the criminal court". (Participant 6).

Respondents from the organisation which deals with crime rehabilitation said referrals were made to the child welfare organisation. “Once confirmation of referral occurred there was no follow-up”. “We help the child who is in conflict with the law not to get a criminal record” (Participant D). They participate in some of the programmes with children, for example the *Diversion programme*.

Participant A says when a child in need of care comes to their attention, they immediately intervene. A referral to TCC (for a medical examination and criminal charge) is made while ongoing services begin. If the child needs to be removed to alternative care, the matter is taken to the Children’s Court. Participant 12 informs that his response is based on the social worker’s recommendation for alternative care. This is done in terms of the Children’s Act 38 of 2005. A 3-monthly assessment report is requested from the social worker to extend the order.

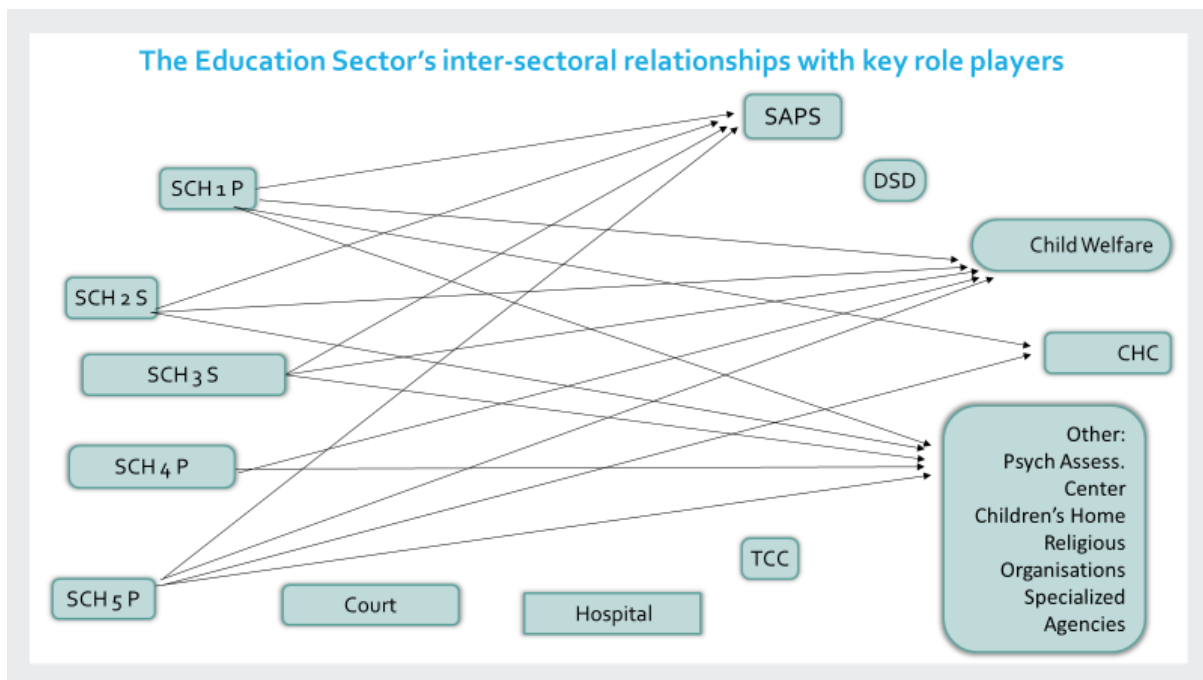
Participant 13, a therapist from a specialised organisation rendering services at the one stop service centre, explained that their immediate response is to refer to the district surgeon for a medical examination, and ensure the matter is referred to the police and crisis intervention. Thereafter a referral is made to the local child welfare organisation for ongoing services. The child would once again be referred for therapy, in the event of it being a sexual assault. (Please see Diagram 5 for an illustration of the NGO’s inter-sectoral relationships with key role players).

Service providers referred to the local child welfare organisation for ongoing counselling and intervention, to TCC for crisis intervention, medical examination and therapy and to the SAPS for a criminal charge and investigation. All organisations are amenable to referrals. They viewed child protection intervention as a multi-disciplinary approach.

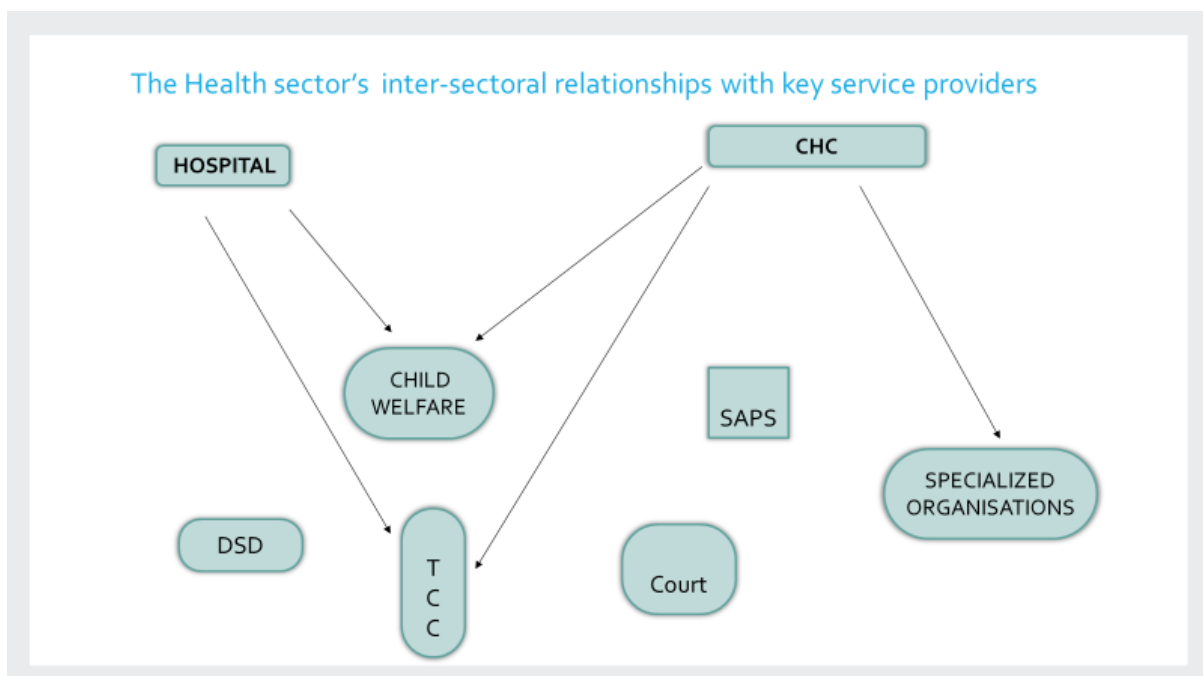
### ***Who do they refer to?***

A network analysis revealed that the organisations most referred to are the local Child Welfare organisation, the SAPS and the TCC (one stop service provider), all of which are identified as the key role players in Child Protection service delivery.

