



**THE EXPERIENCES OF SOCIAL WORKERS WORKING WITH THE YOUTH
ABUSING ILLEGAL CHEMICAL SUBSTANCES**

By

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DEDICATION

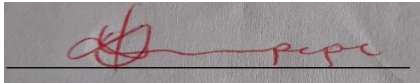
This study is dedicated to the following:

My late father, **Keabona Albert Bantsho**. I started this journey in 2021 January, the year and month he passed on. I know your cheering me on and you're very proud of me. *May your soul continue to rest in peace Vader.*

My mother, **Nellie Oromecwe Bantsho**. Our queen and pillar of strength. She has long instilled the foundation of education in our family and will forever remain thankful for that. I am who I am today because of your teachings mama.

DECLARATION

I declare that the study: **The experiences of social workers working with the youth abusing illegal chemical substances** is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

A rectangular box containing a handwritten signature in red ink. The signature is stylized and appears to be 'D. Papp'.

SIGNATURE

28 April 2024

DATE

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I would like to express my appreciation by acknowledging the following individuals who made this study possible:

To God and my ancestors for carrying me through this journey.

To my supervisor Prof. Phuti Kgadima, I thank you for your patience, understanding and mostly pushing me to do my best.

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To my friends, colleagues and editor, who have now become my family, I sincerely thank you from the bottom of my heart.

ABSTRACT

Illegal chemical substance use is not a mere societal issue but a global one, and it is a battle to eliminate it from the government level to service providers on the lower ground. This study was undertaken to explore the experiences of social workers when working with youth who use illegal substances. Its aim was to provide light to the youth, the community at large as well as the employer on what social workers go through to help the youth on personal and professional aspects.

The study was conducted with a total of 15 social workers employed by the Department of Social Development (DSD) from both the Vereeniging and Sebokeng office and the South African National Council on Alcohol and Drug Dependency (SANCA), in Vanderbijlpark office. The mentioned organisations are all in the Vaal Triangle area, in Gauteng province. A qualitative research method was undertaken to collect data through semi-structured interviews. Data collected was analysed thematically. The researcher aims to make a positive contribution to the shortage of available literature regarding the chosen topic by providing knowledge to upcoming social workers regarding the realities of serving the youth abusing drugs. Furthermore, to equip the employer with information on what social workers go through in their line of work to fight the use of illegal chemical substances in the country.

Ethical considerations were adhered to by the researcher throughout this study. Amongst others put into practice were informed consent, voluntary participation, anonymity, and respect for persons. The findings of the study revealed that participants have low morale for their work due to lack of motivated clients, relapse rate and the fight against substance use being an evolving pandemic. Furthermore, it was found that social workers lacked resources and are demotivated with their profession due to low income paid. Conclusions and recommendations were made about the experiences of social workers regarding what was gathered from the interviews conducted.

Key concepts: **Social workers, experience, youth, illegal, substance use, chemical substance.**

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ACRONYMS AND ABBREVIATIONS

DSD	Department of Social Development
SANCA	South African National Council on Alcohol and Drug Dependence
FAMSA	Family and Marriage South Africa
F and F	Dr Fabian and Florence Rehabilitation Centre

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CHAPTER ONE

1.1 GENERAL INTRODUCTION AND BACKGROUND OF THE STUDY

Social work is a profession that focuses on the prevention of social problems. Individuals, families, and society are at the heart of this profession (McCave & Rishel, 2011:228). Social work profession is concerned with growing human well-being, advocating, and supporting human rights (Mapp, McPherson, Androff, Gatenio & Gabel, 2019:259). Furthermore, the foundation of the social work profession is a set of values. Amongst these values are basic ideas about the ideal interactions between individuals and their surroundings. Social work principles also acknowledge a client's right to confidentiality and self-determination, as well as their dignity and individuality (Marlow, 2023). Social workers can be found in various fields such as clinical, forensic, substance use, local governments, disability, old age, social work with families, women, children, and scholars (Artan, Özkan, & Acikgoz, 2018).

The keynote of the study are social workers working in the substance use setting, specifically with the youth. These social workers have a huge responsibility of helping youth who use illegal substances (Rosenberg, 2009). Their primary roles include assessment and detection of substance addiction disorders. Consequently, the procedure moves on to client examinations and screenings, and then to groups where all clients meet to help and support one another with a common factor in mind. All these is accomplished with client engagement as an integral element of the rehabilitation process. The function varies when offering services in addiction settings, ranging from office-based to mental health settings and a medical clinic (Lander, Howsare & Byrne, 2013).

Additionally, social workers in the substance addiction division are expected to hold drug misuse prevention programs, hold presentations, provide information and counselling to the youth and the community. All these interventions are intended to encourage individuals not to use drugs and for those who have begun to seek assistance before their addiction develops (Diraditsile & Mabote, 2014:97).

Increasingly, social workers are the main providers of services to individuals with substance use disorders (SUDs) and their families. As a result, they have numerous difficulties when offering treatment services (Vilakazi & Nkomo, 2023:28). Ngwenya (2022:2), noted that Fourie (2012), highlighted that the insufficiency of rehabilitation centres and aftercare services in South Africa, coupled with the overcrowding of current services due to treatment requests, present issues for social workers. Furthermore, Ngwenya (2022:2) found that similarly Lutcham (2015), stated that in South Africa, interventions and treatment processes are actually more difficult to obtain for a variety of reasons, including social worker availability and visibility, service limitations, and a lack of funding.

In addition, with regards to rehabilitation Ngwenya (2022:3) outlined a few difficulties faced by social workers, including the struggle to deal with illegal centres that operate without the necessary paperwork and structure, the self-discharge of clients before they have finished their programs, the problem of aftercare services and client monitoring, and the difficulty in obtaining aftercare and skill development centres.

The World Drug Report (2020) revealed that more people are using drugs and that there are now more different types of drugs than ever. According to Smith and Hiller (2021:17), multiple substances have different effects; some of these effects include long-lasting and irreversible health repercussions. These effects can even continue even after the drug user has stopped using a drug. A person can take medications by injection, inhalation, or ingestion, among other methods. The way a medicine is utilized usually determines how it affects the body. In addition, Somani and Meghani (2016:3), highlight that the effects of drug misuse on communities are severe. This cost includes not only the pricey drugs that are routinely purchased, but also the numerous hospital admissions, accidents, illnesses, deaths, and disabilities that can result from drug usage. Hence, Taylor (2015:304) claimed that the future is discouraging for the youth engaging in self-destruction behaviours of abusing drugs. The author argued that instead of the youth enrolling in colleges and universities, they are more likely to be admitted to rehabilitation centres and correctional institutions.

Illegal chemical substance is an ongoing activity regardless of the unlawfulness involved and the severe health circumstances drugs create. The youth have their preferences of their drug intake which is easier to obtain. There is a huge demand for

dagga abroad, and South Africa is thought to be one of the world's top manufacturers of the drug. Nonetheless, this drug traffic is not one-sided; in most addition to the export of dagga to foreign nations, there is also an import of other drugs, which increases the amount of drugs available in South Africa (Swanepoel, Geyer & Grafford, 2016:423). Furthermore, Mulaudzi (2018:7) highlighted that 'the most commonly abused substance is cannabis, with the largest number of abusers in South Africa being in Gauteng Province followed by Kwa-Zulu Natal and the Northern Region. In the Northern Region, Cape Region and Gauteng, patients with substance abuse problem were younger than 20 years and most Black/ Africans were found to be abusing Heroin. However, the study will focus on illegal chemical substance that are common in the Vaal area such as *Nyaope* (mixture of dagga and heroin), *Crystal Meth* and *Codeine* (mixture of cough syrup and soft drink).

Drug use by the youth has been recorded by many authors from different countries and illegal chemical substance challenges are becoming gradually difficult to manage. Approximately 269 million people used drugs in 2018 worldwide and this number increased by 30% from 2009 with adolescents and young adults resulting in the major share of users (World Drug Report 2020). In a study conducted in Canada, researchers found that rates of illicit drug usage are frequently higher among young people (Russell, Neufeld, Sabioni, Varatharajan, Ali, Miles, Henderson, Fischer & Rehm, 2019:2). For instance, 35% of teenagers aged 20 to 24 and 20% of the overall population's adolescents aged 15 to 19 reported using illicit drugs in the previous year. Furthermore, most illicit drug users are between the ages of 15 and 24, and they take drugs more frequently and riskily than their older counterparts. In study conducted by Peltzer and Phaswana-Mafuya (2018:3) about Drug use among youth and adults in a population-based survey in South Africa, it was found that "Among the nine South African provinces, any past 3-month drug use was the highest in the Western Cape (7.1%), followed by the Free State (6.3%), Northern Cape (5.2%) and Gauteng (4.9%)".

Okafor (2020:148) noted that youth drug usage in Nigeria has been a plague on the country's overall sustainable development. It is also thought to exacerbate economic crises, which contributes to Nigeria's poverty rate. Although young people are meant to be the main forces behind growth and change, drug addiction has devastated some of them. Furthermore, Zipporrah, Githae and Gideon (2018) highlighted that "Kenya is

among the countries ranked top in Africa for growing Cannabis Sativa, commonly known as bhang and the increased mental health problems among the youth are attributed to this drug". The authors observed that drugs and substance use both licit and illicit are forming a sub-culture in Kenya among the youth and students. This is a big challenge to the Kenyan society and immediate attention is necessary.

In South Africa, there have been studies conducted regarding the war against drug use by the youth. For instance, Matseke, Peltzer, and Shadir (2010:45) explored the epidemiology of drug use treatment in the Western Cape province of South Africa and they found that the intake of drugs and drinking alcohol is seen as a social activity conducted mainly at parties, clubs, and public places. A great concern is that these authors indicated the availability of drugs as being easy to access. Another study conducted in various rural schools across South Africa revealed that learners have easy access to drugs in their communities, thus indicating a lack of government reinforcement regarding drug control in the country (Tshitangano & Tosin, 2016).

In Gauteng Province, the premier Mr Panyaza Lesufi and his office launched an Anti-Substance Use call centre as a form of fighting drug use in the province. Social workers from the Department of Social Development (DSD) in Sebokeng formed part of the team which was launched on 15th November 2022. Results obtained from the call centre as from October 2022 to August 2023 are recorded below and as mentioned by the regional manager during her presentation, most of the assisted clients are the youth (K. Khomoeswana, personal communication, August 08,2023).

Table 1.1: Results of the Anti-Substance Use Campaign.

Indicator	Output
Cases referred through call centre	2089
Walk-in cases	392
Number of service users referred and admitted to inpatient treatment services by DSD	289
Number of services users referred to outpatient treatment services	473
Number of service users who received assistance through outpatient treatment services by NPO'S	1144

Numbers recorded in Table 1.1 above are a clear indication of the hard work that social workers are putting to fight against substance use in the Vaal area. Regardless of the DSD and the NPO'S working hand in hand, little output is produced on admitted clients to inpatient rehabilitation centres.

Many studies such as those highlighted above have been conducted regarding the youth abusing illegal chemical substances and information on the role of social workers is partially included. In South Africa, literature on change agents helping the youth is not fully researched as the main key of the topic. The highlight of this research topic is the experience of social workers working with the youth and a gap has been identified by the researcher. There are numerous studies conducted on the youth abusing substances but to my knowledge, there are fewer studies conducted regarding the experience of social workers working with the youth abusing illegal chemical substances, hence the interest of the researcher to study further and add to the limited existing literature.

As an indication of limited literature, the table below is an illustration of studies conducted about the youth abusing illegal chemical substances in South Africa. On some of the studies, social workers are not the keynote but rather the youth or adolescents abusing illegal chemical substances. Only three studies have social workers as the keynote of the study and are investigated uniquely.

Table 1.2 Other studies conducted in South Africa regarding drug use by the youth and the work of social workers.

Year published	Author/s	Findings of the study
2017	Thobejane & Raselekoane	Teenagers get involved in sexual activities because they are intoxicated. Furthermore, HIV/AIDS is high amongst teenagers that use alcohol.
2014	Mudavanhu & Schenck	The youth have multiple personal problems and contextual factors where family plays a role in leading them to substance use.
2016	Appollis	The results of this study mostly confirmed that the social workers have meaningful contributions to make regarding adolescent boys who are addicted to substances.
2013	Mokoena	Low-income family relationships, peer pressure as well as unstable family environments pose a great influence in the youth resorting to drug and alcohol use.
2019	Madisha	Findings of the study confirmed that there are no clear guidelines in rendering social welfare services to adolescents abusing chemical substances. The study further revealed that social workers' training is generic in nature, therefore they are not well trained to render services to adolescents abusing chemical substances. They therefore lack resources and support to adequately execute. Social welfare services to adolescents abusing chemical substances.
2020	Kheswa & Makhalemele	Findings revealed that poverty, inconsistent parenting and peer pressure emerged as precursors for users to access substances, which, in turn, resulted in risk sexual behaviour and poor academic performance among users. Social workers need a specific training and on regular basis. There is a need for an integrated approach among the educators, social workers, non-governmental organisations (NGOs) and South Africa Police to ensure schools become a drug-free zone.
2022	Madisha & Skhosana	The findings highlight that social workers need urgent intensive training and resources to execute their tasks effectively in the field of substance use.
2021	Sekgobela	The findings of the study revealed that the support that is provided is not enough to help the social workers cope with the challenges. The study has revealed that social workers have support from the colleagues. The colleague support makes the social workers to be happy, to grow and assist them to grow in the profession.

The information tabled above displays literature found concerning the youth abusing illegal chemical substance in South Africa and the work of social workers rendering services to substance users. The recent data was found by Madisha and Skhosana (2022) of which the topic is similar to that of the current study. No other literature was found specifically in the Vaal area, other than the ones investigating adolescents abusing illegal substances and social workers not being the highlight of the study in the Gauteng and other neighbouring Provinces. Literature found combines both the youth abusing drugs and social worker roles and a gap was found in recording personal and professional experiences of social workers. Literature recording the experience of social workers working with the youth abusing illegal chemical substances is limited.

1.2 PROBLEM STATEMENT

A problem statement is generally described as "the purpose of research often expressed as the gap or void in our understanding and how the research contributes to our understanding of theory or practice" (Suter, 2011:87). In addition, Creswell, and Poth (2016:66) describe a problem statement as a concern that leads to the need to conduct the study.

Many studies worldwide have been conducted on youth drug users and the consequences of their actions on them individually, within their families, and in the community. For instance, a South African study conducted in Durban by Collings and Gopal (2012:655) about the psychosocial influence on use in a youth sample recorded the experience of adolescent drug users as well as the influence behind their actions. In another study, only the experiences of social workers and the years of experience they have, and the number of the most problematic drugs user patients have been recorded, omitting the personal and professional experience of the service providers (Dance, Galvani & Hutchinson, 2014:563).

On the other hand, only a few studies focused on the work social workers put in to assist the youth and their readiness to work with them. For instance, in a study titled social worker's pre-readiness, experience and challenges when rendering social

welfare services to adolescents abusing chemical substances by Madisha (2019), it was found that social workers are not well equipped with regards to training and workshops to provide drug dependency treatment to the youth substance users. Little is recorded about their personal and professional working experiences with the youth.

Similarly, a study conducted in Botswana by Diraditsile and Rasesigo (2018:9) suggested that social workers, health practitioners, parents, and other professionals should be equipped with recent information and knowledge for them to know how to deal with the matter at hand. However, a study conducted by Chesang (2013:130) in Kenya about drug use amongst the youth in Kenya noted that a social worker from France mentioned that drug use is a problem for the whole community and should not be left for psychologists, churches, police officials, and social workers to solve.

Some authors contended that youth suffer from all environmental, urban, and industrial challenges the most due to unemployment which leads to drug use and other societal issues (Otieno, Okatta, Ndege, Mutavi; Okuku, Odero & Mwendwa, 2018:78). Such situations incite new daily challenges for social workers. Thus, social workers work to help the youth meet their basic needs, enhance their relationships, and help them cope with stress. According to Sekgobela (2021), working with youth abusing drugs is very stressful, let alone the other challenges social workers encounter. These include work pressure, lack of support from supervisors and management and in some other cases, poor working conditions. The scholar noted that the youth smoking nyaope, are stressful clients who stress social workers daily. They do not cooperate or comply with rehabilitation centres, and they do not attend programmes as arranged, which imposes difficulties on social workers to render their services professionally.

Based on the latter authors a gap has been found in the Vaal Triangle, Gauteng Province where no information has been recorded on the personal and professional experience of social workers working with the youth abusing illegal chemical substances. Were relevant information for the noted area will describe challenges of resources, rehabilitation centres, aftercare services, the need to hire more social workers and recording their successful stories of clients they have assisted.

Based on the above-mentioned, the problem statement of this study can be formulated as follows:

There is a need for knowledge about the experiences of social workers working with the youth abusing illegal chemical substances. As the table 1.1 indicates there is limited information on the experiences of social workers working with the youth abusing illegal chemical substances.

1.3 RATIONALE OF THE STUDY

Inspiration for this research came from various sources. The researcher's observations and daily interactions with the social workers at DSD suggested that only a few enjoy the work they do, and others wish to change the profession. The researcher has further observed that during interactions in the office, social workers from the substance abuse section in some instances become personally attached to their clients in some of the cases they come across, and this affects them emotionally. Some of the effects include anxiety, demoralisation, and loss of enthusiasm. The researcher has witnessed some clients coming in the office in pain due to withdrawal symptoms seeking assistance of social workers and paramedics had to be called in to assist. Sad scenes were observed by the researcher towards social workers trying to save lives of the youth abusing illegal chemical substances.

The gap of substantial knowledge on the experience of social workers dealing with youth abusing illicit substances have also intrigued the interest in research to add to the body of knowledge in social work. This study's outcome should benefit the employer (Department of Social Development) in understanding the difficulties that social workers go through to deliver services to the community. The employer can then provide the necessary support which can range from programs that can be implemented to building more rehabilitation centres for clients. Furthermore, this study is not only for the employer or policy developers, but for the youth to read and be equipped with what social workers go through to help them. Not only will the youth know what social workers go through but also learn about the difficulties of quitting

drugs, processes involved in getting the necessary help and the difficult situation one will be putting themselves in by starting to take illegal chemical substances. This may change the lives of those using drugs socially as they will be more informed.

The research will also enable student social workers to be informed of the practicality of social work in the field. Responses of social workers from the interview will guide and provide clear day to day services provided as well as struggles and benefits they come across from the employer. By the time social workers are employed at whatever organisation, they will have a hint of what to expect in the substance abuse section.

Furthermore, social workers with negative views of providing services to the youth may learn from those with positive views on how to motivate or work together to eradicate this pandemic of illicit drug use.

1.4 THEORETICAL FRAMEWORK

Several scholars have different definitions of what theory is depending on the angle it is used (Sandberg & Alvesson, 2021:488). Gabriel (2013:173) defined theory as "information formulated to explain, foresee and understand the phenomena mainly based upon observation and experiments and are believed to be true by the majority". A theoretical framework is described as "a structure that supports the theory of the study to be researched". A theoretical framework is understood to be the basis or rather the foundation of which the knowledge of the study is constructed (Osanloo & Grant, 2016). A theoretical framework brings about clarity to the study. It strengthens the study in that it aims to connect the researcher with existing knowledge about a particular topic.

According to Ocholla and Le Roux (2011:69), several theoretical frameworks can be employed in different types of studies such as communication theory, consequences theory, feminist theory, and ethical theories. It is up to the researcher to choose a theoretical framework that will be relevant to their study. Such will provide the study with a proper application and understanding of formulating new knowledge on top of existing knowledge.

The researcher chose the Ambivalence theory for the study. This theory refers to the state of having concurrent feelings towards an object or a person. A person may experience being torn between two individual emotional states (Rothman, 2011:66). According to Ogar, Ogar and Bassey (2018:56), ambivalence is a human nature feeling where one person has conflicting feelings towards something or a person; this includes thoughts and actions. A person cannot choose one feeling or action and rather experiences both good and bad. Guarana and Hernanders (2015:1013) hold the opinion that ambivalence is a psychological state caused by contrasting assessments directed towards a situation or an object.

Working in the social field is a profession that encompasses thorough social interaction with clients, therefore, social workers working with the youth abusing illegal chemical substance are bound to experience ambivalence. Hence Rothman, Pratt, Rees and Vogus (2017:33) assert that in organisations, ambivalence, the concurrent experiencing of positive and negative emotional or cognitive orientations toward a person, situation, item, task, goal, or idea—as well as the ensuing tension and conflict may even be more common than unusual.

Regarding the interviews, there is an expectation that social workers responding to the research's questions will respond differently. Some are expected to respond optimistically, while others will respond negatively. Others will have both feelings of being optimistic and negative when answering the same question. This will indicate the contradicting feelings that one experiences working with the youth abusing illicit drugs. Social workers may present feelings of love or hatred towards their work, managers and supervisor and even their clients. The contradictory feelings can only be known during the interviews.

From the above-mentioned, it can be deduced that, ambivalence theory is relevant for the study. The theory is meant to guide the researcher on what to expect during the study as well as during the interview. The theory acts as a guide of the study of which the researcher must take cognisance of in the effort of investigating the experience of social workers working the youth abusing illegal chemical substances.

1.5 PURPOSE OF THE STUDY

1.5.1 Research Goal

According to Bong and Lee (2019:2), a goal is defined as a setting in the mind that an individual is committed to attaining in the future, which in return guides their behaviour towards achieving it. Thomas and Hodges (2010:38) defined a research goal as a statement demonstrating the overall purpose of the research project. A research goal can be understood as the researcher's task that has to be achieved by the conducted research.

The goal of the research was **to develop an in-depth understanding of the experiences of social workers working with youth abusing illegal chemical substances.**

1.6 RESEARCH QUESTIONS AND OBJECTIVES

1.6.1 Research questions

According to Sandberg and Alvesson (2013), a research question is an important part of research as it develops awareness about a particular topic. Furthermore, a research question inspires reproduction on the topic selected and activates academic activity within the study. Swaminathan and Mulvihill (2017) further explained that a research question is a question that arouses curiosity and interest during the journey of research. The research goal and research questions are linked to enable the researcher to develop theory and guide the researcher in what they want to achieve; these leads to one purpose at the end, which is to construct theory. Those constructed questions should be clear and researchable, easier for the participants to answer and should be related to the research topic.

The main research question for this study was formulated as follows:

- **What are the experiences of social workers working with youth abusing illegal chemical substances?**

1.6.2 Research objectives

Research objectives are statements that define the precise aims of the study, which should be clearly stated within the introduction of the study. Furthermore, Farrugia, Petrisor, Farrokhyar and Bhandari (2010:280) stated that "research objectives are statements about how the study will answer the research question". Doody and Bailey (2016:22) explained that research objectives should be clear, specific, and relate to the research aim. The research objectives should be related to the research question and cover the problem being addressed in the research study. In addition, objectives define what the researcher wants to achieve through a verb, for example, to maximum or to determine a particular thing. A set of objectives provides a purpose for a study and helps the researcher make thorough decisions (Bond, Carlson & Keeney, 2010:238).

The research objectives of the current study are constructed as follows:

- To investigate describe the experiences of social workers working with youth abusing illegal chemical substances; and
- To develop suggestions for social workers working with youth abusing illegal chemical substances.

1.7 RESEARCH PARADIGM

The research paradigm has four components, namely, epistemology, ontology, method, and methodology. These components assist with how the research can be undertaken and what method is to be used. Epistemology refers to how knowledge is accumulated and certified as the truth and how it is communicated to readers (Rehman & Alharthi, 2016:51). Ontology refers to what people believe is the reality and what people perceive to be true and not true to them (Rehman & Alharthi, 2016:51). Methodology refers to the strategy and process of data collection (Rehman & Alharthi, 2016:52).

There are three major paradigms of research, namely positivism, interpretivism and critical theory. The researcher chose the interpretivism paradigm. According to Alharahsheh and Puis (2020:41), interpretivism is more concerned with the

comprehensive information or feedback provided by humans about what the researcher wants to know. The chosen paradigm assisted the researcher in receiving information directly from the participant's experiences, bringing about reality, truth, and beliefs of the information provided. Conversely, Thanh and Thanh (2015:24) explained that interpretivism is a paradigm that allows the researcher to view the world from the participant's point of view through the participant's observation and experiences. Such experiences are then used to understand and construct theory. Interpretivism then aligns well with the research methods chosen by the researcher as social workers were interviewed to find out their experiences when working with the youth abusing drugs. Furthermore, the chosen paradigm assisted the researcher to receive practical scenarios from social workers by making examples of cases they have dealt with when working with the youth abusing illegal chemical substances.

1.8 ETHICAL CONSIDERATION

1.8.1 Ethical considerations that apply to the study.

The term ethics refers to a set of rules or beliefs that explains what is considered good or bad. When using the term in research, the principles point out what should be considered when undertaking research (Hammersley & Traianou, 2012:17). According to Akaranga and Makau (2016), ethics can be understood as a set of values that guides the behaviour of people concerning their norms and standards that differentiate between what is acceptable and unacceptable.

Ethical considerations in research are vital as research is conducted with humans rather than objects (Gallani, 2021:182). Permission or consent should be granted to the researcher so that the privacy of the participants is respected. By considering ethical issues, the researcher acknowledges the participants as deserving human beings. Likewise, Arifin (2018:30) stated that ethical considerations are important to safeguard humans in a qualitative study. As the researcher has contact with humans by conducting face to face in-depth interviews, some issues may cause the participants to be stressed, vulnerable or even emotional. Therefore, ethical issues become relevant for the study. The researcher adhered to the following ethical considerations:

i. Informed consent

Participants gave their consent freely and were not forced to form part of the study. Importantly, the study and its premeditated outcomes were discussed with the participants before they gave consent. All participants were old enough to give consent on their own (Arifin, 2018:30). Similarly, Nijhawan, Janodia, Muddukrishna, Bhat, Bairy, Udupa and Musmade (2013) reported that informed consent is a process whereby a researcher informs the participants about his or her rights regarding undertaking the study. The researcher was open with the participants by sharing important details regarding the research, for the participants to be aware of what is going to happen and for what purpose is the interview.

The informed consent entailed the following information:

- **The research topic-** the researcher outlined the topic in full to the participants which also assisted in explaining why they were chosen to participate in the study.
- **Duration of the interview-** the researcher explained to the participants that the time anticipated for the interview is approximately 30 minutes depending on how they answer, which may be more or less than the recorded time.
- **What would happen to the research results-** the researcher explained that the data collected will be shared only with team players necessary for the benefit of the study such as the coder and supervisor of the researcher. The transcribed documents and the recordings which were transferred to a compact disc will be stored in a safe place.
- **Contact details of the researcher's supervisor should they need to verify or enquire anything about the study-** participants were shown the name and contact details of the supervisor responsible for the researcher on the consent form. This was done in case the participants had any queries or complaints, they would know who to contact.

ii. Voluntary participation

The researcher is not allowed to force participants to take part. After the purpose of the study is explained to the participants, they should want to take part freely and should be informed that they are allowed to withdraw anytime during the study process

(Arifin, 2018:30). In this case, the researcher informed the participants of their rights in the study and made participants to feel free in exercising them by letting them know that they are allowed to leave at any time before and during the interview.

iii. Anonymity

The researcher should be able to keep the identity of the participants if there is any wish for them to remain anonymous throughout the study and at the final stage of reporting the findings of the study. The researcher should respect the participants and consider their participation in the study as important (Arifin, 2018:30). The participant where not asked for their names during the interview, as a result the researcher did not describe their names in the study nor mention it during the interview as the interview was being recorded. One participant did mention their name during the interview while making an example, but it was not written down during the transcribing process. The participants were referred to as participant one, participant two and so forth when transcribing.

iv. Respect for persons.

According to Ketefian (2015:166), respect for a person in a qualitative study is considering a human being as an independent being. Choices made by a participant were respected, and they made judgements for themselves regarding the study. For example, the researcher did not force the participant to mention his or her name during an interview and did not force the participant to take part in the study. Furthermore, the responses of the participant were treated independently so and were not generalised, in this way the participant was respected and treated as an individual being. The researcher also respected the choice of places to interview the participants, and the interview times that suited their schedules.

v. Beneficence

A researcher is expected to "do good" with the participants, in this case. The researcher was truthful towards the participants by being honest and having clear communication about the study which resulted in full participation and a greater outcome of the study findings. The researcher did good to the participants which entailed clear communication, respecting the time and place they chose for the

interview and giving the participants the opportunity to respond to questions freely for the benefit of the study (Ketefian, 2015:167).

vi. Confidentiality

The ethical principle of confidentiality refers to the agreement between a researcher and a participant regarding what may be done with information provided by the participants. Information provided is kept between the researcher and the participant (Kaiser, 2012:457). The participants were informed that the information provided will be shared with the researcher's supervisor and other key holders for the benefit of the researcher, no other person will be provided with the information. If the information were to be published or presented for academic purposes, the participants were assured of their confidentiality.

The transcribed data containing all personal details of the participants is kept safe, filed, and locked in the office of the researcher's workplace. The recordings were transferred from a phone to a personal computer of the researcher and then transferred to a compact disc which is placed together with the transcripts. This was to ensure that not everyone has access to the transcripts and these transcripts will only be released when needed by the researcher or any professional team player for the purpose of study.

vii. Application of ethical considerations in the study

It is important to uphold ethical consideration in this study by treating the participants with respect and everyone as unique. Participants were interviewed in their place of comfort so that they felt free when answering questions and were informed before the commencement of the interview of the purpose of the interview.

Furthermore, the researcher treated the participants with respect. After explaining the purpose of the study, the researcher gave the participants informed consent forms to complete after they agreed to take part in the study, which also stated whether they want to remain anonymous or not. Ethics clearance with reference number: **69290628_CRECHS_2022** was obtained from UNISA before the study commenced.