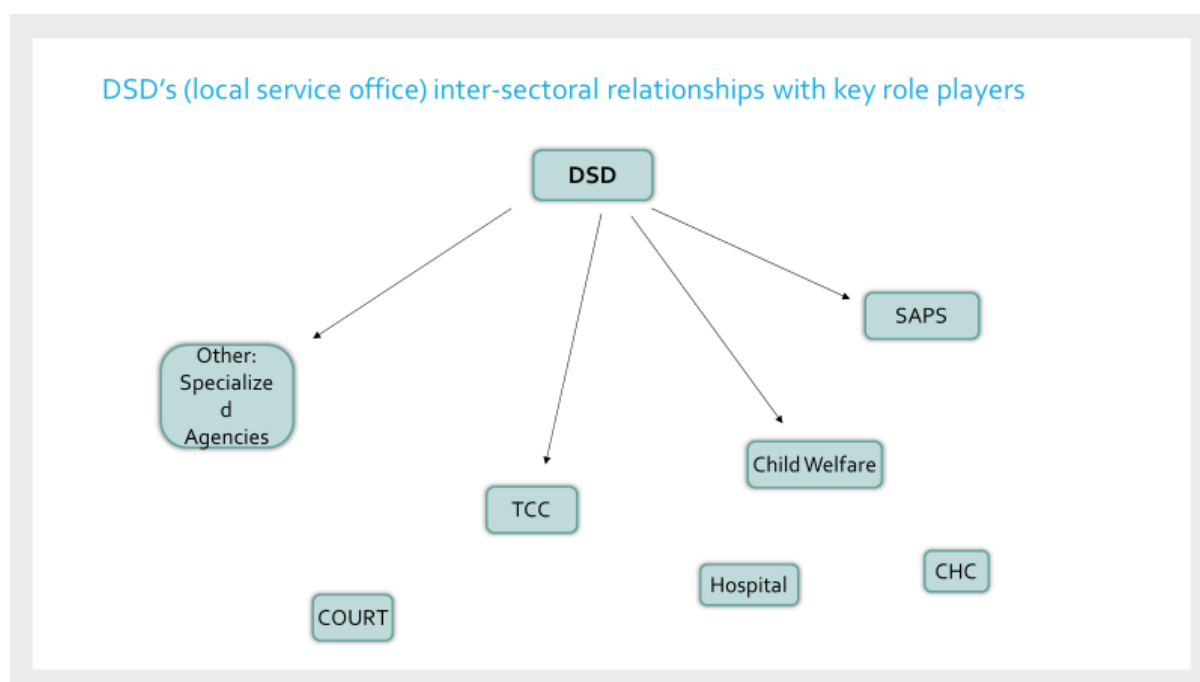
The mapping exercise illustrates the sectors’ inter-sectoral relationships with key role players as follows:



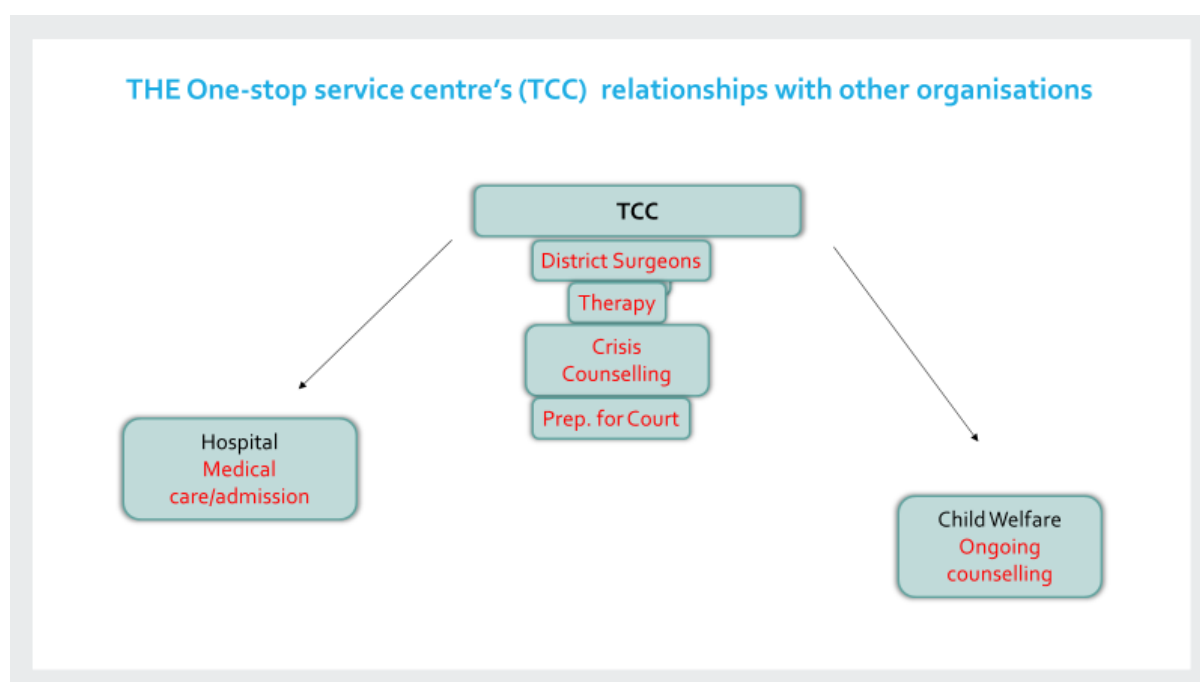
**Figure 1:** The Education sectors' inter-sectoral relationships with key role players. The diagram clearly illustrates that schools (indicated as 'SCH' in the diagram) make referrals most often to the SAPS and the local child welfare organisation. Referrals are also made to specialised organisations, such as a psychological assessment centre, a children's home, religious institutions, and specialised agencies



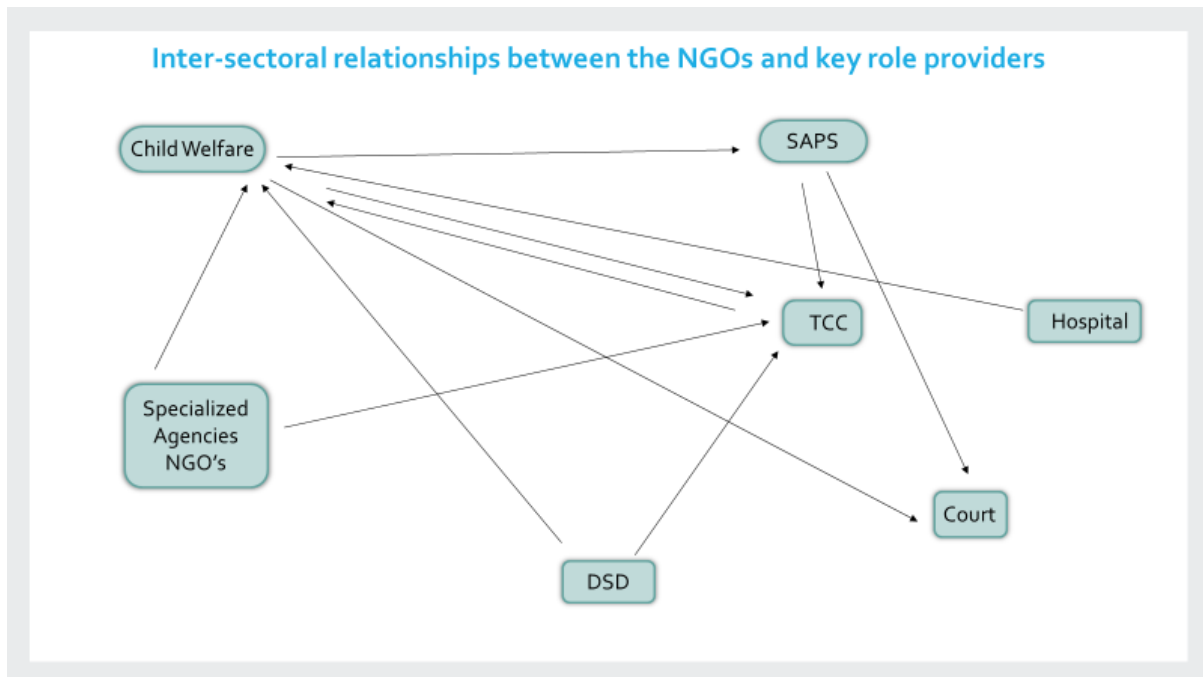
**Figure 2:** The Health sector service providers intersectoral relationships with key role players. The diagram clearly illustrates that the local hospital and the local community-health centre (CHC)) refer to the child welfare organisation and TCC. Specialised organisations are also referred to.



**Figure 3:** DSD's (local service office) inter and intra-sectoral relationships with key role players. The diagram illustrates that child protection matters are referred to NGOs and the SAPS. This illustrates Department of Social Development's (the DSD service office) response to the management of cases of child abuse and neglect in Phoenix.



**Figure 4:** The TCC's inter-sectoral relationships with other service providers. It is evident that the process is multi-disciplinary and comprises three service providers, namely the hospital, child welfare, and the TCC.



**Figure 5:** The NGO sectors inter-sectoral relationships with key role players. It is evident that referrals are mainly to the local child welfare organisation. Also evident is that there are no referrals to DSD's local service office. The local child welfare organisation handles matters concerning child abuse and neglect, as per arrangement between DSD local service office and the local child welfare organisation. It is also evident that the child welfare organisation and TCC are the designated child protection service providers. It is noteworthy that there is a two-way referral process operating between these two organisations.

#### **4.2.3 Theme 3: Inter-sectoral collaboration**

To facilitate a collaborative approach, child protection is viewed in terms of the existing networks. These networks could organise local-based protocols and joint initiatives that are suitable for the community.

*Relationship between service providers in community outreach programmes and ongoing protective work with children*

This is viewed in terms of community outreach preventative programmes and ongoing services.

*In terms of preventative and educative community outreach programmes,* it was found that an organisation would consult with another in the planning and implementation of programmes if they were involved in the programme. All respondents informed that their organisations undertake their own

primary programmes. There exists a collaborative relationship when planning and implementing awareness programmes

A respondent from the NGO states that “ownership of the programme becomes a problem, as each is accountable for their own funding” (Participant A). They would undertake a joint programme with clearly defined roles.

The SAPS undertook educative programmes on their own; in addition, they joined other organisations in implementing preventative and educative programmes. The respondent from the SAPS informed that often, organisations such as TCC, the child welfare organisation and the DSD, involve them in their community outreach programmes. They are also invited by these organisations to be involved in the planning of educative and preventative programmes. “The DSD invites us to do awareness talks at schools” (Participant 6).

Participant 1 from a primary school informed that, “organisations such as the SAPS and child welfare are invited to be part of our awareness campaigns. They are part of the planning process as their input and availability is essential”.

Participant 2, who is an educator at a secondary school, explained that the local child welfare or DSD’s local office does not run awareness programmes, and all initiatives are from the school alone. The respondent complained of a lack of services from the welfare sector: “DSD is difficult to reach when there is a problem”. The respondent further expressed that due to the age demarcation between the Child Welfare organisation and the DSD, the Child Welfare does not service the school either. “Out of desperation we call Child Welfare who asks us to bring the child to them. We are not authorised to do that.” “DSD does not visit the school.”

DSD’s respondent informs that community outreach programmes are often undertaken with other service providers being part of them.” It’s a two-way process” (Participant7). The respondent further explained that service providers had “an understanding of their working relationship.”

The hospital respondents informed that they involved the local organisations like the SAPS, TCC, and child welfare organisation to be part of their awareness programmes, to offer” their expert information” (Participant 10).

*In terms of ongoing child protection service delivery*, the respondents from the local child welfare organisation informed that they refer to TCC for medical examinations, a police report and therapy. Other community organisations like schools, clinics, hospitals, welfare organisations and the SAPS are their referral sources. The local child welfare organisation uses the Children’s Court for removal of children in need of alternative care. The Children’s Court is based at the Magistrates Court of their jurisdiction.

An interview with the therapist from the specialised organisation, who renders services at TCC, explained that their interactions are mainly with the SAPS for a criminal charge and the local child welfare organisation for ongoing services. Literature reviews of a booklet of the organisation and the organisations website revealed that TCC is staffed by social workers, district surgeons, the SAPS and qualified prosecutors. It is linked to a sexual offences court. TCC offers immediate attention to children who report sexual offences. Participant 13 informs that TCC offers therapeutic services to children who have been sexually assaulted, and they refer to the local child welfare organisation for ongoing services.

SAPS's special unit, Family Violence, Child Protection and Sexual offences (FCS) Unit, would refer to TCC for immediate medical attention for the child victim, open a criminal charge, and investigate the matter further, with focus on the perpetrator.

The specialised NGO sector refers matters concerning child abuse to the above organisations, whilst focusing on programmes within their specialties. The respondent from the organisation that renders services to the physically challenged informed that: "we would immediately do an investigation and if there is a need for removal of the child, we would refer to the local child welfare organisation or the organisation servicing the mentally ill, if required" (Participant E).

It is important to highlight that education and awareness programmes are provided by all organisations selected for the study, across all sectors, except for the Court who states that it is not mandatory.

### ***Shared resources***

The respondent from the local child welfare organisation has highlighted the need for more social workers, therapists and psychologists and a need for an interdisciplinary professional team. She explained that, due to a lack of funding, they no longer have an in-house therapist. Therapy for abused children is offered at the one-stop service centre, TCC. There is a waiting list of approximately a year. "Crisis intervention takes up a lot of time, there is no time to do therapy" (Participant A).

"The Child Welfare also runs a shelter for abused women with their children. This however is a very limited resource and shared with other organisations. As this resource is self-funded, it is very limited" (Participant B).

Respondents from two schools had educators who have studied psychology, offering psychological services to learners in their personal capacity. The "educator renders psychological services, voluntarily, in addition to his workload as an educator" (Participant 2).

Participant 4 from a primary school said: "we have employed the services of a social worker privately, because of the high incidence of neglect and abuse".

Educators expressed that schools refer to the service resources, for example SAPS and the Child Welfare, to ensure the safety and protection of a child in need of care. (Refer to *Figure 1* for the mapping of inter sectoral relations.)

The respondent from the local hospital explained that doctors, nurses, social workers, psychologists and a host of human resources are available at the hospital. “These resources are state funded and are for internal use. The structural resources are specific to medical care. Resources are for the benefit of the community. They are not shared with other service providers but are accessible for referrals by other organisations” (Participant 10).

#### ***Inter and intra-sectoral evaluative and accountability mechanisms***

Respondents from four schools informed that they do evaluate their programmes. Evaluation of programmes in schools is for “internal purposes” (Participant 5), meaning that they did not have to report to a higher authority. A respondent from one school informed that “we do not evaluate as no-one runs programmes” (Participant 2).

The respondent from DSD local service office confirmed that they do evaluate the effectiveness of their child protection programmes. Statistics are provided monthly. “We are accountable to our district office...There is also internal evaluation” (Participant 7).

The respondent from the local hospital confirmed that they do evaluate the effectiveness of their programmes and reported to the “medical CEO and public relations officer” (Participant 11).

#### ***4.2.4 Theme 4: The gaps and overlap in service delivery***

##### ***Gaps/ Challenges***

Respondents highlighted gaps in various areas of child-protection service delivery. These are explained in terms of resources, workload, coordination of services and monitoring and evaluation. These gaps in the system have created challenges for service providers.

*A lack of Human resources:* The specialised services sector has identified a huge gap in access to therapy for the abused child. “There is a one year waiting period for therapy at the TCC” (Participant B). “There are no specific therapeutic services for children with profound disabilities” (Participant F). “We have no therapist even though we are a child welfare organisation” (Participant B). Participant 13, the therapist who renders therapeutic services at the one stop service centre, expressed concern over the shortage of therapists and district surgeons.

Respondents have highlighted the need for more social workers. Participant 4, an educator, said there is a need for more social workers per school, and psychologists. Participant 2, an educator, also said that there is a need for psychologists at school and greater social workers’ involvement. Participant 12, from the Magistrate’s court explained that “there are delays in court because of social workers being



overloaded...there is a serious shortage”. The respondent from the SAPS also expressed concern over the shortage and availability of the district surgeon, which becomes a problem in a crisis.

A respondent from the hospital explained “human and financial resources are stretched, for example, the organisation that works with the mentally ill has just one social worker to work with adults and children”.

*Lack of Financial resources:* Participant B explained that due to lack of funding the child welfare organisation could not sustain the therapeutic services they used to render.

“There is a great need for funding to employ therapists” (Participant F). The lack of funding was expressed as a gap by the local child welfare organisation. Participant B said, “because of limited funding we are unable to employ a therapist, psychologist or increase our facility for abused women”.

*Lack of Structural resources:* There is a shortage of facilities for the placement of children in crisis.

Highlighted especially are the placement of children with a substance-abuse problem.

Participant F says, “institutions are not taking children with the problem of substance abuse. They would need to be rehabilitated first”.

“There is also a shortage of rehabilitation centres. There are only two centres in the province. Placement of a child in a crisis becomes a problem” (Participant F).

Participant F, who works with the mentally challenged, expressed concern over the shortage of institutions for the placement of the mentally ill. “There are no facilities available for the mentally ill. We are using the same facilities that are used by other organisations. This is a serious challenge as these facilities are not capacitated to deal with children with special needs. Alternatively, they would have to be placed at psychiatric residential care for profound disabilities. Beds in these facilities are limited as well”.