1.8.2 Possible risks relating to ethical issues.

During research, clear communication is vital when completing the consent forms (Nusbaum, Douglas, Damus; Paasche-Orlow & Estrella-Luna, 2017). The risks and benefits of taking part in a study should be communicated clearly to receive ethically proper consent of participants. Some authors argue that clear communication sets out an understanding of possible disclosure of information (Greaney, Sheehy, Heffernan, Murphy, Mhaolrúnaigh, Heffernan & Brown, 2012:40). Information of a participant can only be shared in the interest of the client, for example, in a case where a debriefer is brought in to assist a participant after the interview.

Another possible risk that may occur is when interviewing a small group of people that are familiar with each other. This may lead to unintentional disclosure of private information of the participant. It is noted that such is possible as participants know each other and in the case of this study they work in the same section where some even share personal information. Hence, the above scholar mentioned that the outset of confidentiality when completing the consent form are clear and understood from the onset (Damianakis & Woodford, 2012).

The communication between the researcher and the participants was clear from the onset which led to no risks. No information was linked from one participant to another as the researcher was respecting the choices of the participants.

1.8.3 Debriefing arrangements

Debriefing can be referred to as a process where a discussion or assessment of what happened, either traumatic or not takes place. The discussion leads to analysing what a person has experienced, how it went about and what would be changed for better next time should the event reoccur (Gardner, 2013:166). Reed (2012:212) described debriefing as a process of reflecting on an event, a time where one can vent out, release the stress, and where negative emotions can be communicated.

The researcher requested assistance from a social worker from Family and Marriage Society of South Africa (FAMSA) at Sebokeng to assist social workers with debriefing, should a need arise. The social worker, Mr Oswell Jeranyama has been assisting social workers from various social welfare offices. Clients are referred to FAMSA to request assistance with debriefing, parenting programmes, counselling, and other empowering programmes for clients.

Prior to the commencement of the interview, the researcher notified the participants that there are services of debriefing available if they need one, but no participant needed the services. Rather some participants felt that the questioning and answering process during the interview were a form of a debriefing session for them, stating that it felt good to know that someone is interested to know about the work they do.

1.9 DEFINITION OF KEY CONCEPTS

According to Manning and Gagnon (2017:13), the clarification of key concepts is considered suitable when an idea is being utilized widely without a clear, conscious consensus on its meaning and the things it is meant to express. Furthermore, clarification of concepts and definitions is necessary to comprehend the phenomenon and increase knowledge (Nelson, Davis & Corbett, 2022:145). The key concepts of the study are defined below.

1.9.1 Social work

Social work is defined as a profession that seeks to improve the well-being of humans, from an individual to the whole community, to help them meet their basic needs and to empower people who are vulnerable in societies. Furthermore, the profession can be understood as the one that focuses on eradicating environmental forces that contribute to the vulnerability of individuals (Ricciardelli, Nackerud, Quinn, Sewell & Casiano 2020:2). Gambrill (2012) further explained social work as a public profession that offers services to individuals, families, groups, and communities. Social services cover different conditions such as crises (for example, a family needing help of material and counselling after their house burned down), elderly use, family and marital conflicts, children in conflict with the law, alcohol, and drug use and many more.

According to the Children's Act 2015, a designated social worker is a worker providing services within the DSD in a child protection organisation and at a municipality. Social workers in this study offer services to young and older adults abusing illegal chemical substances, but the researcher chose to focus on the youth only.

1.9.2 Experience

According to Fagerholm and Münch (2012:74), experience refers to "immediately perceived events as well as the memories of events, the knowledge gained by interpreting and reflecting on remembered events". Similarly, Morgeson, Mitchell, and Liu (2015:151) noted that it has been known since ancient times that our experience of life can be summed up in terms of occurrences. The occurrences in our personal and professional lives, the things that happen to us.

In the current study, the researcher sought to understand the experience of social workers in terms of how they have observed the work they performed, how they deal and have dealt with clients in a personal and professional manner and how they feel about the work they do.

1.9.3 Substance use

Cabin (2020:4017) defined substance use as the misuse of substances in a way that can cause harm to the user and those around him/her. This misuse happens when an individual has weakened health state and fails to meet responsibilities at home, school, and work. Similarly, Sarkingobir and Dikko (2020:1545) defined substance use as a harmful pattern of using drugs for mood changing purposes, which ends up with frequent and serious problems such as affected performance in school, work and at home. The serious problems include disrupted friendships and families that end up distancing themselves from the individual who uses drugs.

Substance use was used in the current study to explain the youth's illicit drug intake.

1.9.4 Youth

Panday, Ranchod, Ngcaweni and Seedat (2013:96) defined youth stage as a change from childhood to adulthood and where there is transition from puberty to adolescence through to adulthood. Such individuals acquire the responsibility to be matured socially, emotionally as well as economically. In agreement, Weston, Imas, Manning, Donnelly and Ngwerume (2019:2) explained that youth is referred to young people whose experiences change from childhood to adulthood. That person becomes independent by steering him/herself and creates their own identity. For purpose of this study, a youth referred to all people from 18 to 35 years.

1.10 STRUCTURE OF THE REPORT

The research report is presented in five chapters.

Chapter One is the general introduction of the study followed by the theoretical point of the study, research methodology, problem statement, rational of the study as well as the definition of key concepts. Ethical consideration of the study was also covered in chapter one.

Chapter Two outlines the literature review on an overview of rehabilitation process and social work services. The chapter covers topics such as an overview of rehabilitation process in South Africa, the roles of social workers in the rehabilitation process, the roles of social workers in the rehabilitation process and challenges faced by social workers in rendering services to youth abusing illegal chemical substances.

Chapter Three presents the application of the research method outlining the research method, research design, sampling, research approach among other topics. Furthermore, the preparations of participants and preparations of data collection, pilot study, roles of the researcher, data analysis method and ensuring rigour were also discussed.

Chapter Four presents the findings of the study, coded data supported by literature. The findings are recorded in six themes.

Chapter Five concludes the overall study presenting conclusions and recommendations of the study. The recommendations made were based on the future of social work practice, policy making and for further educational research.

CHAPTER 2

LITERATURE REVIEW ON AN OVERVIEW OF REHABILITATION PROCESS AND SOCIAL WORK SERVICES

2.1 INTRODUCTION

In the previous chapter, an orientation of the study was provided focusing on the problem definition, question formulation, research objectives as well as an outline of the research methodology to be adopted. This chapter addresses an overview of the rehabilitation process for illegal substance users in South Africa. Firstly, the purpose of rehabilitation is presented, with a specific focus on illegal substance users. Followed by the discussion on services and programmes offered to users of illegal chemical substances. The role of the family in the social reintegration of users as well as the factors influencing illegal chemical substance use is explored. Secondly, the role of social workers in the rehabilitation process is presented. Lastly, there is a discussion on the challenges faced by social workers in rendering services to youth abusing illegal chemical substances in South Africa.

2.2 AN OVERVIEW OF REHABILITATION PROCESS IN SOUTH AFRICA

This section provides an overview of the rehabilitation process in South Africa with the emphasis on the purpose of rehabilitation, and services offered to the users of illegal chemical substances. The role of the family in the social reintegration of chemical users as well as factors influencing illegal chemical substance use are also discussed.

2.2.1 The purpose of rehabilitation

The purpose of rehabilitation has been documented in the literature and should be embraced. This purpose is comprehensive, encompassing physical, psychological, and social dimensions such as addressing issues concerning the addict's mind to start developing coping mechanisms, addressing the triggers from the environment in which they live and physical care of the individual (Zibi, 2022:40). Rehabilitation generally aims to restore individuals to the highest level of functioning. It is a process that usually occurs after an illness, injury, or other forms of adversity (Farooq & De Villiers,

2017:291). The overarching goal of rehabilitation is to improve the overall quality of life and promote holistic well-being. It provides an individual with an opportunity to learn from their mistakes, change their behaviour and teach the users of illegal substances consequences of unwise choices (Murhula & Singh, 2019:15). The goal of rehabilitation is to modify the principles and conduct of the substance users (Zibi, 2022). Thus, the purpose of rehabilitation is multifaceted (Shulman, Hudson, Low, Hewett, Daley, Kennedy, Davis, Brophy, Howard, Vivat & Stone, 2018:38; Morkel, 2022:66). The following are key aspects that outline the purpose of rehabilitation in the context of this study:

- **Restoration of functionality**

One of the primary goals of rehabilitation is the restoration of physical function (Singh, 2016). Some of the body organs of the illegal substance users become affected due to these illicit chemicals. Therefore, restoration of functionality involves improving mobility, strength, coordination, and flexibility (van der Voordt & Jensen, 2023:30). Physical rehabilitation addresses impairments and disabilities resulting from medical conditions (Khanyi & Malesa, 2022).

- **Enhancement of independence**

Rehabilitation strives to enhance the individuals' ability to perform daily activities independently (Geyers, Le Roux & Hall, 2015:325). This includes tasks such as dressing, grooming, cooking, and mobility. Thus, fostering a sense of autonomy and self-sufficiency (Haysom, Gastrow & Shaw, 2018).

- **Psychological well-being**

Rehabilitation acknowledges the intimate connection between physical health and psychological well-being (Naidoo & Mkize, 2012). It aims to address the emotional and mental health aspects of recovery, including coping with stress, anxiety, and depression associated with illness. In addition, rehabilitation seeks to empower individuals by promoting self-efficacy — the belief in one's ability to overcome challenges. This psychological aspect is crucial for individuals to actively engage in their recovery process (Ebersohn & Bouwer, 2015).

- **Social reintegration**

Rehabilitation aims to facilitate illegal chemical substance users' reintegration into their communities (Zibi, 2022:40). This involves overcoming social barriers and promoting equal access to community resources, ensuring that individuals can participate fully in social, work, and recreational activities (Diamond, 2016). Furthermore, rehabilitation efforts contribute to reducing societal stigma associated with disabilities or health conditions. By promoting understanding and acceptance, rehabilitation seeks to create a more inclusive and supportive social environment (Khoza, Dube & Nkomo, 2017:70).

- **Prevention and maintenance**

Rehabilitation is not only about recovery but also about preventing further complications (Zibi, 2022:41). It involves education and strategies to prevent future injuries, relapses, or deteriorations in health (Madisha & Skhosana, 2022:442). In some cases, rehabilitation aims to maintain the current level of functioning, especially in chronic conditions. This may involve ongoing therapies and lifestyle adaptations to sustain a satisfactory quality of life (Maina, Ogenchuk & Gaudet, 2021:730).

- **Interdisciplinary collaboration**

Rehabilitation often involves a holistic care approach where a team of healthcare professionals work collaboratively (Mahlangu & Kgadima, 2021:455). This interdisciplinary approach ensures that various aspects of an individual's health, including physical, psychological, and social, are addressed comprehensively (Mohasoa, 2017:5).

- **Adaptation to change.**

Rehabilitation equips illegal chemical substance users with the tools and strategies to cope with changes in health status (Masombuka & Qalinge, 2019:54). This may include adapting to new limitations, managing chronic conditions, and finding ways to lead a fulfilling life despite challenges (Masiko & Xinwa, 2017:22).

- **Promotion of overall quality of life**

Ultimately, the purpose of rehabilitation is to enhance the overall quality of life (Zibi, 2022:42). By addressing physical, psychological, and social aspects, rehabilitation contributes to a more comprehensive and holistic sense of well-being (Morkel,

2022:60). In summary, rehabilitation serves a broad and essential purpose, aiming not only to restore physical function but also to address psychological and social aspects of health. The ultimate goal is to empower illegal chemical substance users to lead fulfilling lives and actively participate in their communities despite the challenges they may face.

2.3 FACTORS INFLUENCING ILLEGAL CHEMICAL SUBSTANCE USE.

According to Madisha and Skhosana (2022:442), illegal chemical substance use remains a major health and social problem globally and South Africa is not immune to the impacts of this pervasive problem. In line with this, the South African Community Epidemiology Network on Drug Use reported that chemical substance use among South Africans, especially the youth is prevalent. Various factors lead to substance use, but they differ among individuals (Dada, Burnham's, Erasmus, Parry & Bhana, 2020:8). There is a relationship between substance use and gender-based violence in South Africa, where intimate partner violence (IPV) is five times higher in relationships where one or both partners use substances (Khoza et al., 2017:72). These factors point to the vulnerability of youth using chemical substances. There is no particular reason to explain the causes of illegal chemical substance use in South Africa; instead, many factors contribute to the high figures, including but not limited to the prevalence of violence in many homes, vulnerability to peer pressure, need to fit into the social environment, poor decision making, self-identity issues, impulsivity (Zibi, 2022:40), easy access to substances and weapons, unemployment, and poverty (Masiko & Xinwa, 2017:3), neurochemical imbalances, genetic predisposition, co-occurring mental health disorders, stress and coping mechanisms, personality traits, low self-esteem, family dynamics, socioeconomic factors and criminalization, lack of substance use education and peer education (Dada et al., 2020). Some of these factors are discussed below:

2.3.1 Psychological factors

- Stress and coping mechanisms: High levels of stress, trauma, or unresolved psychological issues can contribute to substance use as individuals may turn to substances to cope with emotional pain or distress (Msuya & Kumar, 2022).
- Personality traits: Certain personality traits, such as impulsivity, sensation-seeking, and a tendency towards risk-taking behaviour, may increase the likelihood of engaging in substance use (Van Der Kleij, Hueting & Maarten, 2018:78).

2.3.2 Social and environmental factors

- **Peer influence:** Social circles and peer pressure play a significant role. Individuals may be influenced by friends or social groups where substance use is normalized (Zerguine, Johnston, Healy, Abbott & Goode, 2021:10).
- **Family dynamics:** Family environment, including parenting styles, family history of substance use, and lack of parental support or supervision, can contribute to substance use (Jensen & Van der Voordt, 2021:308).
- **Socioeconomic factors:** Economic instability, poverty, and lack of access to education and employment opportunities can increase the risk of substance use (Wijk, Bergsten & Hallman, 2020:52). Researchers note that it is youth that mostly get involved in robberies, rape, and xenophobic violence, pointing to unemployment, substance dependence and poor parenting as the main drivers of youth violence (Msuya & Kumar, 2022).

2.3.3 Accessibility, availability, and media

- Easy access: The accessibility and availability of illegal substances can significantly influence substance use. Availability may be affected by geographic location, socioeconomic factors, and law enforcement efforts (Wijk et al., 2020:53).
- Substance marketing: The marketing and advertising strategies employed by the tobacco, alcohol, and pharmaceutical industries can impact substance use trends (Zerguine et al., 2021:10).

- Influence of pop culture: Celebrity endorsements, product placement in media, and the portrayal of substance use in popular culture can shape perceptions and behaviours (Van Der Kleij et al., 2018:78).
- Online peer pressure: The influence of social media and online peer pressure can contribute to substance use. Social workers need to understand the digital landscape and its impact on youth behaviour (Msuya & Kumar, 2022:2).