*Skills development:* A respondent from the hospital expressed: “there is a need for specialised on-going training. There is a need for training to improve knowledge, skills and offer support to nurses, social workers and educators”. Participant 2, an educator, said “there is a need for training in the management of child abuse and neglect at school level, especially in matters of confidentiality”.

*Co-ordination:* Co-ordination of programmes is a problem. The forum established for the coordination of programmes cannot achieve their objective as organisations are reluctant to get involved in joint programmes because of their funding and statistical obligations. This was expressed by the chairperson of the forum who was a respondent in the focus group discussion. Organisations undertake their own programmes. With combined programmes ownership becomes a problem. Each organisation is accountable for their own funding. This was particularly a concern in the NGO sector.

There is a “lack of communication in community outreach, especially in community crises”. Participants in the focus group discussion used the example a teenager’s suicide (that occurred the day of the focus group discussion), and how shared responsibilities between service providers helped in dealing with the crisis.

A respondent from the local community health centre stated that there is a “need for collaboration and coordination of services. It would also assist in addressing the gaps in the service delivery” (Participant 9).

*Workload:* Educators expressed that they were inundated with their workload, whilst social workers expressed concern over high caseloads which resulted in a “crisis intervention approach, as there was no time to do quality counselling” (Participant F).

The respondent from the magistrate’s court also expressed concern over the workload of social workers as this caused delays in matters attended to in court.

*Monitoring and evaluation:* The need for monitoring and evaluation was highlighted as a gap by respondents. Participant 11, from the local hospital, emphasised that “evaluation of programmes and services is important as it would identify gaps and make suggestions for a way forward”.

It is evident that a lack of professional and financial resources has created gaps in service delivery and affected the efficiency of services. Social workers have expressed that, due to insufficient skilled capacity and financial resources, their inability to render efficient and essential services is affected. In addition, a need for coordination of services, monitoring and evaluation were identified as the gaps in child protection service delivery. The heavy workloads carried by professionals was identified as a challenge.

### ***Overlap of services***

Schools focus largely on awareness and educative work whilst referring individual incidents to the relevant organisations for on-going services.

The hospital and community health centre offer medical care, the hospital also offers in-patient and out-patient care. A respondent from the local community health centre said “other health facilities do exist, but we work with patients referred to us” (Participant 8).

The welfare sector’s DSD’s local office has an agreement with other organisations in terms of demarcation of services, “we have an agreement with other organisations to prevent duplication”. The local child welfare organisation deals with all cases of child abuse and behaviour problems with children under 10 years. DSD’s service office undertakes all community work in secondary schools

Phoenix Network Forum brings organisations together to share information about their programmes, with the intention of preventing duplication. They also host joint programmes. This forum allows for

communication, and collaboration. The Phoenix Network Forum was established with the intention of coordinating programmes (not only Child Protection), to avoid overlap of programmes and with the intention of sharing ideas and resources. “Participants felt that this forum does not function at its optimum, due to poor attendance, and a lack of interest by organisations” (Participant E).

The participants also felt that the NPO Forum and the Networking Forum are efforts to coordinate and strengthen the child protection system. The purpose of these forums is to promote inter-sectoral collaboration in delivering quality services to children and for consultation in matters that concerns the implementation of the Act. “Participants attending these meetings have not found them to be valuable. Whilst they allow for networking among stakeholders, it is poorly attended and there is a general lack of interest amongst stakeholders” (Focus-group discussion respondent).

#### **4.3. Shortcomings**

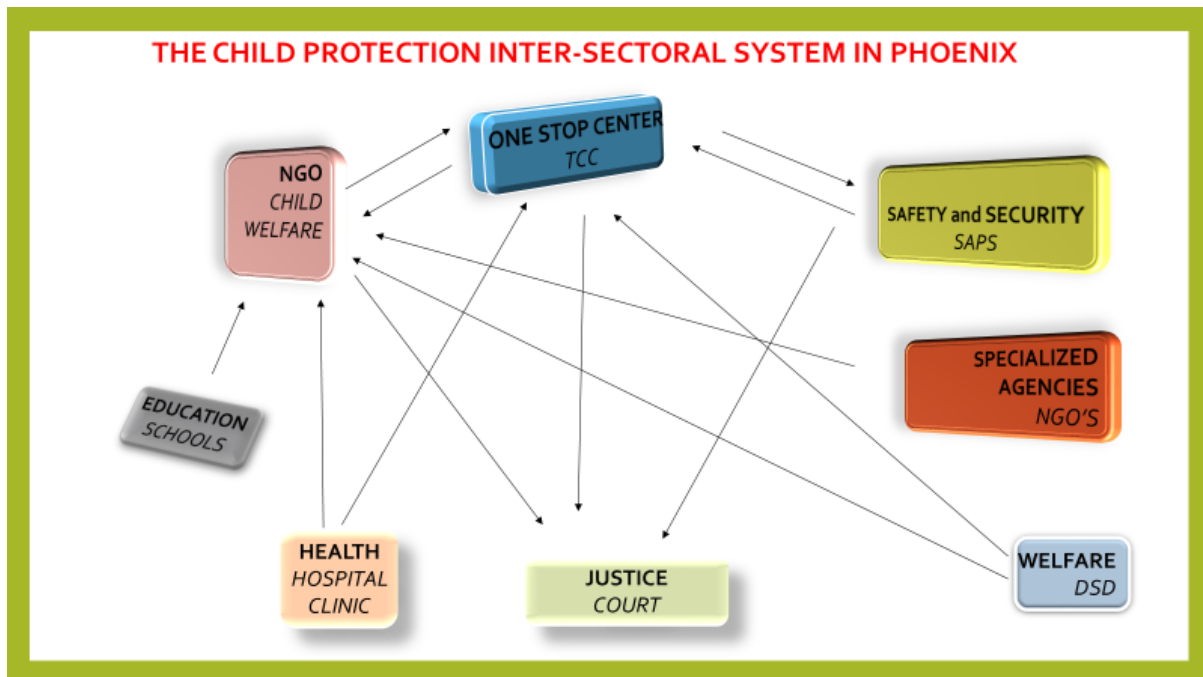
Educators expressed concern over the demarcation of service delivery set between DSD’s local service office and the local Child Welfare organisation, as there are many grey areas in which organisations cannot decide who handles the matter. This results in confusion, often to the detriment of the child and the school. An educator of one school said his school was not serviced by the welfare organisations. The other schools felt that social workers should be more involved in management of problems and support to schools. Educators expressed that they did not have the capacity to go beyond this level of intervention, as they were inundated with their teaching.

During the focus group discussion respondents expressed concern over the serious shortage of social service professionals. They complained that the existing workforce is poorly prepared and inundated with child protection work. This impacts greatly on service delivery.

#### **4.4. Summary of Findings**

This chapter presented the results from the data collected from 13 in-depth interviews from the Health, Welfare, Education, Police and Justice Sectors and from one focus group discussion with the NGO welfare sector.

Phoenix is resourced with child protection service providers. The key service organisations are based in Phoenix. Data analysis revealed that specialised NGOs have decentralised offices within the community, thus making services accessible. *Figure 6* indicates the network of child protection service providers in Phoenix, illustrating the Child Protection inter-sectoral System in Phoenix.



**Figure 6:** The Child Protection inter-sectoral system in Phoenix

This study aimed to explore the Child Protection System in Phoenix.

It became evident that inter-sectoral and inter-organisational relationships exist. Community structures and networks sustain and facilitate service delivery. There is a collaborative relationship amongst Education, Health, Welfare, SAPS and NGO sectors in the planning and implementation of programmes. There exists a multi-disciplinary approach to child protection in Phoenix. (*Figure 6 refers.*)

When respondents were asked whether organisations should work together, there was a firm confirmation that they should.

A review of the literature and the data analysis revealed that policies, legislation and regulations on child protection exist. Preventative action is seen as the responsibility of service providers in the core cluster sectors. The Government and Non-government sectors collaborate in service delivery in terms of demarcation of roles. When these sectors and actors work together, they create a system that is better able to protect all children in Phoenix.