2.3.4 Educational factors

- Education: According to Jensen and Van der Voordt (2021:308), poor and inadequate education, the breakdown in family life in black communities, economic exploitation, poverty, and high levels of unemployment are contributing factors to crime in the country. Wijk et al. (2020:53) concur that poverty and unemployment are economic factors which contribute greatly to criminality.
- Lack of substance use education: Insufficient education and awareness programs about the risks and consequences of substance use may contribute to higher rates of drug experimentation (Motloba & Makwakwa, 2018:222).
- Peer education: Education delivered by peers or within educational institutions can influence attitudes and behaviours related to substance use (Mohasoa, 2017).

The aforementioned factors are complex and multifaceted, involving a combination of individual, environmental, and societal elements. Therefore, understanding these factors is crucial for developing effective prevention, intervention, and treatment strategies. Similarly, Zondi (2012:764) adds that understanding how these factors are interconnected is essential for developing comprehensive prevention and intervention strategies to address illegal substance use. It is also equally important to recognise that these factors often interact in complex ways, and interventions need to be tailored to the specific needs and circumstances of individuals at risk (Zinyemba et al., 2020:33). Additionally, a holistic approach that addresses both the individual and the broader social context is crucial for effective substance use prevention and treatment.

2.4 THE ROLES OF SOCIAL WORKERS IN THE REHABILITATION PROCESS

Social workers and addiction counsellors play a critical role in minimizing the substance use epidemic through treatment and recovery (Unegbu, 2020:15). Social workers play integral roles in the rehabilitation process, providing crucial support and advocacy to individuals and families facing various challenges, including those related to health, disability, and substance use (Khanyi & Malesa, 2022:31). Their responsibilities encompass a wide range of tasks aimed at enhancing the well-being and social functioning of their clients.

The following are key roles that social workers play in the rehabilitation process:

- **Assessment and planning:**

Social workers conduct thorough assessments to understand the individual's needs, strengths, and challenges (Unegbu, 2020:15). This includes evaluating the social, economic, and environmental factors that may impact rehabilitation (Khanyi & Malesa, 2022:31). Based on assessments, social workers develop individualised care plans in collaboration with clients and other members of the rehabilitation team (Maina *et al.*, 2021:735). These plans address the unique circumstances and goals of the individual.

- **Client advocacy**

Social workers act as social advocates for their clients by ensuring that their rights and needs are recognised and addressed within the rehabilitation system (Appel-Meulenbroek *et al.*, 2020:290). This includes advocating for accessible services, accommodations, and social inclusion. Social workers may also engage in broader advocacy efforts to address systemic barriers and promote policies that support the rehabilitation and well-being of individuals and communities such as engaging with responsible members of the rehabilitation centres on the needs and welfare of their clients while being admitted and also addressing their policies if they hinder the progress of sobriety (van der Voordt & Jensen, 2023:44).

- **Counselling and support**

Social workers provide emotional support to individuals and families dealing with the challenges of rehabilitation (Madisha & Skhosana, 2022:450). They offer counselling and coping strategies to help navigate the emotional impact of health issues, disabilities, or substance use. Recognising the importance of the family unit, social workers often provide family counselling to address the impact of rehabilitation on family dynamics and promote a supportive environment (van der Voordt & Jensen, 2023:44).

- **Case management**

Social workers coordinate various services, ensuring that clients have access to necessary resources, including medical care, rehabilitation therapies, housing, and financial assistance. Furthermore, social workers connect clients with community resources such as support groups, vocational training, and educational programs that contribute to their rehabilitation and social integration (Maina et al., 2021:735).

- **Community reintegration**

Social workers assist individuals in planning for their reintegration into the community post-rehabilitation (Masombuka & Qalinge, 2019:59). This may involve identifying employment opportunities, educational resources, and social support networks. Social workers strive to reduce societal stigma associated with disabilities, health conditions, or substance use (Mahlangu & Kgadima, 2021:455). They promote understanding and acceptance within communities.

- **To offer educational support**

Social workers educate clients about their conditions, treatment options, and available support services (Meade, Towe, Watt, Lion, Myers, Sinner, Kimani & Pieterse, 2015:16). They empower individuals to make informed decisions about their rehabilitation journey. Social workers may provide practical life skills training to enhance clients' ability to manage daily activities, navigate systems, and make independent decisions (Masiko & Xinwa, 2017).

- **Crisis intervention**

Social workers are trained to address crises that may arise during the rehabilitation process (van der Voordt & Jensen, 2023:44). They provide immediate support and intervention to ensure the safety and well-being of their clients (Madisha & Skhosana, 2022:450).

- **Collaboration with interdisciplinary teams**

Social workers collaborate with other professionals, including healthcare providers, therapists, and vocational counsellors, as part of an interdisciplinary team (Morkel, 2022:60). This collaboration ensures a holistic approach to rehabilitation.

- **Prevention and education**

In cases involving substance use rehabilitation, social workers may engage in prevention efforts, including community education and outreach programs (Myers, Williams, Johnson, Govender, Manderscheid & Koch, 2016:308). Social workers provide education on health promotion, disease prevention, and the management of chronic conditions to enhance clients' overall well-being (Mzolo, 2015:30).

2.4.1 Intervention strategies offered by social workers in the rehabilitation process.

- **Psychological services**

Psychological programmes provided to the illegal chemical substance users include individual therapy, group therapy and family therapy to ensure the effective treatment of the victims to reinforce their rehabilitation and reintegration (Setelela, 2018). However, the psychological services are mostly needs-based interventions to the substance users which aim at improving their mental health and emotional well-being (Sanjoy, 2017). These services and programmes are designed to help substance users adjust well within the communities, develop coping strategies and refrain from reuse behaviour (Murhula & Singh, 2019:13).

- **Relapse prevention.**

Teaching individuals coping skills and strategies to prevent relapse is a fundamental aspect of substance use treatment (Willman, Puerto-Gómez, Gould & Newham, 2019:14). The DSD is constitutionally mandated to provide social services to the victims of different illegal chemical substances. Social workers are responsible to offer skills development programmes as part of rehabilitation. The Directorate of Skills Development in rehabilitation facilities offers programmes that are in line with the South African Constitution (Murhula & Singh, 2019:14). These programmes include

sports and recreational activities, workshop production, agricultural activities, and job-related training in building (Schurink, Schurink & Fouché, 2021:392). Strydom and Roestenburg (2021:120) reported that different sporting codes keep the substance users actively involved and improve their psychological health. In addition, vocational training is provided to these victims to ensure that they gain artisan skills and find jobs when released so that they refrain from going back to illegal chemical substance consumption.

- **Education and Prevention**

Education programs are aimed to increase awareness about the risks and consequences of substance use, fostering prevention and early intervention are some of the services rendered (Van der Westhuizen, Alpaslan & De Jager, 2014:350). Involving substance users in education is part of rehabilitative efforts within the social work profession (United Nations, 2018), giving effect to the stipulation in law that education and reading materials should be made available to enhance awareness and knowledge as part of the rehabilitation (Zinyemba *et al.*, 2020:15). In rehabilitation centres, all substance users have access to educational material and are also encouraged to watch educational programmes on television.

- **Individual counselling, group therapy, behavioural therapies, and pharmacotherapy**

Therapeutic intervention of individual counselling, such as cognitive-behavioural therapy, helps individuals explore the reasons behind their substance use and develop coping mechanisms to address underlying issues (van der Voordt & Jensen, 2023:33). Peer support in the form of group therapy provides a supportive environment where individuals can share experiences, gain insights, and receive support from peers facing similar challenges (Khanyi & Malesa, 2022). Behavioural therapies address behavioural patterns (Anderson, 2020:30), focusing on modifying behaviours related to substance use (Fernandes & Mokwena, 2016:155). These may include contingency management and motivational enhancement therapies. In addition, Medication-Assisted Treatment (MAT) needs to be offered to the substance users. Depending on the substance, medications may be used to help individuals manage cravings and withdrawal symptoms and MAT is often part of a comprehensive treatment plan (Appel-Meulenbroek *et al.*, 2020:280).

- **Assessment, Screening and Medical detoxification**

Professionals conduct assessments to determine the severity and nature of the substance use disorder (Lebese, Ramakuela & Maputle, 2014:333). This helps in developing personalized treatment plans. Additionally, for individuals physically dependent on substances, medical detoxification is often the first step. This process is conducted under medical supervision to manage withdrawal symptoms and ensure safety (Madisha & Skhosana, 2022:444).

- **Family counselling and Aftercare planning**

Family counselling involves the inclusion of family members to address the impact of substance use on relationships and to provide a supportive environment for recovery (Maina, Ogenchuk & Gaudet et al, 2021:732). Planning for aftercare is crucial. This may involve ongoing therapy, support groups, or other services to maintain recovery after the formal treatment program ends (Mahlangu, 2016).

It's very important to emphasize that an individualized and holistic approach is often most effective in addressing the complex nature of substance use disorders. Collaboration among healthcare professionals, social services, and community organizations is key to providing comprehensive care for individuals struggling with illegal chemical substance use.

2.4.2 Services and programmes offered to the users of illegal chemical substances.

Rehabilitation is a multi-faceted process, which requires that the relationship between trained officials in the social professions – such as social work, psychology, nursing, pharmacology, health and theology and the broader category of non-specialised community officials – needs to be one of co-operation, empowerment, and teamwork, and that every member impact rehabilitation (Zibi, 2022:54). Illegal chemical substances users often require a range of services to address their physical, psychological, and social needs (Ivanoff, Marotta & Frederickson, 2017). It is important, therefore, to note that the approach to providing services may vary based on the legal and healthcare frameworks in different regions. However, the following

are some recommended common services that may be rendered to individuals struggling with illegal chemical substance use (van der Voordt Jensen, 2023:30: Strydom & Roestenburg, 2021:128).

- **Social work services**

Social work is a caring profession playing a very significant role in the rehabilitation of substance users (Zinyemba, Maushe & Mangwiro, 2020:18). In rehabilitation facilities, social workers provide therapeutic and supportive services aimed at rehabilitating chemical substance users. They assess and determine the needs of the youth using illegal substances and ensure that these victims are involved in appropriate programmes which are tailored towards their identified needs (Murhula & Singh, 2019). Rehabilitation social work intervention includes HIV/Aids counselling, counselling on substance use, adaptation problems, life skills, marital and family problems, aggressive and sexual behaviour, support services, trauma debriefing, and preparation, release, and after-care services (Murhula & Singh, 2019:11; Anderson, 2020:20; Zibi, 2022:56).

Social work intervention covers an extensive range of social problems ranging from general supportive services to intensive counselling provided mostly on an individual basis and/or through case or group work (Appel-Meulenbroek, Van der Voordt, Le Blanc, Aussems & Arentze, 2020:280). Zibi (2022:55) suggests that group work with the victims of illegal substance use can be a powerful method for changing behaviour and attitudes. Group work programmes facilitated by social workers include life skills, anger management, and substance use. Individual and group work processes are recorded and filed in individuals' case files (Zibi, 2022:56). Social work services and programmes empower the victims with social functioning skills and help them resolve their own issues (Murhula & Singh, 2019:12).

2.5 THE ROLE OF THE FAMILY IN THE SOCIAL REINTEGRATION OF SUBSTANCE USERS

The role of the family is crucial in the social reintegration of substance users. Families can provide essential support, understanding, and motivation for individuals recovering from substance use (Mohasoa, 2017). The key aspects of the family's role in social reintegration are discussed below:

- **Emotional support**

Families offer a foundation of love and understanding, helping individuals in recovery feel accepted and valued despite their past struggles (Naidoo & Mkize, 2012:31). Family support provides emotional stability during the challenging phases of recovery, reducing feelings of isolation and loneliness (Nel, 2017:14).

- **Encouraging treatment engagement**

Families play a vital role in encouraging and facilitating their loved one's engagement in treatment programs, whether it is outpatient counselling, inpatient rehabilitation, or support groups (Nel, 2017:14). Involvement in family therapy sessions enhances communication and understanding among family members. Thus, fostering a more supportive environment for the person in recovery (Sanjoy, 2017).

- **Creating a sober living environment**

Families also contribute to social reintegration by creating a home environment that minimises triggers associated with substance use (Naidoo & Mkize, 2012:31). This may involve removing alcohol or drugs from the household. A stable and structured home environment promotes a sense of security and routine, which is beneficial for individuals in recovery (Nel, 2017:14).

- **Education and awareness**

Families benefit from educating themselves about addiction, its causes, and the recovery process (Singh, 2014:22). This knowledge helps them provide informed and empathetic support. Families can learn to recognise signs of potential relapse and be proactive in seeking help or implementing preventive measures (Naidoo & Mkize, 2012:31).

- **Promoting social connections and modelling healthy behaviour**

Families support the development of positive social connections outside the family unit. Healthy relationships contribute to a broader support network (Zibi, 2022:67). Encouraging participation in sober activities and events helps individuals build a social life that doesn't revolve around substance use (van der Voordt & Jensen, 2023:39). Families can model and promote healthy behaviours, including stress management, effective communication, and the pursuit of personal well-being (Fernandes & Mokwena, 2016:155). Families assist in addressing co-occurring mental health issues by encouraging and supporting treatment for any underlying psychological conditions (Zondi, 2012:764).

In summary, the family's role in the social reintegration of substance users is multifaceted. From emotional support to practical assistance and communication, families can create a nurturing environment that enhances the individual's chances of sustained recovery and successful reintegration into society. Collaboration between the individual, the family, and healthcare professionals is essential for a comprehensive and effective approach to recovery and social reintegration.

2.6 CHALLENGES FACED BY SOCIAL WORKERS IN RENDERING SERVICES TO YOUTH ABUSING ILLEGAL CHEMICAL SUBSTANCES

There are general challenges that social workers face regardless of where they perform their duties. A recent account of such challenges faced by social workers are as follows: growing bureaucratisation, lack of resources, role ambiguity and intense contact with the clients (Khanyi & Malesa, 2022:31). Social work, as a caregiving profession, has professionals as its main instrument. Hence, the quality of service they provide is a key element in reaching their external goals, which is improving the social wellbeing of the public (Nimegeer, Farmer, Munoz & Currie, 2016:176). Social workers working with youth who are abusing illegal chemical substances face a range of challenges due to the complexity of the issues involved. These challenges span individual, familial, societal, and systemic levels (Zibi, 2022:78). Understanding these

challenges is crucial for developing effective interventions and support systems. Some common challenges faced by social workers in this context are discussed below:

- **Stigma and labelling**

There is a pervasive societal stigma associated with substance use, and youth may face judgment and labelling (Madisha & Skhosana, 2022:445). Social workers need to address and counteract this stigma to create a supportive environment. Youth may fear legal consequences associated with substance use, leading to reluctance in seeking help. Social workers must navigate these concerns to encourage engagement in treatment (Cele, 2021:101).

- **Resistance to treatment**

Resistance, denial, and lack of motivation also contribute towards the difficulties associated with the social work profession (Nimegeer *et al.*, 2016:176). Youth may be resistant to acknowledging their substance use issues or may be in denial. Convincing them to engage in treatment and support services can be a significant hurdle (Zibi, 2022:78). Social workers often encounter a lack of motivation among youth to commit to long-term treatment, which can impact the success of interventions (Brankovic, 2019:138).

- **Family dynamics and limited community support**

Family dynamics such as dysfunctional family environments can contribute to substance use issues (Campbell, Phillips & Campbell-Phillips, 2020:141). Social workers need to navigate complex family situations, including dysfunction, lack of support, or enabling behaviours that may hinder the rehabilitation process (Cele, 2021:101). Engaging families in the treatment process can also be a challenging task, especially if there are strained relationships or a lack of understanding about the role of families in the recovery process. In other words, there is limited family engagement in the process of rehabilitating the victims. The perception of the community toward substance use can influence the support available to youth. Social workers may face challenges in building a community that fosters recovery and discourages substance use (Comfort, McKay, Landwehr, Kennedy, Lindquist & Bir, 2016:788). The scarcity of community-based resources for youth rehabilitation can hinder the development of comprehensive support networks (Chikadzi, 2017:288).

- **Job requirements**

Job requirements include increasing paperwork, excessive caseloads, dealing with difficult clients, staff shortages and irregular supervision (Swanzy, 2020:41). Social workers play a crucial role in addressing societal challenges and promoting well-being, but they often face significant challenges in meeting job requirements (Brankovic, 2019:138). The multifaceted nature of social work demands a diverse skill set, including strong communication skills, empathy, cultural competence, and the ability to navigate complex bureaucratic systems. Social workers frequently encounter challenges in managing heavy caseloads, grappling with limited resources, and addressing the unique needs of diverse populations (Campbell et al., 2020:141). Additionally, staying abreast of ever-evolving social policies and legal frameworks poses an ongoing challenge. The emotional toll of the profession, dealing with trauma and crises, further underscores the demanding nature of the job. Despite these hurdles, dedicated social workers continue to make meaningful contributions to the betterment of individuals and communities, highlighting the resilience and commitment required to navigate the dynamic landscape of social work (Swanzy, 2020:41).

- **Government's inadequate funding of welfare service and lack of resources**

Resource disparities are some of the main challenges faced by social workers to achieve their primary goal (Geyer, 2021:356). Limited access to quality healthcare, mental health services, and substance use treatment facilities can hinder the effectiveness of social work interventions (Ivanoff et al., 2017:11). In addition, economic challenges, or barriers, such as poverty and lack of insurance, may restrict access to essential services and contribute to the perpetuation of substance use issues (Kheswa & Lobi, 2014:610). Several scholars have established how social work services are negatively affected by inadequate funding for welfare services (Khwela, 2014:38; Geyer, 2021:356).

The South African government makes provision for rehabilitation (aftercare and reintegration) services within the Integrated Service Delivery Model (ISDM) and the Prevention and Treatment of Substance Use Act 70 of 2008 (Zibi, 2022:61). Moreover, cabinet also adopted the NDMP as a barometer of time commitment and performance of government and its citizens in the field of substance use (van der Voordt & Jensen, 2023:29). The NDMP stipulates the roles that different national institutions should play

in addressing illegal chemical substance use. Although the NDMP 2006-2011 outlines that all provinces must have local drug action committees which should aim to address substance use, it does not stipulate, in contrast to the ISDM, aftercare services or its importance in the services delivery chain. Khanyi and Malesa (2022:32) hold the view that rehabilitation, which includes aftercare, is often treated as optional and add-ons in the mentioned policy and, therefore, do not pressurise social workers in the employ of government to provide aftercare services. In addition, NGOs appear reluctant to render aftercare and reintegration services due to, among others, limited funds, and resources.

- **Role uncertainty**

Role ambiguity poses a significant challenge for social workers as they navigate the complexities of their profession (Cele, 2021:101). According to Motloba and Makwakwa (2018:28), the diverse and evolving nature of social work often leads to unclear expectations and undefined boundaries in their roles. Social workers may find themselves contending with a broad spectrum of responsibilities, ranging from direct client care to administrative tasks and advocacy initiatives. Dada et al. (2017:116) further submit that this lack of clarity can create stress and uncertainty, impacting job satisfaction and overall effectiveness. Moreover, as social workers interface with various stakeholders such as clients, agencies, and communities, the ambiguity in their roles may lead to conflicting expectations and potential ethical dilemmas (Haysom et al., 2018:22). Navigating these uncertainties requires adaptability, strong communication skills, and a commitment to ongoing professional development, as social workers strive to define and assert their roles amidst the fluid and dynamic landscape of social work practice (Lebese et al., 2014:330).

- **Intense contact with the clients**

According to Singh, McCann, Weber, Gonzalez and Alzate (2018:250), the intense contact with clients represents a dual-edged challenge for social workers, demanding a delicate balance between empathetic engagement and self-care. The depth of client interactions is vital for understanding and addressing the complex issues that individuals and communities face (Geyer, 2021:356). However, this level of emotional involvement can lead to vicarious trauma and burnout, as social workers absorb and carry the burdens of their clients. The continuous exposure to distressing narratives and challenging circumstances can take a toll on the mental and emotional well-being

of social workers, underscoring the need for robust support systems and effective coping mechanisms within the profession (Zibi, 2022:71). Establishing professional boundaries becomes essential in managing the intensity of client contact, ensuring that social workers can provide the necessary support while safeguarding their own mental health and resilience in the demanding field of social work.

- **Social workers' preparedness to render social support to persons with substance use challenges.**

It is worth noting that the focus of the study was on social workers as the key role players in rendering services to the youth with substance use challenges. The report by Manganyi (2015:50) suggested that social workers are not prepared enough in terms of training and workshops to provide drug-dependency treatment. Chemical substance use remains a major health and social problem globally and in SA (Madisha & Skhosana, 2022:442). Considering the drug-use-related challenges faced by South Africa's youth, there is a need to design and implement robust interventions to mitigate the impact of chemical substance use. Social workers are not prepared enough to provide drug-dependency treatment to persons with substance use challenges (Singh et al., 2018:250). Following on the systematic analysis of several qualitative articles, the findings highlight that social workers need urgent intensive training and resources to execute their tasks effectively in the field of substance use (Schneider, 2018:100).

The study by Maluleke (2014), therefore, emphasises the need for workshops and specialisation in the field of substance use. According to Tam et al. (2018:399), treatment of substance use, particularly in youth assessment, is a highly specialized practice, so the social worker needs to be highly experienced and willing to provide such social welfare services. Treatments for chemical substance use and addiction have undergone dramatic changes in recent years. Therefore, social workers need to have up-to-date knowledge and access to chemical substance use treatment services provided at different levels of care, screening service users, providing brief educational courses on substance use, giving advice, and making referrals to treatment facilities (Velasquez et al., 2016:15).

Several researchers are of the view that, although the DSD outlines the standards for social work practice with chemical substance users, it does not address social workers'

preparedness, experiences, and challenges in working with adolescents who use chemical substances (Malmberg-Heimonen et al., 2016:1368; Shokane, Makhubele, Shokane & Mabasa, 2017:58). This means that social workers may lack the training and resources to effectively provide substance use treatment. They need to have knowledge of and access to addiction treatment and social welfare services providing different levels of care (Schneider, 2018:100).

- **Aftercare services**

Ensuring a seamless transition between different levels of care, such as moving from inpatient to outpatient services, is a crucial process for the continuity of care. However, this can be logistically challenging (Strydom & Roestenburg, 2021:133). Maintaining engagement in aftercare services and follow-up appointments poses challenges as youth may face barriers such as transportation issues, lack of motivation, or competing priorities (Schurink et al., 2021:400).

Addressing these challenges requires a comprehensive, collaborative, and culturally sensitive approach. Social workers must work closely with other professionals, including healthcare providers, educators, and family members, to provide holistic and effective support for youth facing substance use issues. Advocacy for policy changes that enhance access to resources and reduce stigma is also an important aspect of the social worker's role in this context.

2.7 CONCLUSION

This chapter provided a comprehensive literature review on the related variables under investigation. It covered relevant aspects related to the topic of the study that were discussed in depth in the aim of having a broader view of the youth abusing illegal chemical substances and the work of social workers. The next chapter presents the research methodology employed in this study with the purpose of achieving the aim of the study.

CHAPTER 3

APPLICATION OF THE QUALITATIVE RESEARCH PROCESS

3.1 INTRODUCTION

The focus of this chapter is on the research methodology the study undertook. An explorative explanation was on the research design, research method as well as data collection. Furthermore, a detailed description of the methods of data analyses, methods of data collection and data verification is outlined in this chapter.

3.2 RESEARCH METHODOLOGY AND APPROACH

3.2.1 Research methodology

A research methodology refers to the approach that was used to seek a solution to the presented research problem. It provides design, guidance, and direction to how the research will proceed and answer the research questions (Mukherjee, 2019:20). The research methodology consists of an approach and design of the study.

3.2.3 Research approach

Research approach can be understood as the procedure researchers undertake when conducting research (Kankam, 2019:165). The approach consists of designs and structures that were used to engage in a study. Furthermore, in simpler terms, the research approach can be noted as a procedure used to gather information for a study. In addition, a research approach is undertaken to acquire an understanding of a subject or matter in its natural setting (Crowe, Cresswell, Robertson, Huby, Avery & Sheikh, 2011:1). Jobin and Turale (2019:314) state that it is important to choose a relevant approach to a study to fit the question under investigation. Importantly, the authors added that the theoretical framework and the methodology to be used should correspond with the study participants. This is to ensure that the feedback of experiences provided can be successfully exposed.

According to Saunders, Lewis, and Thornhill (2016:165), there are a variety of options for the type(s) of research approaches to use namely qualitative, quantitative or a mixed-method approach. The qualitative approach was used for this study as the researcher wished to investigate the central phenomenon in greater depth and detail. Furthermore, the researcher aimed to foster openness, stimulate the participant's personal experiences, find trends in thoughts and opinions, and go further into the problem. A qualitative approach is defined by Haven and Van Grootel (2019:232) as an inductive process of categorising data and recognising patterns among categories. Non-numerical data and data collection distinguish the qualitative approach through interviews (Saunders et al, 2016:165).

The researcher employed the qualitative research method, where the researcher was provided with the opportunity to question and listen to participants responding to the issue being investigated, in their own words. Social workers working in the substance use section were relevant for the study as they expressed real information of their lived experiences regarding the research topic.

3.3 RESEARCH DESIGN

A research design is an outline that provides the study with a structure and direction of how all aspects of the research venture will address the research question (Baran & Jones, 2016:67). According to Cohen, Manion and Marrison (2018:175), it is important to have a research design when conducting research. It assists in having a research purpose, relevant obtained evidence, and answers to the research question. There are four major types of qualitative research designs: phenomenology, case study, grounded theory, narrative, and ethnography. Other research designs include information explorative, descriptive, and contextual research designs. This study adopted a descriptive phenomenological research design because of its ability to provide a rich and detailed view of human experience. The researcher had to be objective and free from bias when interpreting the data for the phenomenological study to be successful. The researcher had to acknowledge that all participants are different and have different views during the face-to-face interview conducted.

Phenomenological research studies attempt to discover and describe people's lived experiences to have a deeper understanding (Cilesiz, 2011:492). The approach assisted the researcher to understand human occurrences as they experience them,

and it involves immediate investigation from participants, aiming to receive a natural presentation of the study (Sadang, 2021:156).

3.4 RESEARCH METHODS.

3.4.1 Study population

Population refers to the individuals that the researcher is interested in, to conduct a study (Marczyk, Geoffrey, De Matteo & Festinger, 2021:18). Lu and Franklin (2018:1539) state that when identifying a population for a study, it should relate to the research question and have the qualities to influence the research results. The social workers employed by the DSD and SANCA in the Vaal Triangle area are the study population for this study.

The researcher chose this area as it is a familiar area. The researcher is employed at the DSD, Sebokeng office and has contact with participants on daily basis. As stated in the rationale of the study, the researcher has contact with social workers from the substance use section and during conversations about work related matters, these social workers express their stresses and achievements of which the researcher wishes to disclose to the public, upcoming social workers and as well as to the employer.

Furthermore, the researcher resides in an area known for using, selling and distribution of illicit drugs. This area is Vanderbijlpark CW2, that is where the SANCA offices are situated. The struggle of the youth abusing illicit substances in the Vaal Triangle is seen daily and the current study will greatly contribute to literature as the experiences of social workers working with youth abusing illegal chemical substances has not been explored in this area of interest.

3.4.2 Sample size

The sample size refers to the number of participants the researcher will work with (Geoffrey et al., 2021:18). Fifteen participants formed part of the study. The researcher could not reach all social workers and study their experiences, but only a particular population subset. Therefore, for this study, the researcher collected data until data saturation point was reached. Data saturation is a process where no more data can be collected for a study because any further data collection will not produce value-

added insights. Thus, there are no new themes, problems or findings that have changed from one person to another during the conduction of the interviews (Kerr, Nixon & Wild, 2010).

The sample size was determined as follows:

- The researcher interviewed two social workers for the pilot study and interviewed fifteen social workers for the overall study.
- Two social workers were from SANCA, six from DSD Vereeniging service point and nine from DSD Sebokeng service point.

Data saturation was determined by the researcher during interviews when the gathered information from participants started being repetitive. Aguboshim (2021:180) advise that when a researcher's data collection approaches a point of declining returns and no more new data is being collected, the phenomenon known as data saturation occurs. Most of the participants had similar responses to questions, therefore no further participants could be taken in to form part of the study.

3.4.3 Sampling

Sampling consists of two techniques, namely, probability sampling and non-probability sampling. Non-probability is the chosen technique for the current study and can be understood as a method used to investigate a real-life occurrence using a small sample (Taherdoost, 2016:22). Purposive sampling, a type of non-probability sampling, refers to a method in which the researcher selects participants for a particular purpose. The participants should be specific and match the characteristics of the research problem being investigated (Taherdoost, 2016:23). Using the purposive sampling method, the researcher chose social workers working within the substance use section. The criteria for the selection of participants for the current study are outlined in Table 3.1 below:

Table 3.1: Criteria for the selection of participants

Inclusion criteria	Exclusion criteria
1 year and above of work experience	Managers and supervisors
Social workers from the DSD and SANCA	1 year and below of work experience
	Auxiliary social workers

Neither managers nor supervisors took part in the study and all participant's work experience was a year and above. All participants interviewed were qualified social workers.

3.5 DATA COLLECTION

3.5.1 Method of data collection

There are several ways of collecting data, depending on the research approach. As this study focuses on the qualitative research approach, interviewing social workers is a method to collect data. Korstjens and Moser (2018:13) broaden the definition of an interview as an interaction between an interviewer and participants. It is done face-to-face or telephonically. An interviewer asks the participants open-ended questions related to their past or present situations, on either personal or professional aspects. Similarly, an interview is described as a process where an interviewer finds out information or an expression from another person to understand their world experience, how they think, act, feel and grow as individuals (Brinkmann, 2013).

The researcher made use of semi-structured face-to-face interviews to collect data. Semi-structured interviews are in-depth interviews where participants will have to answer open-ended questions focused on solving the desired issue. In this way, answers will be addressing the research question (Jamshed, 2014:87).