## CHAPTER FIVE

### SUMMARY OF FINDINGS

#### Introduction

This chapter presents the study's findings, and recommendations for interventions and future research. It discusses challenges faced by service providers to formulate conclusions based on the empirical findings presented in the previous chapter. A brief synopsis of the analysis of the findings is presented.

The South African Government has established a legislative framework that is designed to protect children and ensure their rights to develop safely and access supportive social services. The South African Government has created an enabling policy environment for the establishment of an effective Child Protection System. The strategy on child protection in South Africa is intrinsic to the NPAC 2012-2017; this was created to ensure the implementation of national and international goals and priorities for the well-being of children and the protection of their rights. It is aligned with the UN Convention on the Rights of the Child (1989), the World Declaration on the Survival, Protection and Development of Children (1990), and the African Charter on the Rights and Welfare of the Child (1999).

The NPAC is firmly guided by the South African Constitution. One of the objectives of the NPAC 2012-2017, regarding child abuse and neglect, is to “ensure that the national child protection system is effective, accountable and responsive” (Republic of South Africa, 2012:67). It further outlines the strategies for these objectives. Furthermore, the Children's Act 38 of 2005 articulates the requirements for the establishment of a child protection system. The NPAC delegates the DSD as the lead department, supported by the SAPS, Department of Justice, Department of Basic Education and Department of Health, in ensuring the establishment of a child protection system.

Services in Phoenix can be categorised into various initiatives aiming to establish and strengthen its Child Protection System. This is evident in efforts of coordination and collaboration, the existence of a one-stop service facility and organisations' concerted efforts at preventative and educative work. Community networks facilitate service delivery. *Figure 6* illustrates intersectoral networks between service providers. The data presented confirm that a Child Protection System exists in Phoenix. The gaps in service delivery and shortcomings highlighted in Chapter Four are some of the challenges in strengthening the system.

### **5.1. Aim of the Study**

The study intended to identify the Child Protection System within Phoenix, with special focus on the Welfare Sector. It aimed to *explore the community structures, networks, strategies and processes that reinforce, support and sustain existing programmes* that address child protection. This was accomplished by determining how service providers define child protection in relation to their domain of service delivery; by determining the processes in services delivery and follow up; and by exploring their collaborative relationships in terms of sharing of resources, programme planning and funding. The gaps in services, overlap of services and challenges faced were also explored.

### **5.2. Main Findings and Conclusion**

It was evident that organisations had consensus on what constitutes Child Protection. There was a clear understanding of the definition of Child Protection. Respondents understood their organisations' regulatory obligations.

The educators prioritised their teaching responsibility, as child protection problems were vast and severe – they felt they were not sufficiently skilled to deal with them. Cases of concern were referred to the local DSD, or Child Welfare Organisation.

TCC, the local Child Welfare organisation, and the SAPS, were key to service delivery. TCC is the one-stop service provider, offering crisis intervention in sexual offences and therapeutic services, whilst the local child welfare organisation offers ongoing social- work services. A child who was referred to the SAPS, and assessed to be at risk of abuse, was immediately referred to TCC for intervention. The local Child Welfare organisation, TCC and the SAPS are amenable to referrals and step in to ensure continuity of care.

There were well established referral processes amongst organisations and across sectors.

There was a clear demarcation of services between the DSD service office and the local Child Welfare organisation. Participants felt this prevented duplication of services. The education-sector respondents felt that this demarcation was ineffective, as it often resulted in grey areas which caused confusion, to the detriment of the child. Educators felt the need for a greater involvement of social workers in schools. The NGO sector social workers felt there is an imbalance in workload between DSD and social work services available.

Organisations consulted with and utilised one another's services in preventative and awareness programmes; for example, schools invited the SAPS to address learners during the annual Child Protection Week. Participants acknowledged that they needed to work together, as child protection intervention warranted a multi-disciplinary approach. They felt that there is a need for an overall forum to coordinate Child Protection services and facilitate intersectoral communication.

While evaluation and accountability structures exist within organisations, there is no inter-sectoral or cross-sectoral accountability. This impacts negatively on monitoring and evaluation which is mandatory.

The shortage of resources has created gaps in service delivery. A shortage of resources, outlined below, was a concern amongst respondents.

*Human resources:* there is a shortage of therapists, social workers, district surgeons, psychologists and specialised personnel. Respondents expressed concern over their inability to cope with their workload, and its impact on effective service delivery.

*Financial resources:* the NGO welfare sector said there is insufficient funding to employ specialised personnel, and for on-going training for staff development.

*Structural resources:* the shortage of, and difficult access to Places of Safety, children's homes and rehabilitation centres for children poses a problem. This impacts on crisis intervention as placement of children becomes problematic.

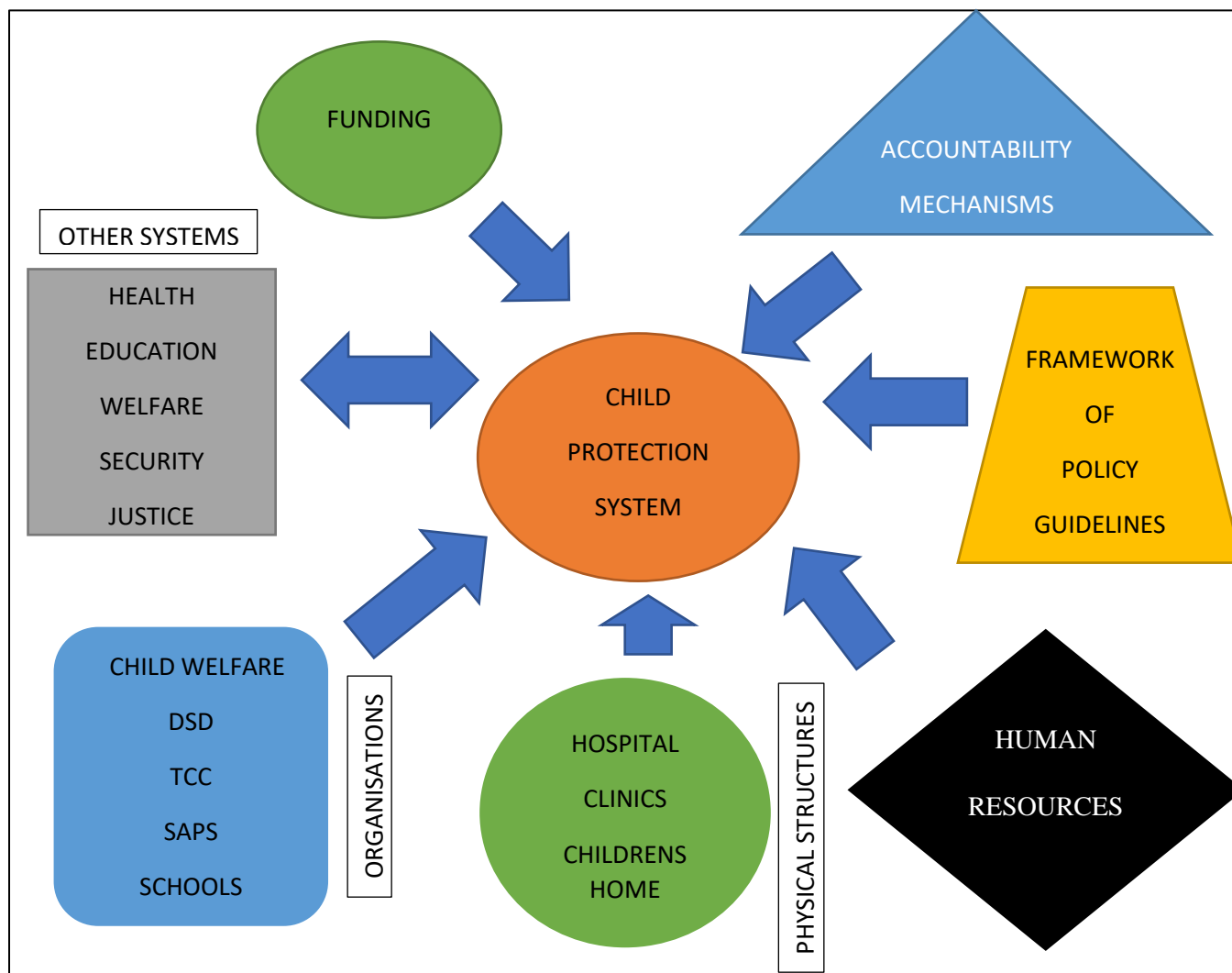
There is an absence of an overall committee that focuses on Child Protection. Efforts of coordination and collaboration (by the Networking Forum and NPO forum) are reportedly ineffective as organisations face challenges with being part of these forums.