Interviews were recorded using a phone, and the interviewer took notes as the interview progressed. The notes were put together with the consent forms, which were later used to verify recorded information when transcribing data. This process assisted the researcher to surely verify that no other information was added. Harvey (2015:11) explains that recording during an interview gives the interviewer more time to listen to the participant and focus less on writing down. This gives the interviewer more time to conduct the interview and finish on time. Furthermore, it helps the researcher to capture more information as compared to when the researcher is only writing.

A letter was sent to the DSD to request for permission to interview their employees (see appendix 1). A letter was sent to SANCA as well, to request permission to interview their social workers. This process took place after the researcher received the ethical clearance certificate from UNISA. The clearance certificate was then

submitted to the responsible managers and supervisors of the substance use section at DSD as well as SANCA management in a form of proving the validity of the study and seeking for approval. After the approval from the seniors was obtained, the participants were informed verbally and in detail about the researcher's study. This was done prior to them receiving the letter requesting their participation, attached as Appendix 4.

3.5.2 Pilot Study

A pilot study refers to a small scale of participants gathered to take part in a planned study to test various aspects of the methods planned for a larger investigation. Such a small scale allows the researcher to assess the success of the study so that where there might be problems, changes are made before a larger scale of participants is recruited. Pilot study ensures methodological rigour (Doodly & Doodly, 2015:1). The pilot study consisted of two participants from the Department of Social Development. One from Vereeniging Office and one from Sebokeng office. Pilot study participants were chosen from DSD only seeing that there are many participants there and not SANCA with only two social workers employed. The process of the pilot study was carried out as follows:

- The researcher interviewed two participants who met the criteria for the pilot study.
- The purpose and the process of the study was explained to the participants, before being provided consent forms to sign.
- At the end of the interview, each participant was asked to rate the overall interview process. The participant's responses did not differ much as they expressed that they are satisfied with the questions and duration of the interview. The participants also stated that they felt that they were debriefing.
- The two participants of the pilot study did not form part of the fifteen participants that were interviewed for the actual research study.

According to Malmqvist, Hellberg, Mollas, Rose and Shevlin (2019:3), a pilot study should aim to identify the need to change questions or other procedures that do not elicit appropriate responses or that do not allow the researchers to obtain rich data.

The researcher was able to make adjustment to the research study before the commencement of the actual study as noted below:

- The time set for the interview to take place was changed from between 45 to 60 minutes to 30 minutes per interview.
- the third and fourth questions were also adjusted to have detailed responses from the participants. The initial questions were as written as follows:

Do you feel that your employer provides sufficient support concerning the services you are rendering? Please explain.

Do you feel that your supervisor and manager provide you with enough support to achieve your daily job objectives? Please explain.

The two questions were adjusted as follows:

- Please explain how your employer provides sufficient support concerning the services you are rendering.
- Kindly explain how your supervisor and manager provide you with enough support to achieve your daily job objectives.

3.5.3 Preparation of data collection and preparation of participants

Before the interview, the researcher explained the purpose of the interview to the participants. The researcher further explained that scribing will take place during the interview and that the phone will be used as a recorder. The phone was on pilot mode to avoid oncoming calls during the interview. The researcher informed the participants that they are not forced to partake in the interview and that they can withdraw from the interview at any time.

The participants chose to continue with the interviews and the researcher made the participants feel comfortable during the interviews by interviewing them at a place they felt comfortable in. Two participants requested to be interviewed at their respective homes where the researcher had to travel to. The rest of the participants were interviewed in their respective offices, for privacy. The researcher provided the participants with a consent to sign before asking questions. The researcher asked the participants whether they had anything to ask before proceeding with the interview to make a connection with the participants and make them feel at ease. According to Jacobs and Furgerson (2012:6), making a connection with the participants enables

them to share more information which provides data for the research. Furthermore, not making a good connection puts the researcher at risk of not getting real answers, thus leading to incomplete research.

3.5.4 Role of the researcher

According to Harvey (2011), the role of the researcher in a qualitative study is a vital one as the researcher is the main instrument of the data collection. Data is then obtained by the researcher from participants.

The researcher as the main instrument of the research study, was able to recruit participants through the correct channels. During the interviews, the researcher was able to present questions to the participants and receive answers. The researcher listened attentively, probed further where needed and gave the participants a fair chance to respond. Clarity seeking questions were also asked during the interview. The researcher was actively involved in the interview, and this indicated to the participants that the researcher is interested in what the participants were saying.

Throughout the interview, the researcher treated the participants with respect by adhering to their requests to remain anonymous. The researcher further encouraged full participation from participants through listening and probing.

3.5.5 Interviewing skills

Interviewing encompasses two important skills which are interpersonal and communication skills. Both skills highlight the necessary verbal and non-verbal cues that a researcher needs to be aware of when conducting interviews. The following skills were noted, active listening, active silence and reflecting (Brédart, Marrel, Abetz-Webb, Lasch, & Acquadre, 2014).

Active listening refers to an activity where an interviewer is not a passive participant but listens and understands expressed responses by the participant. An active listener organises and evaluates given information and notes the relevant information. This activity also allows the interviewer to be more involved by rephrasing and asking questions in-between (Conpolat, Sekvan, Yildirim & Conpolat, 2015:165). Silence is an activity that allows a pause during the interview, granting the participant sufficient time to reflect on the question directed to him or her (Qu & Dumay, 2011:249). Reflecting

is a skill that entails the interviewer asking a participant question, following what the participant answered, using phrases, and capturing words that the participant has used (Passmore, 2011:50).

During the interview, the researcher was able to listen to participants and in between the researcher was also nodding her head as a form of non-verbal communication towards the participants. Such communicated that the researcher is listening to the participants and thus encouraged them to continue talking. Furthermore, the researcher asked questions in between to seek clarity as well as seeking additional answers to the presented questions.

3.6 DATA ANALYSIS METHOD

Data analysis is a process that entails recording or writing down information, engaging in the data provided to gain an understanding of the phenomenon and eventually linking the elements of data and form themes to develop theory (Smith & Firth, 2011:3). Data was analysed using the Thematic analysis method. According to Braun and Clarke (2012:57), thematic analysis is a qualitative method of analysis that allows the researcher to organise, form patterns, and identify relevant themes to produce answers to the research question. The process of thematic analysis was addressed as follows:

- The researcher read through the drafted data and listened to the recordings one by one.
- The researcher then prepared the data by typing and organising it to make sense without removing the actual response of the participants.
- Once all fifteen interviews had been typed, the researcher listened to the recordings again, reading through what has been typed to ensure that what is being said on the recording was transcribed word for word.
- Typed interviews were then provided to an independent coder to proceed with the coding process and writing of the report. The coder is a former Professor at the University of South Africa.
- The coder was able to extract themes and sub-themes.

- Furthermore, the coder completed a full report on the chosen themes that the researcher later analysed and formed chapter 4 of the study.

Constant communication took place between the researcher and the coder, to ensure that correct responses of the of the participants were coded.

3.7 ENSURING RIGOUR

3.7.1 Data verification method

Ensuring rigour refers to research undertaken where lack of academic misconduct is ensured. Lack of appreciation brings about incomplete results to a study (Sander & Woodward, 2014:185). On the other hand, it is mentioned in literature that scholars believe that trustworthiness and authenticity are the best approaches to measure the rigour of research (Bryman, Bell, Hirschsohn. du Tiot, Masenge, van Aardt & Wagner, 2014:45). These authors suggested that the following concepts or methods can be followed to verify data: Credibility, transferability, dependability, and conformability. The methods of data verification are explained below:

3.7.2 Credibility

Credibility refers to a researcher researching according to the laws set as it is considered as good practice. The researcher is expected to provide his or her findings to the participants for them to confirm that the researcher has heard and understood their responses during the interview. Such is conducted through two techniques, namely:

(1) Participant/validation member: The researcher provided each participant with a copy of the recording taken during the interview and the results of the study. This was to ensure that the researcher has not altered the words of the participants and that the researcher's work correlates with the experiences elaborated by the participants (Bryman et al., 2014:44).

(2) Triangulation: In this instance, the findings of the study were cross-checked to ensure that they are reliable and valid. It assisted in verifying that the researcher did not misunderstand what was said during the interview (Bryman et al., 2014:44).

3.7.3 Transferability

The researcher interviewed social workers from different offices but working in the substance use section. These participants shared characters because of the sections they are employed in (Bryman et al., 2014:44).

3.7.4 Dependability

From the beginning to the end, the researcher's work was audited by the researcher and supervisor to determine whether good practice was followed during the research. All records are kept together and made accessible to auditors; such will determine the validity of the conclusion reached, based on evidence and reasoning (Bryman et al., 2014:45).

3.7.5 Confirmability

Confirmability refers to other researchers confirming the study findings to be true and whether the researcher's values did not influence the findings of data obtained from the participants. The participants were able to express their views without any interference. The degree to which other researchers can confirm the research findings are valid and reliable (Bryman et al., 2014: 45).

3.8 CONCLUSION

The chapter addressed the research methodology that was used in the study. The sampling methods, how data was collected, ethical consideration, data analysis and verification of the data obtained. The next chapter presents the findings of the research study.

CHAPTER 4

BIOGRAPHICAL DATA AND RESEARCH FINDINGS OF THE STUDY

4.1 INTRODUCTION

This chapter is a presentation of biographical data of participants as well as results of the research study. The results have been coded by an independent coder and analysed by the researcher. Six themes, fourteen sub-themes and two categories emerged from the coding and extracts from interviews conducted are compared to existing literature. The biographical information outlines the age, gender, and years of experience of participants.

4.2 BIOGRAPHICAL INFORMATION OF PARTICIPANTS

Table 4.1 presents the biographical information of participants that were part of the study. Indicated in this table is the participant's code, gender, age, race, year of experience being a social worker and the year in which the degree was obtained. The home language and office of employment of the participants were also included.

Table 4.1: The biographical information of participants

Participant's Code	Gender	Age	Race	Home language	Office of employment	Year of Social work degree	Years of work experience
1	Female	37	African	Sesotho	Vereeniging Office	2013	9
2	Female	29	African	Sesotho	Sebokeng Office	2013	9
3	Female	47	African	Isizulu	Vereeniging Office	2018	4
4	Female	31	African	Sesotho	Sebokeng Office	2014	8
5	Female	48	African	Sesotho	Sebokeng Office	2018	4
6	Male	35	African	Sesotho	Vereeniging Office	2014	8
7	Female	46	African	Sesotho	SANCA	2005	6
8	Female	45	White	English	SANCA	2019	3
9	Male	28	African	Isizulu	Sebokeng Office	2016	6
10	Female	34	African	Sesotho	Sebokeng Office	2015	7
11	Female	46	African	Xhosa	Vereeniging Office	2014	8
12	Female	37	African	Isizulu	Vereeniging Office	2019	1

13	Female	49	African	Sesotho	Vereeniging Office	2015	4
14	Female	30	African	Isizulu	Sebokeng Office	2016	6
15	Female	30	African	Sepedi	Sebokeng Office	2015	7

All the participants worked in the Vaal Triangle area, two of which are employed at SANCA Vanderbijlpark office and the remaining thirteen are employed at the DSD, Sebokeng and the Vereeniging offices. As stipulated, the participants differ in terms of all characteristics.

4.2.1 Gender of participants

Participants in the study were thirteen females and two males. Gally (2020:11) noted that since social work has long been regarded as a non-traditional field for men, it has traditionally been dominated by women in both academic and professional settings. With that said, it is evident from the conducted study that the social work profession is a female dominated profession.

4.2.2 Age of participants

The researcher interviewed participants ranging from the ages of 28 to 49 years. The statistics reveal that majority of the participants were between the ages of 28 to 35 years and between the ages 41 to 49 years. The least participants were between the ages of 36 to 40 years old.

4.2.3 Race of participants

Fourteen of the participants were black people, which is the race that is dominating in the Vaal Triangle and within the DSD. There was only one white participant from SANCA.

4.2.3 Ethnicity of participants

There was only one Xhosa and one Sepedi speaking participants. The second largest group in the study and which is located at the DSD offices are the Zulus. The Sesotho speaking participants constituted most of the participants and they found at SANCA and DSD offices.

4.2.4 Years of working experience

The years of working experience of the participants ranged from one year to nine years, with most participants in the range seven to nine years. As stipulated under the

criteria of participants, participants needed for the study were strictly social workers working in the substance use section for one year and more.

4.3 DISCUSSION OF THEMES, SUB-THEMES AND CATEGORIES

This section presents the findings of the study as themes that have emerged from the results obtained through face-to-face semi-structured interviews conducted with 15 social workers working with the youth abusing illegal chemical substances. The aim of the study was to explore the experience of social workers working with the youth abusing illegal chemical substances in the Vaal area. Each theme is accompanied by a series of sub-themes and only theme one had two categories supported by storylines derived from transcripts. Below are tabled themes, sub-themes, and categories.

Table 4.3.1: Themes, sub-themes and categories from interview results.

Themes	Sub-themes	Categories
1: Participants' descriptions of professional and personal experiences about the youth abusing illegal chemical substances	1.1: Participants' professional experiences 1.2: Participants' personal experiences	1.1.1: Benefits of working with service users 1.1.2: Professional challenges
2: Participants' motivation for working with service users		
3: Participants' support from managers and supervisors	3.1: Nature of support provided by managers and supervisors 3.2: Lack of support from managers and supervisors 3.3: Debriefing of participants	
4: Participants' descriptions of their caseload	4.1: Heavy caseload 4.2: Factors influencing caseload size	
5: Participants' views on the resources to facilitate service delivery	5.1: Available resources 5.2: Limited resources	

	5.3: Participants' views on rehabilitation centres 5.4: Effects of inadequate resources for service delivery	
6: Participants' views on areas that require improvement	6.1: Policy, management, and administration 6.2: Human resources, training, service delivery, driving responsibilities, halfway houses, and salaries 6.3: Collaboration with other stakeholders	

THEME 1: PARTICIPANTS' DESCRIPTIONS OF PROFESSIONAL AND PERSONAL EXPERIENCES ABOUT THE YOUTH ABUSING ILLEGAL CHEMICAL SUBSTANCES

Participants working with the youth abusing illegal chemical substances had both positive and negatives experiences to share regarding their lines of duty. Some of the positive experiences included having to change a person's live for the good and for their own personal growth as parents. The negative experiences among others included participants feeling that they are not being supported and are expected to work miracles with clients.

Sub-theme 1.1: Participants' professional experiences about the youth abusing illegal chemical substances.

Substance use has been described as an evolving pandemic. Cases dealt with by social workers are unique, not only does a case consist of substance use but can have other matters involved. One participant noted the following in this regard:

In my eight years that I have been here, I only have two clients who are sober up until today. Another thing is that substance use is an evolving pandemic. Yes, it is an evolving pandemic and there is not much support per ser. It doesn't even have clear steps on how to approach it. You just do the best you can and again another reason is that each case is unique. Yes, it might be related to substance use but when you probe and investigate further, you find that there are issues that needs attention before dealing with substances. Those issues led one to substance use but up until today I have realized that substance use is an evolving pandemic. (P4, female 31 years)

The participant highlighted that substance use in an evolving pandemic. Similarly, Krahn (2017:11) noted that illegal chemical substance use is so persuasive, it is an epidemic that affects everyone in society, especially the most vulnerable population such as children. Cole (2018:2) also indicated that by addressing co-occurring disorders and providing necessary assistance for the social and environmental difficulties associated with substance use, social workers play a crucial role in this regard through tackling the present drugs epidemic concerns.

Another participant also raised issues relating to substance users returning from rehabilitation centres needing skills development facilities to attain skills and find employment. Only a small number of substance users are enrolled and find employment because majority have dropped out of school. The extract below explains further:

There are four [clients]. They are working, two of them are from a skills development center in Zone 8. After that they were linked with a certain development company building houses and there, they are safe. They are four out of ten; why four out of ten? [asking herself-a rhetoric question] Remember, these people have dropped out of school, they don't have matric. Some of them left school in Grade 9, Grade 8, Grade 7, and Grade 6. They are all grown now you cannot get them back to school. They are no longer interested in education. ... When you took him to a rehabilitation, you saw physically how he was and then you send him two, three months or after six weeks he comes back, he is a different person physically and mentally. Like you could see that this person has taken medication, was eating properly and everything. (P3, female 47 years)

The participant can count the number of clients she has worked with and are now employed, they are not a lot and there are some aspects linked to them being absorbed in the workplace. Those that have attained skills development find employment after being linked to relevant organizations. Literature found supports the notion of employment, but it is not easy hence the low number of employment rate. Similarly, McKay (2017:2) alluded that for many, the chances for meaningful employment that pays a good wage are dim due to a lack of education and work experience. Furthermore, Illicit drug use was associated with worse employment outcomes. Those with the greatest rates of illicit drug use were the least to obtain employment. For patients who continue to engage in high rates of illicit drug use and are crucially working towards reducing drug use may have the added benefit of improving employment outcomes (Holtyn, Toegel, Novak & Silverman, 2021:3).

In the extract below the participant raised concerns regarding substance use increasing instead of decreasing. According to Muzi and Ajani (2021:3), despite several interventions that have been undertaken to fight the plague of substance use among the youths, particularly among learners, there has been a significant increase in substance use. Such brings about doubt and the decline of fulfillment in his work. The storylines below attest:

The experience has been fulfilling, but lately it is declining because instead of us having to bring the issues of drugs down, it is going up. Sometimes you find yourself asking questions like "What am I doing...am I the problem?" you understand? Am I the problem or? You question many things, you question the theory that you have used, the interventions, and you end up questioning a lot even after care programs. You send your client for a certain program, for example, so that they equip themselves academically and along the way, they decline. Leaving everything just like that with no reason. The client will not even give you a reason. They are like "no, its fine, I am okay now". If you walk around the neighborhood visiting, you will be like "but, that is my client, he or she is back at that again". So, there are a lot of dynamics. (P9. male, 28 years)

So, on a professional level it's kind of frustrating and I won't lie. Currently, I am feeling a bit demotivated, because it's like I'm not moving forward with making a difference in the community. The very same clients that I mentioned that relapsed, are the ones I'm currently busy with some of them that I have applied for their admission at a rehabilitation centre. So, they were in the rehabilitation centre last year and relapsed. They came back this year and now I need to reapply for them. So, the space that they are currently using could have been a space for someone else you understand... so that is something that is uhm frustrating but it's beyond my control. (P12, female, 37 years)

The participants felt that the work fulfillment is declining due to helping the same people who never progress most of the time. That brings the substance use problem in the country to increase rather than decrease. In a study conducted by Butt, McClean, Turner, Roth, and Rollins (2022:4) regarding health care workers' perspectives on care for patients with injection drug use associated infective endocarditis (IDU-IE), it was found that after IDU-IE repeatedly produced negative results, respondents felt discouraged or despairing, and one hospitalist spoke about the lack of exposure to successful instances.

The experience social workers go through is lightened by the support they give each other. Few participants shared how they seek help from each other and work together as a team, as espoused in the storylines below:

The professional experience is great, especially when you see the difference you are making in a person's life. And getting support from colleagues, sharing the ways to solve difficult cases so that you get the experiences from the colleagues to add on what you have. (P3, female, 47 years).

We do it ourselves and not in a structured manner, we just like in passing you know what there is this case... ohh girl! If it was you, how would you handle this? That's how we debrief. (P3, female, 49 years).

We do not have debriefing; we don't have supervision so that it is a big lack. And in all non-profits, I think you will find it like that in all non-profits. So yes, I would say that is the big lack for social workers in South Africa, there is no access to clinical supervision. I think that is something. So, I do get support from my colleagues, sometimes we talk to each other, but I do not have any clinical debriefing. A few years ago, I think it was about three to four years ago, so I went to a lady that has got a doctor's ... she is a social worker, and she has a doctor's... (P4, female 46 years).

Participants shared that they support and learn from each other in terms of solving cases they encounter. They felt that talking to each other in teams and just around the office helps them to ease the workload and the stresses of difficult cases that they deal with daily. Participants shared a common goal, which is assisting substance use clients, hence they deal with matters in a group so that they get the help they need. Similarly, Dhurup, Surujlal and Kabondo (2016:486) stated that teamwork can significantly increase productivity, efficiency, creativity, performance, and employee happiness. According to Collins (2008:10), social support from colleagues can offset the detrimental effects of workload on burnout. To confirm this assertions, Hartwig, Clarke, Johnson, and Willis (2020:171) expressed that teams must have mutual work goals and a certain amount of dependency to accomplish work tasks, achieve goals and produce results as part of a collective response to bad occurrences.

Other than working together as a team some social workers mentioned the importance of attending trainings to equip themselves and deal better with clients. These assertions were captured in the two extracts below:

Professionally also, remember we go to trainings and in addition talking to the drug addicts we about new drugs and their effects. So, professionally it also helps to know how to tackle some of the issues, how to deal with ... how to support clients fully with their families. So, professionally I have grown as a person, yes, I have grown. (P3, female, 47 years)

When I started, I didn't even know where to start because the program was new, and it had no direction. I feared the substance users because I viewed them as people who

are aggressive and dangerous to be around but through the learning process and throughout the time, I have learned that they are also human. Professionally I have grown and it's getting there even though with substance it's just going around in circles but we're getting there... (P14, female, 30 years).

The participants felt that trainings update and assist them to know how to deal with current matters of substance use. Ahmedani (2018:8) argued that giving social workers better information and training regarding clients with drug use disorders will boost their motivation with that demographic in the real world. Additionally, the most important aspect of the social work curriculum, in terms of creating competent, successful, and moral clinical social workers, is undoubtedly field education (Bogo, 2015:378). Similarly, Van Boekel, Brouwers, van Weeghel and Garetsen (2013:29) mentioned that few studies have found that education and training improve health professionals' attitudes towards and perceived knowledge of treating individuals with substance use disorders. Moreover, training was cited by mental health practitioners as an asset when working with patients who use illicit drugs.

Social workers have undertaken the profession noting that they want to help people. To many the profession is a calling, and they have a passion for it. One participant believes that her purpose on earth is to help people. The extract below attests:

It is stressful. It is interesting because you learn about lots of drugs that someone may not know. It helps you to be able to deal with your own kids. Then what else? Okay uhmm [thinking], since I know my purpose for living, my purpose of being here on earth, is to help other people. (P5, female, 48 years)

In confirmation with the participant, Freeman (2007:277) agreed that it is widely acknowledged that many persons who decide to work as social workers do so because they view it as a calling or vocation. Similarly, in a study conducted by Lévesque, Negura, Gaucher and Molgat (2019:9) on Social Representation of Social Work in the Canadian Healthcare Setting: Negotiating a Professional Identity; a participant responded that "It's like in old times, you know, nuns were dedicated to doing good all around them. For me, social work is a vocation. I imagine that we are comfortable in that role because we're dedicated, we want ... it's like we are made for this."

Category 1.1.1: Benefits of working with service users.

The social work profession may have challenges but there are also benefits. Some of the benefits include the work fulfilment social workers experience from helping clients

become drug free as well as learning from working with substance users. The participant expressed the benefit of gaining knowledge, the extracts below attest:

These are the benefits, at least from out of hundred I have two and those two are a motivation to others who are looking up to them. So, and this unit of substance keeps you on your toes and there is something new that you learn every day. From clients, books, studies so there is always something new. So, there is a lot of knowledge one is learning. (P4, female, 31 years)

Similarly, a social worker from the study conducted by Morazes, Benton, Clark and Jacquet (2010:240) about views of specially trained child welfare social workers responded that “I believe the main reason I continue to work here is that it is lot more satisfying. Also, I continue working in this section because it is so expansive that there is always something new to learn and the job is increasable versatile”. Similarly, Collins (2007), also noted that learning new abilities and information can result in more effective functioning and a strengthening of coping mechanisms for upcoming occurrences.

In the extract below, two participants articulated the fulfillment they get when their clients remain clean from drugs:

The benefits I would say is when people stay sober, they stay drug free. I have a lot of people in my group that are, one is eighteen years, one is 21 years. One 14 years from heroin, one is 6 years from crystal meth. So, a lot of those people you see especially when someone is in the programme, you see how they change after two month or three months being sober. They don't just change physically, but up here as well [pointing at her head], and their relationships improve ... That is very nice, that is the benefit of working and seeing how we change people's lives. Seeing how everything changes, all the dynamics, the family, work, how they have improved and become effective in life is fulfilling. Some of them start studying further, some who have been unemployed got jobs you know, because it is not to say that they don't have skills or abilities. It is because they took a wrong turn and started experimenting with substances. (P7, female, 46 years)

The benefits are there professionally and personally only when the substances users have completed their program and managed to stay clean for a year or even two., it gives one essence of fulfilment seeing your clients remaining clean. (P10, female, 34 years)

Consistent with the findings above, Harr, Brice, Riley, and Moore (2014:1) elaborated that social workers get a sense of fulfillment that drives them to stay in the field and do a good job when they notice an improvement in the standard of living of the person, family, or community they are helping. Baginsky, Moriarty, Manthorpe, Stevens,

MacInnes and Nagendran (2010:4) also found that helping others was the major motivation for respondents to become social workers. They stayed due to fun, dedication, curiosity, coworkers, and a sense of purpose in knowing they were improving people's lives.

Category 1.1.2: Professional challenges

Participants expressed the challenges they experience in their line of work. The challenges differed according to each participant, which entails working with less motivated clients, political interference, and lack of rehabilitation centres amongst others. Participants explained their difficulties when working with substance users, with them not cooperating and dropping out of rehabilitation centres, the extract below attests:

There are a lot of challenges because we are working with people who have to show determination, we don't force them to receive treatment. We also have those who are assisted involuntary but most of the time it is voluntary so, the challenges are commitment. They are not committed, and you just have to be there, sometimes you even have to force them to do whatever they have to do because they're not in their right state of mind, they hallucinate therefore it is difficult to work with them. Those are some of the challenges because you cannot rely on the information, they give you. So, you must go through the family to get proper information some of them they don't have families to support them so it's a bit of a challenge. Then another thing is rehabilitation centres that we are working with, they are limited. (P14, female 30 years)

In the extracts above, participants expressed their difficulties with service user's lack of determination. Chan, Lo, Tam, and Lee (2019:2) referred to the Self-Determination Theory, that it presupposes that an individual has a natural desire to pursue their own progress, wellbeing, and health. They added that with regards to drug use and relapse, the Self-Determination Theory is used to make the case that external motivation alone is insufficient to help someone stop using drugs. In addition, McLellan, Lewis, O'Brien and Kleber (2009:1690) mentioned that since using any drug is a choice act, behavioural control or determination is crucial for preventing dependence from developing.

Social workers are from time to time feeling despondent due to what they encounter while rendering services. According to Grant and Kinman (2014:3), employment in the "helping professions" is emotionally taxing. Numerous work-related stressors have

been identified in studies that aimed to help professionals, both in relation to their roles and the larger organizational setting. One participant described feeling sad with regards to the clients that do not listen and learn from the awarenesses that they render in the extract below:

Professionally, I can say one thing, I feel sad when we do awareness for school children, like they are not aware of the dangers of substances. That's what saddens me the most. When you tell them substances are wrong, they are bad for your health; even dagga because they're not aware they will say "I am smoking cannabis, it is not a drug" you see? It is sad because their still young they hear all those stories of cannabis enhances your brain; can you imagine! It enhances your brain?... imagine a 15... 16-year-old, 14-year-old using dagga? Imagine the dangers it does because the brain is not well-developed. So, when a child tells you that dagga is not a drug it is just... [silent]... I don't know [raising/shrugging? shoulders]. So, it's so sad when you hear those stories. (P13, female, 49 years)

The extract above seems to suggest that being human comes with having feelings that depends on a situation that one encounters and how one responds or reacts to that particular situation (Trevithick, 2014:2). In this instance, the participant is feeling sad that their clients are not aware of the dangers they are putting themselves in by being involved in drugs. Newell and MacNeil (2010:58) elaborated that social workers or other helpful professionals may endure emotional strain because of their constant exposure to their patient's suffering. Thus, from time-to-time social workers master emotional intelligence. Morrison (2007:246) defined emotional intelligence as being able to stay motivated and persevere in the face of setbacks; to restrain impulse and postpone fulfilment; to manage one's emotions and prevent distress from impairing thinking; to sympathize and hope.

With the emotional load that the social work profession carries, additional to that is the load of administration work as expressed in the extract below:

Personally, I enjoy this section, working towards changing people's lives but the administration work involved makes it difficult most of the time. (P10, female, 34 years)

Similarly, Stevens (2008:8) mentioned that the amount of time spent on paperwork grows as caseloads expand. Higher caseloads hinder social worker's ability to respond to clients quickly and make them less responsive to their urgent needs. Moreover, Peters (2017:2) also stated that instead of allowing social workers to apply creativity and an individualistic approach to client care, methods of risk management remove decision-making power from social workers and instead, they overwhelm them with

standardized client questionnaires and excessive documentation. Furthermore, according to a recent description of difficulties, social workers must deal with growing amounts of paperwork, heavy caseloads, challenging clients, staff shortages, and inconsistent supervision (Khanyi & Malesa, 2022:31).

In the extracts below one participant mentioned that families of substance users are motivated for their loved ones to change and not the individual user. Similarly, Meyers, Milller, Hill and Tonigan (1998:292) pointed out that social workers get calls from anxious friends and family members seeking assistance about a loved one's drug problem. Usually, the drug user is unmotivated to change and is frequently taken into substance misuse institutions.