Fourteen of the nineteen respondents felt that the structures for the management of child protection services are inadequate.

This study confirms that, in Phoenix, there is an established and accessible child protection service-delivery system, which offers 24-hour crisis intervention to the community of Phoenix.

### ***Conclusion***

The Child Protection System in Phoenix, with a special focus on welfare, has been described, and is illustrated in *Figure 7*, below. The community structures, networks, strategies and processes that reinforce, support and sustain existing programmes in addressing child protection are evident and understood.



**Figure 7: The Child Protection System in Phoenix**

The “child protection system refers to an integrated and coordinated network of services designed to promote the well-being of children by ensuring safety, achieving permanency, and strengthening families to successfully care for their children” (Department of Social Development, 2010 p 132).

The Child Protection System in Phoenix comprises essential components that support the overall performance of the system, as reflected in Diagram 7.

These components are:

- organisations*, such as schools; SAPS; TCC; DSD and the local child welfare agency, that are key role-players in service delivery;
- physical structures*, like hospitals and clinics, that provide essential child protection services;
- human resources*, who are the people who deliver the services;
- a legislative framework*, that guides intervention;
- funding*, that sustains service delivery;



*-accountability and evaluative mechanisms*, to maintain and assess effectiveness;

*-Other Systems*, which include the Welfare, Health, Education, Justice, Safety and Security systems, which are important features of the Child Protection System in that they impact on capacity, the process of service delivery, accountability, and how the system functions. The relationships and interactions between these components and among the actors within the system is also reflected.

The Child Protection System in Phoenix relies on these various service providers and role players in Child Protection-service delivery. Human resources, funding, a framework of policy guidelines and a skilled workforce increase the capacity of the child protection system; the level of its capacity determines its ability to meet its objectives.

Accountability mechanisms, which include research and monitoring and evaluation, indicate how well the system is functioning, what needs to be changed and how to adjust its functions, capacity and structures.

This study has identified the system and highlighted the gaps, challenges and shortcomings of the system. This knowledge is essential in strengthening the Child Protection System in Phoenix.

Wulczyn et al., (2010:26) suggest that each child protection system has to have certain core functions, capacities and structures “to follow processes, and to ensure continuous service delivery. This will define what a specific community does to protect its children. How this is done is unique to the community in which it operates”.

### **5.3. Recommendations**

Whilst the South African Government has called for the establishment of an intersectoral Child Protection System, the shortage of resources, absence of a coordinating body, lack of collaboration and lack of inter and intra-sectoral accountability present challenges and gaps that needs to be addressed, at a local community level, in Phoenix. This section details recommendations from respondents, who are role players in the community, to strengthen the Child Protection System in Phoenix.

#### ***5.3.1 Strengthening the implementation of child protection services***

The establishment of an overall committee that focuses on Child Protection Systems strengthening is necessary. A forum should be mandated to assume the role of coordination. The need for inter and intra-sectoral collaboration and coordination of child protection services will serve as an entry point for strengthening intersectoral implementation systems.

It appears that the NGO sector manages the child protection service delivery in Phoenix. Funding to non-government organisations (NGO) that are delivering child protection services should be reviewed by the DSD, as insufficient funding was highlighted as a major constraint which impacts on the capacity of role players to deliver services. The need for financial support to provide therapeutic services and

enhance service providers' capacity was identified by respondents, who recommended additional funding. The core cluster, namely Health, Justice, Education and SAPS, said that they had to function within their departmental budget.

There is a need for a foundation of knowledge and skills in Child Protection, and a needs assessment regarding the establishment of a data base of knowledge and skills in child protection in Phoenix is required. The shortage of skilled service professionals needs to be addressed as a matter of urgency as this, articulated by respondents, is impacting on staff morale, efficiency and effectiveness. Respondents recommended skills development and capacity building for social workers, training for educators on the management of a child in need of care, and an increase in the number of skilled personnel, for example district surgeons, psychologists, therapists and social workers, for an improved service. Effecting these changes is essential if the Child Protection System in Phoenix is to be strengthened.

Suitable and effective monitoring and evaluative mechanisms, which would assess and make recommendations for addressing challenges while sustaining the good work being done, are vital. Regular monitoring and evaluation would facilitate a better understanding of budgetary needs, training needs and need for specialised skills. The establishment of clearly defined mandates and accountability mechanisms for role-players is necessary. Respondents recognised the absence of these mechanisms as a gap in the system.

The need for Places of Safety and children's homes to be more specialised and accessible; the establishment of a juvenile holding cell at the Verulam Magistrate's court; and a private and confidential facility for abused children were also recommendations for building the capacity of the child protection system.

It was acknowledged that there is a multi-disciplinary approach to child abuse and neglect. Respondents strongly recommended that this be extended as a multi-disciplinary approach to addressing the problem of drug and alcohol abuse amongst children.

Whilst there is consensus on what constitutes Child Protection, a more nuanced interpretation through the 'unbundling' of this concept, upon which all role-players agree, is necessary. This process can create better understanding amongst the various role-players, facilitate networking, the sharing of information and resources, and collaboration around child- protection interventions. Thus, ensuring service delivery is *community specific*.

**5.3.2. Recommendations for future research** As there is a resourced, functional Child Protection System in Phoenix, future research should focus on efforts aimed at **Strengthening the System**. Some recommendations are to:

- conduct a review of services, workload distribution, and funding within the Welfare sector – incorporating NGO's, specialised organisations and government departments – with the aim of facilitating efficient and effective services delivery, thereby strengthening the system;
- explore the dynamics of inter and intra-sectoral collaborative relations amongst service organisations in terms of sharing of resources, programme planning, access to funding and coordination of services. This is essential for systems strengthening.
- investigate the capacity and accessibility of children's homes and Places of Safety, in assessing how conducive they are to facilitate appropriate management of children in need of care, and in crisis situations.
- determine monitoring and evaluative strategies suitable for the Child Protection System in Phoenix.

#### **5.4. Limitations of the Study**

**Lack of prior research studies on the topic:** The literature reviewed, and the framework for understanding Child Protection Systems was pitched at a national and international level. Information on the child protection system in Phoenix, within the welfare sector, was limited. This, however, provided an opportunity to explore the concept locally and propose future studies at a local level.

**Reflexivity:** The researcher, having previously worked as a social worker in the community, had to be reflexive during the research process. The researcher practiced critical self-awareness when receiving and interpreting data, considering the ethical consequences.

#### **5.5. Chapter Conclusion**

The study has explored the components of and detailed the local Child Protection System in Phoenix. Inter-sectoral relationships, service processes and networks of service delivery were identified and explored. The study has presented a model of a Child Protection System, for a local community, in KwaZulu-Natal, outlining how service delivery in Phoenix is aligned with national policies, and the legislative framework. Insight and recommendations on where and how this system can be strengthened has been contributed by this study. By strengthening systems we ensure that services are sustainable and effective, thereby ensuring children are protected from harm.

*The status and well-being of children speak volumes about the values and quality of life in any society. In the words of former President Mandela: 'There can be no keener revelation of a society's soul than the way in which it treats its children'.* NPAC, South Africa 2012-2017:13

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## **Appendix 1: Gatekeeper Permission**

**Student Name:** Rookshana Harisanker

**Student No.:** 8421429

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Dear Sir/Madam

**Re: Request for permission to conduct a study: *“An Explorative study of the child protection services within the Welfare Sector in Phoenix”*:**

I am a registered master’s Student (Social Work) in the College of Humanities, School of Applied Human Sciences at the University of KwaZulu-Natal (UKZN). I am also a qualified and registered social worker. I request your permission to conduct a study on child protections services by the public welfare sector in collaboration with the other core sectors stipulated in the National Plan of Action for Children in South Africa 2012-2017.

The study would explore the child protection systems in Phoenix. Child protection services refers to measures and structures to prevent and respond to abuse, neglect, exploitation and violence. The study includes important aspects of child protection services such as referrals, counselling, education and community outreach programmes, statutory intervention and criminal investigation. The study would look at the processes followed by the key service providers when rendering Child Protection services, in the Phoenix area. The study would ascertain what types of services are offered and potential ways to enhance such services. Amongst other things the study would highlight the strengths, interdisciplinary practices, best practices and challenges amongst the primary services providers in Phoenix.

I request your permission to interview the personnel from your organisation/for a suitable representative from your organisation to participate in a group discussion.

A representative sample of service providers from the welfare sector will be selected to be interviewed. Representatives from Health, education, Police and Justice Sectors would participate in a focus group discussion. Interviews/participation can be anonymous, however information about the respondent’s service sector would be required. Information will be utilised solely for the purposes of this study. Responses would be recorded in writing.

The completed documentation and any recorded information would be kept for 5 years, as required, in a protected and safe place, to ensure confidentiality. It would be destroyed thereafter as required by UKZN policy. The interview would take approximately an hour to complete. Participation in this research study is voluntary, and subjects are free to withdraw from the study at any stage for any reason. Their decision not to participate would not leave them disadvantaged in any way.

Should you require any further details please do not hesitate to contact me on 083 641 4322 or my research supervisor, Professor N. M. Mazibuko on 071980334.

Your support would be greatly appreciated.

Yours faithfully

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Rookshana Harisanker

Student No. 8421429

## **DECLARATION BY GATEKEEPER**

We \_\_\_\_\_ (name of organisation)  
hereby confirm that we understand the contents of this document and the nature of the research  
project, and consent to participating in the research project.

We understand that we are at liberty to withdraw from the project at any time, should we so desire.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Organisation stamp:

## **Appendix 2: Interview Schedule**

**Research Topic: An Explorative study of the Child Protection Systems within the Welfare Sector in Phoenix: A Systems Approach Perspective**

### **INTERVIEW SCHEDULE**

**No.:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Time:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Respondent Consent:** \_\_\_\_\_

**Carefully read the question. Answer in your capacity as a service provider in Phoenix**

**SECTION A: DETAILS OF YOUR ORGANISATION:**

1. Name of your organisation: \_\_\_\_\_

2. Type of organisation: (please tick)

SECTOR	GOVERNMENT	NON-GOVERNMENT
Health		
Welfare		
Education		
Police		
Justice		

3. Where is your organisation situated?

Phoenix

☐

Other:

☐

Address: \_\_\_\_\_

4. Does your organisation render services to the Phoenix community? Yes

☐

No

☐

5. Do you have a decentralized office in Phoenix?

Yes

☐

No

☐

If yes, Where? \_\_\_\_\_

**SECTION B: CHILD PROTECTION SERVICES**

1. What is Child Protection, as defined by your organisation? (explain)

---

---

2. What Child protection services does your organisation offer? (Please tick your choice. More than one option may be chosen.)

Education and Awareness	
Counselling and Therapeutic services	
Medical services	
Legal services (e.g. criminal charges)	

Statutory services (alternate care/foster care/place of safety)	
Institutional care	
Other: (Explain)	

3. Who refers clients to you? (clients that require child protection services)

---



---

4. With regards to the 2 above, what specific services does your organisation offer?

---



---

5. What other child related issues does your organisation receive and respond to? \_\_\_\_\_

---



---



---

6. What is the nature of your response?

---



---

7. Do you make referrals to other organisations?

Yes

☐

No

☐

If yes, which? \_\_\_\_\_

---



---

8. What follow-up services does your organisation render once a matter is referred?

---



9. Are organisations amenable to referrals?

Yes

☐

No

If No, explain: \_\_\_\_\_

10. If your organisation is implementing an Awareness programme on Child Protection,

10.1 would your organisation consult with other organisations in

10.1.1 planning?

Yes

☐

No

☐

If yes, with whom? \_\_\_\_\_

10.1.2 Implementation?

Yes

☐

No

☐

If yes, with whom? \_\_\_\_\_

11. Do you evaluate the effectiveness of your child protection programmes?

Yes

☐

No

☐

If yes, who do you report this to? \_\_\_\_\_

12. Who evaluates?

\_\_\_\_\_

13. How often do you evaluate?

\_\_\_\_\_

14. What resources do you have in terms of rendering Child protection services?

Tick		Describe	Location
	Human		
	Financial		
	Structural		

15. Are you amenable to sharing these resources with other organisations in the area?

Yes

☐

No

☐

Explain: \_\_\_\_\_

\_\_\_\_\_

16. What resources do you utilize outside your organisation in rendering child protection services?

Tick		Describe	Location
	Human resource		
	Financial resource		
	Structural resource		

17. Does your organisation have a designated member or committee responsible for Child protection programme/ services?

Yes

☐

No

☐

18. Do other organisations in Phoenix render the same services as you?

Yes

☐

No

☐

19. Are the structures for management of Child Protection services adequate?

Yes

☐

No

☐

Explain: \_\_\_\_\_

20. Do you think more should be done?

Yes

☐

No

☐

21. All organisations that render child protection services should work together.

Agree

☐

Disagree

☐

Explain: \_\_\_\_\_

22. Are you adequately trained to handle what is expected of you?

Yes

☐

No

☐

Explain: \_\_\_\_\_

23. Recommendations for Child protection service delivery in Phoenix:

---

---

---

24. Is there anything else you want to share on the current provision of child protection services in Phoenix?

---

---

---

END

Thank you for your time.

Rookshana Harisanker

### **Appendix 3a: Semi-structured Interview**

#### **DECLARATION OF CONSENT**

##### **RESEARCHER**

Full Name: Rookshana Harisanker

School: Applied Human Sciences

College: Humanities

Campus: Howard

Proposed Qualification: Masters (Social Work)

Contact: 0836414322

Email: rharisanker@mweb.co.za

##### **HSSREC RESEARCH OFFICE**

Full Name: Prem Mohun

HSS Research Office

Govan Bheki Building

Westville Campus

Contact: 0312604557

Email: [mohunp@ukzn.ac.za](mailto:mohunp@ukzn.ac.za)

Date: \_\_\_\_\_

To: \_\_\_\_\_

\_\_\_\_\_

Dear Sir/Madam

#### **RE: CONSENT TO PARTICIPATE IN STUDY: EXPLORATIVE STUDY OF CHILD PROTECTION SYSTEM WITHIN THE WELFARE SECTOR IN PHOENIX, DURBAN, KZN.**

Ms Rookshana Harisanker, a registered master's Student (Social Work) in the College of Humanities, School of Applied Human Sciences at the University of KwaZulu - Natal (UKZN). She is also a qualified and registered social worker and can be contacted on

083 641 4322.

The study would explore the child protection services rendered by welfare organisations in Phoenix. Child protection services refers to measures and structures to prevent and respond to abuse, neglect, exploitation and violence. The study includes important aspects of child protection services such as

referrals, counselling, education and community outreach programmes, statutory intervention and/or criminal investigation. The study would look at the processes followed by the key service providers when rendering Child Protection services, in the Phoenix area. The purpose of such a study would be to identify who is rendering child protection services, what types of services are offered to vulnerable children in Phoenix and how the services can be improved. The study would also ascertain whether service providers in education, health, safety and security are working with one another, that is collaborating with one another in service delivery and in community outreach. It will therefore highlight the strengths, importance of co-ordination and interdisciplinary practices amongst the Welfare organisations in Phoenix.

The study would explore the system followed by service providers, with the intention of creating a more effective and efficient system, where service providers can enjoy the benefits of access to resources, support and shared responsibility.

Your contribution to the study would therefore be beneficial in initiating this process of system strengthening.

Findings of the study will enrich evidence-based practices and enhance formal training of relevant multi and interdisciplinary staff to implement the policies and programmes that enrich child protection and development.

Professor N.M. Mazibuko, the academic supervisor can be contacted to confirm or verify information on Ms Harisanker's study on 071 198 0334, should there be a need to do so.

Representatives from Welfare, Health, Justice, education and Police sectors, working in the area will be selected to be interviewed. One representative from your organisation would be selected for the interview.

Interviews would obtain information on: the types of child protection services you render; referral procedures and processes: your sectors regulatory obligations in terms of protocol and management of child care issues; the nature of relationships with other sectors/service providers in terms of ongoing work, your prevention, education and outreach services; accountability and evaluative mechanisms, and resources.

Interviews can be completed anonymously, however information about the respondent's service sector would be required. Anonymity of organisations would be ensured where appropriate. Information will be utilised solely for the purposes of this study.

The documented responses and any recorded information would be kept for 5 (five) years, as required, in a protected and safe place, to ensure confidentiality. After 5 years the records would be destroyed as per University policy. The interviews would take approximately an hour to complete. Participation in

this research study is voluntary, and subjects are free to withdraw from the study at any stage for any reason. Your decision not to participate would not leave you disadvantaged in any way.

If you are willing to participate, please indicate (by ticking as applicable) whether you are willing to allow the interview/session to be recorded by the following equipment:

	willing	Not willing
Audio equipment		
Photographic equipment	N/A	N/A
Video equipment	N/A	N/A

Your input in the study would be of great value as it would provide insight into the nature of the child protection system in Phoenix.

If you wish to obtain information on your rights as a participant, please contact Ms Phumelela Ximba, Research office, UKZN, on 031 2603587.

## DECLARATION

We \_\_\_\_\_ (name of organisation) hereby confirm that we understand the contents of this document and the nature of the research project, and consent to participating in the research project.

We understand that we are at liberty to withdraw from the project at any time, should we so desire.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Organisation stamp:



## **Appendix 3b: Focus Group Discussion**

### **DECLARATION OF CONSENT**

#### **RESEARCHER**

Full Name: Rookshana Harisanker

School: Applied Human Sciences

College: Humanities

Campus: Howard

Proposed Qualification: Masters (Social Work)

Contact: 0836414322

Email: rharisanker@mweb.co.za

#### **SUPERVISOR**

Full Name of Supervisor: Prof. N.M. Mazibuko

School: Applied Human Sciences

College: Humanities

Campus: Howard

Contact details:

Email:

#### **HSSREC RESEARCH OFFICE**

Full Name: Prem Mohun

HSS Research Office

Govan Bheki Building

Westville Campus

Contact: 0312604557

Email: [mohunp@ukzn.ac.za](mailto:mohunp@ukzn.ac.za)

Date: \_\_\_\_\_

To: \_\_\_\_\_

Dear Sir/Madam

#### **RE: CONSENT TO PARTICIPATE IN STUDY: EXPLORATIVE STUDY OF CHILD PROTECTION SYSTEM WITHIN THE WELFARE SECTOR IN PHOENIX, DURBAN, KZN.**

Ms Rookshana Harisanker, a registered master's Student (Social Work) in the College of Humanities, School of Applied Human Sciences at the University of KwaZulu - Natal (UKZN). She is also a qualified and registered social worker and can be contacted on 083 641 4322.

The study would explore the child protection services rendered by welfare organisations in Phoenix. Child protection services refers to measures and structures to prevent and respond to abuse, neglect, exploitation and violence. The study includes important aspects of child protection services such as

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The study would explore the system followed by service providers, with the intention of creating a more effective and efficient system, where service providers can enjoy the benefits of access to resources, support and shared responsibility.

Your contribution to the study would therefore be beneficial in initiating this process of system strengthening.

Findings of the study will enrich evidence-based practices and enhance formal training of relevant multi and interdisciplinary staff to implement the policies and programmes that enrich child protection and development.

Professor N.M. Mazibuko, the academic supervisor can be contacted to confirm or verify information on Ms Harisanker's study on 071 198 0334, should there be a need to do so.

A Focus group discussion with the representatives of the Welfare sector in Phoenix, would be conducted. Representatives from the core Public sector rendering child protection services would participate in the focus group discussion. The session would last approximately one hour.

Key questions to be answered:

What is Child protection? What are their regulatory obligations in terms of procedure and management of a child in need of care? What are the referral procedures? What are their follow up processes? Who is referred? Who refers? Who do they refer to? What is the nature of the relationship with other sectors and/or service providers regarding preventative/educative programmes and ongoing protective work with children? What resources do they have that can be shared e.g. funding, residential care, counsellors? What are their evaluative and accountability mechanisms in terms of child protection service delivery, inter and cross-sectoral? What essential services are not rendered? What services are offered by more than one organisation.

Participation can be anonymous, however information about the respondent's service sector would be required. Anonymity of organisations would be ensured where appropriate. Information will be utilised solely for the purposes of this study. Responses would be recorded in writing

The documented responses and any recorded information would be kept for 5 (five) years, as required, in a protected and safe place, to ensure confidentiality. After 5 years the records would be destroyed as per University policy. The interviews would take approximately an hour to complete. Participation in this research study is voluntary, and subjects are free to withdraw from the study at any stage for any reason. Your decision not to participate would not leave you disadvantaged in any way.

If you are willing to participate, please indicate (by ticking as applicable) whether you are willing to allow the interview/session to be recorded by the following equipment:

	willing	Not willing
Audio equipment		
Photographic equipment	N/A	N/A
Video equipment	N/A	N/A

Your input in the study would be of great value as it would provide insight into the nature of the child protection system in Phoenix.

If you wish to obtain information on your rights as a participant, please contact Ms Phumelela Ximba, Research office, UKZN, on 031 2603587.

## DECLARATION

I \_\_\_\_\_ (full names of participant)  
hereby confirm that I understand the contents of this document and the nature of the research project,  
and I consent to participating in the research project.

I understand that I am at liberty to withdraw from the project at any time, should I so desire.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

#### **Appendix 4: Focus Group Discussion Schedule**

**Student Name:** Rookshana Harisanker

**Student No.:** 8421429

**Research Topic: An Explorative study of the Child Protection System within the Welfare Section in Phoenix: A Systems Approach Perspective**

#### **FOCUS GROUP DISCUSSION**

#### **QUESTION SCHEDULE**

**No.:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Time:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**KEY QUESTIONS to be Answered**

**What is Child protection?**

**What are their regulatory obligations in terms of procedure and management of a child in need of care.?**

What are the referral procedures?

What are their follow up processes?

Who is referred?

Who refers?

Who do they refer to?

What is the nature of the relationship with other sectors and/or service providers regarding preventative/educative programmes and ongoing protective work with children?

What resources do they have that can be shared e.g. funding, residential care, counsellors?

What are their evaluative and accountability mechanisms in terms of child protection service delivery, inter and cross-sectoral.

What essential services are not rendered?

What services are offered by more than one organisation?

## **Appendix 5**

### **ETHICAL CLEARANCE**

26 February 2018

Mrs Rookshana Harisanker 8421429  
School of Applied Human Sciences  
Howard College Campus

Dear Mrs Harisanker

Protocol reference number: HSS/1190/017M

Project Title: An explorative study of the Child Protection System within the Welfare Sector, in Phoenix: A systems approach perspective

**Full Approval – Expedited Application**

In response to your application received 21 July 2017, the Humanities & Social Sciences Research Ethics Committee has considered the abovementioned application and the protocol has been granted **FULL APPROVAL**.

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment /modification prior to its implementation. In case you have further queries, please quote the above reference number.

**PLEASE NOTE:** Research data should be securely stored in the discipline/department for a period of 5 years.

The ethical clearance certificate is only valid for a period of 3 years from the date of issue. Thereafter Recertification must be applied for on an annual basis.

I take this opportunity of wishing you everything of the best with your study.

Yours faithfully



.....  
Professor Shenuka Singh (Chair)  
Humanities & Social Sciences Research Ethics Committee

/pm

cc Supervisor: Professor NM Mazibuko  
cc. Academic Leader Research: Professor Jean Steyn  
cc. School Administrator: Ms Ayanda Ntuli

---

Humanities & Social Sciences Research Ethics Committee

Professor Shenuka Singh (Chair)

Westville Campus, Govan Mbeki Building

Postal Address: Private Bag X54001, Durban 4000

Telephone: +27 (0) 31 260 3587/8350/4557 Facsimile: +27 (0) 31 260 4609 Email: [ximbap@ukzn.ac.za](mailto:ximbap@ukzn.ac.za) / [snymam@ukzn.ac.za](mailto:snymam@ukzn.ac.za) / [mohunp@ukzn.ac.za](mailto:mohunp@ukzn.ac.za)

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