With our work, they need to be self-determined in terms of rehabilitation. When you send them to rehabilitation centres you need to see their motivation and self-determination. The challenge is the families. The family members are the ones for example, mother wants her son to go to rehabilitations centres and you find that the motivation is within the mother and not the client himself or herself. That is the main challenge. The other thing is that rehabilitation centres have their own system of admitting clients and the family. Maybe the mother or anyone will be pushing you to send the client to a rehabilitation centre, and it is not within your power to control space within rehabilitation centres. (P11, female, 46 years)

Working with the youth is challenging, I don't want to lie. Very much so because as much as you are a social worker, you are trying to assist a person, most of them come because of a parent, they are not willing to change. For the parents, I feel they are forcing them to continue with the programme and so they will come for a week and after a week they disappear. We have people who do follow ups, then they will go and check on them. Then they will tell them straight that they don't want to be with SANCA [South African National Council of Alcoholism and Drug Dependence] anymore. (P8, female, 45 years)

The findings indicated that participants come across cases of working with clients that are not ready to be drug free, but their families are ready. Families seek help on behalf of drug users and that impedes the participants' work as they offer services to an individual that does not want to change. In some instances, it is not motivation from the family but the pressures that they apply on the substance user. According to Klag, O'Callaghan, and Creed (2005:1779), family members and friends could exert pressure by expressing their displeasure, emphasizing how the person's actions harm the environment, or giving the substance user an ultimatum to terminate the connection.

In the extract below one participant shared the view regarding the political influence they struggle with in the office during local election times. This highlights the connection that social workers have with politicians. Banks (2020:11) alluded that politics which is derived from the Greek word 'Politika' concerns with states affairs and the functions of government including management, administration, and the exercise of power.

The other challenge is that when the elections are coming, contestants [candidates] will be crowding the office with clients as a way of campaigning and wanting to win people over to vote them in as councillors. They do so not aware that the clients they bring to the office are known to us as social workers, we have worked with them before and still are. So, you cannot just take someone who, you know is less motivated and don't attend sessions if you book sessions for them, they don't pitch up. When the person comes who wants to contest for the position of a councillor, they just bring all of them to the office. That is so challenging. I wish the family, and communities can learn that it is important for the client to show their willingness of being admitted to rehabilitation centres. (P11, female, 46 years)

The findings seem to demonstrate that social workers form part of the larger society of the political world in their line of work. Therefore, it is evident that there will always be contact made between social workers and politicians. Similarly, Dlamini and Sewpaul (2015:473), noted that social workers get involved in political musk as practitioners in the field. Politics form part of a larger function of the government hence the interference with service delivery of social workers. However, it can be highlighted that politicians not only interfere with social workers but the service delivery process. Reddy (2016) noted that municipal service delivery has been negatively impacted by political infighting and related conflicts between the political and management facets of local government in South Africa. Similarly, politicians frequently meddle with the work of public administrators, which slows down the delivery of services to the population (Masuku & Jili, 2019).

Another participant also highlighted that they are expected to be miracle workers in their line of work. The extract below elaborates:

With difficult cases [thinking]... I can say they want to see you as a miracle worker. Like with a difficult case, they will give you this case they put it like it's a ¹Ministerial Enquiry Case can you please deal with it and be quick. Can you like imagine the pressure the social worker is under when she's given a case like that? She is expected to work miracles with the case, but she is on her own ... you're on your own to make sure that the person is served. You are on your own but the support... no... [shakes head] on my side I haven't received any. (P13, female, 49 years)

The extract seems to be consistent with findings in a previous study by Levesque et al. (2019:12), where a participant responded in relation to beneficiaries expecting social workers to be miracle workers: "It seems like the words 'social worker' means the person with the magic wand. So, I would say we are perceived a bit like a magician." The trend of social workers being expected to work miracles is not only in the substance use field but has expanded wherever there is a social worker rendering services. For instance, in the education field, in a study conducted by Csók and Pusztai (2022:13) on Parents' and Teachers' Expectations of School Social Worker; a social worker responded as follows: are quick fixers who typically expect immediate problem solving from the school social worker through a therapeutic approach. "Miracle immediately" (33-year-old female, social worker). One participant had the following to say regarding medication and struggles they come across with psychiatrist services:

Yes, there are challenges in South Africa [nods head], specifically in our area. When we send them [substance users] to hospitals, they would tell us they don't have medication for detoxification. So, that is bad because then I must get a psychiatrist involved and sometimes, they would prescribe methadone or something like that. It is complicated when you have someone that needs to be in hospital and have withdrawal symptoms, ... And sometimes they don't give them medication, which makes it difficult for them and they just want to leave because they go through... an intense physical pain of withdrawal. So, I would say our health care is a bit challenging. (P7, female, 46 years)

Many service users need detoxification which is a procedure that rids the body of substances before beginning therapy. This process is frequently supported by medication to lessen withdrawal symptoms (Maclean, Horn & Cantor, 2020). In

1. ¹ The term *Ministerial Enquiry Case* refers to cases that are queried by the manager of a certain component, in some cases the provincial office of the DSD and are considered to be an emergency to be dealt with.

support of the participant's assertion, Ellis (2012) stated that lack of access to efficient treatment for substance use disorders in many regions of the world, including SA, is a major cause for worry.

The lack of space for admitting clients in rehabilitation centres was raised by one participant. Such creates difficulties in the running of services. The extract below explains:

But here we have got all the medication. SANCA [South African National Council of Alcoholism and Drug Dependence] is very lucky. We have complex cases where you have to get them admitted. And you can't get space immediately at the rehabilitation centers, there is a waiting list. So, if someone is severely ill and there is a health risk, you have to have them admitted. But obviously sometimes, nobody tells social workers that they don't have medication to give patients. So that is quite hectic. (P7, female, 46 years)

The participant expressed the lack of facilities they come across when having to assist their clients, if it is not space at a rehabilitation centre then it is medication. Similarly, Mokwena, Shandukani and Fernandes (2021) mentioned that resources to respond to and meet the needs of persons who require assistance with substance addiction have not risen despite the rise in prevalence of substance use. Furthermore, there are many obstacles to treatment, such as structural and mental ones. The relative shortage of funding for mental health professionals and the relative scarcity of easily accessible facilities for the treatment of substance use disorders are examples of structural impediments (Ellis, 2012).

Few participants uttered their frustration with clients relapsing after the work they put in by assisting them to become sober. The following abstract explains:

There are lots of challenges with substance use, one; they relapse most of the time. Others you find them being sober for five years, but after being sober they can relapse. Working in substance use section is challenging. The youth does not comply with uhmm [thinking] how can I put it? ... they do not comply, especially when we take them to a rehabilitation centre. They will go there, and will complete their program, after completing it they must go for after care, then they don't go. Okay, others you manage to find them, take them to a rehabilitation centre and they abscond. They do self-discharge. It is stressful, and the benefits are less. (P5, female, 48 years)

But the problem is that when they come back from rehabilitation centres, they relapse because now we are bringing them to the same environment, the same community in which they began utilizing substances. So, most of our challenges though, if you can look at the rate of relapse is sky rocketing. Even our communities, have this thing of

stigmatizing and judging individuals. For example, let's say calling him nyaope person, when he comes back, instead of him being accepted in the community, no, he is still being called a "nyaope boy". This judgmental attitude is immature. So, we have a lot of problems, we have drug dealers that we don't deal with. We have users, we have unsupportive communities and families, and the economy as well is not supportive of us as social workers. So, it is usually a headache especially in drug use. If you go out now to different sections in our areas, you will see what I am talking about. (P9, male, 28 years)

What is currently frustrating me now is that I feel like we are going around in circles for example, last year I took to rehabilitation centre about 15 clients and in the first seven months after being discharged, all of them had relapsed. Hence, I'm saying I feel like we are going around in circles. Now some of the things that cause them to relapse is, firstly they go to a rehabilitation centre - we have a six-week and three-month program. So, let me make an example with a three-month program so, they're at the rehabilitation centre for three months remember it's a safe environment, no substance, and no triggers no temptations and then they feel like no I've got this and I'm OK I'm fine and ... we always encourage them that they need to extend their program, but most of them refuse to extend after three months. They go back to the very same environment; the triggers are there and the friends that they left behind are still there at street corners. That house where they were selling substances is still there, that drug dealer at the corner is still there and some of their home environment is also not supportive. (P12, female, 37 years)

... we always say to them, employment is difficult even for graduates. So, they come back, they get frustrated and then within the first two or three weeks they have relapsed. It does not even take that long. I've had clients who when they left the rehabilitation centre, we dropped them at home; that very same day they went and started smoking. (P12, female, 37 years)

Participants felt that they are not doing much to help their clients because of how easily and quickly they relapse. Similarly, Khazaee-Pool, Pashaei, Nouri; Tymoori and Ponnet (2019:2) mentioned that one of the greatest obstacles to overcome in the treatment of drug addiction is relapse, which is brought on by a variety of personal, physiological, environment and societal variables. Furthermore, about half of those who successfully complete substance use disorder treatment return to drug use within a year of release and aftercare programs are rarely connected to them. According to Moe, Moltu, McKay, Nevsag and Bjomestad (2022:743), relapse is the term used to describe a time of significant reduction or abstinence from substance use followed by a return to a previous level of substance usage. Bickel and Athamneh (2020:48) also defined relapse as substance use that interferes with efforts to begin or maintain abstinence. There are many reasons raised by scholars as to why substance users' relapse. According to Chan et al. (2019:3) through their study of Self-Determination

Theory to understand the reasons taken by drug users to relapse; three aspects were found, namely, relatedness, autonomy, and competence. It was found that an individual is likely to relapse when he or she lacks good relationships and support with family and the community members, lacks the willingness to change their lifestyle and lastly when an individual cannot cope with the environment challenges.

The youth abusing illegal chemical substances are said to be causing family conflicts. A family becomes disrupted and there is malfunctioning between parents and sibling relationships as well. One participant explains in the extract below:

My personal and professional experience of working with the youth is that number 1; they cause family conflicts. Most of the time you find that maybe the mother has a soft spot for the child and the father doesn't and some of them receive pocket money for buying drugs from their parents. Which is sometimes when the father finds out that the mother still gives the son money for drugs or daughter, then that causes domestic violence or conflict. Secondly, is that they are... they are good at manipulating. Their manipulative, they are stealing even the things that you think are expensive; for them it is nothing. They can steal valuable things like for example, expensive pots and just sell them for R100, and you find out that those pots cost R15 000. So, they cause chronic diseases for their parents. Other parents complain about high blood pressure, maybe palpitations, stroke, and heart conditions. So, in my experience, they do have cause a lot of problems in their families and society as well. (P11, female, 46 years).

There are several aspects within a family that are destroyed or disturbed by a family member abusing substances. Financial obligations, such as the payment of bills, legal fees, and medical expenses, are examples of externalized symptoms of parents of substance-using children. Relationships, including those with other children, can be impacted and disrupted by substance use, which can also lead to interpersonal use, aggression, threats, being robbed, and communication breakdowns (Dennis & Champlin, 2021:956). Furthermore, a study conducted among general practitioners revealed that drug users are frequently viewed as manipulative, hostile, impolite, and unmotivated individuals (Van Boekel, Brouwers, Van Weeghel & Garretsen, 2013:32). Efforts put in by social workers fall into vain when there is no support from all stakeholders involved. One participant shared the following with regards to the need of law enforcement.

For example, we do harm reduction and we do determine the reduction but when it comes to supply reduction, there is a problem. I am talking about law enforcement, making sure that substances are not accessible, and they are not available for youth to experience. Now when you go to the schools and do/run programmes or awareness, you will find that already there are youth in Grade 8, and you say to this person "I am

going to watch you through your career until Grade 12. While working through the program” and it is sad to see that when they get to Grade 10, even before Grade 11, they have experimented with alcohol, marijuana and then they go from there to harder substances. (P6, male, 35 years).

The findings seem to suggest that some social workers are experiencing problems regarding the involvement of law enforcement. In a study conducted by Machete and Mofokeng (2022:355) on the impact of illicit drug networks on the effectiveness of law enforcement in South Africa, it was found that the South African community feels that the police are complicit in drug trafficking in their local neighborhoods. The locals think that the police don't detain drug dealers in their neighborhoods. Lack of committed police officers to combat illegal substances is a problem for the Criminal Intelligence Section. Furthermore, Peltzer, Ramlagan, Johnson and Phaswana-Mafuya (2010:5), found that drug sales between buyers and sellers are hardly ever observed by police officers conducting neighborhood patrols. The findings highlight how most street sellers and customers nearly always avoid being apprehended, even when the authorities do pay attention. It appears that law enforcement is aware of recent trends in production and seizure.

In view of the above, it can also be understood why drugs are easily accessible and there is no teamwork of all stakeholders involved to eradicate drug usage. The operationalization of collaborative approaches between social workers and different stakeholders such as law enforcement is necessary when dealing with a complex problem such as drug use (Van Dijk, Herrington, Crofts, Brewnning; Burrie, Dullivan, Middleton; Sherman & Thomson, 2019:287).

One participant mentioned that it is a challenge to close files of their clients as majority relapse and require their services again. The extract below attests:

So, it is hard for us to terminate the case because they are always coming back. Sometimes you find that these clients of ours, go to a rehabilitation centre and complete the program, when they are released or discharged from the rehabilitation centre, they relapse within two weeks. (P5, female, 48 years)

Clients relapse after services were offered to them at different stages of their recovery journey. According to Mpanza, Govender and Voce (2021:138), in their study on aftercare services to people with substance use disorders: analysis of South African policy the following stats were found “relapse rates have been estimated to be 50% for cannabis, 33% for alcohol and 65% for other drugs such as cocaine and heroin”.

According to further studies, 65-70% of young people relapse to their primary drug(s) during the first three months following treatment, and 2/3 of them enter and exit treatment over the course of the next year, with relapse rates reaching 80% within the last year (Gonzales-Castaneda, McKay, Steinberg, Winters; Yu, Valdovinos, Casillas & McCarthy, 2022:1). With such alarming results, social workers are obliged not to close their files as majority of their clients require their services again.

In the line of work of social workers, conducting home visits is mandatory. Social workers rarely enter households where the conditions are risky for them to carry out the substance use work. The following participant shared their fear of what clients might do to them:

First, I would say it's very challenging working with substance use, or substance use clients. The reason is because most of the time especially on the professional capacity one must conduct home visits where substance users reside, so often we become scared if maybe the client is high, if maybe they would attack you or not. But, up to so far, I would say nothing like that has ever happened, it is just fear that something like that may happen. (P10, female, 34 years)

Participants have their own fears when conducting home visits to the homes of the substance users. It is unknown in what state the client will be found on arrival. According to Fayo (2021:2), due to the nature of their profession, social workers are thought to be more prone to observe and encounter workplace violence.

Sub-theme 1.2: Participants' personal experiences

The sub-theme unfolds what participants expressed, such as feeling pity for parents of youth abusing drugs, learning how to be vigilant parents towards their own children as well as learning from substance users. Their personal experiences fluctuate from having good feelings and bad feelings caused by some aspects of their work. Stanely, Manthorpe and White (2007:295) stated that the work that social workers do is often regarded as being both difficult and gratifying.

One participant noted that substance use destroys a person in many ways, and it does not choose, thus affecting anybody of any status. The extract below attest:

So, my personal experiences, I have noticed that substances or substance use or substance use disorder, whatever you call it, does not really choose certain homes. It is a disease that hits everyone, whether you are class poor or whether you are rich. So, I have had some of my cousins also affected by substance use and it is difficult to watch how their lives fell apart, and these are people who had potential to become

better people and to see them just losing everything, and when I say everything, I don't just mean material things, but I also mean relationships with family. You lose your loved ones, and the saddest part is, now it is common to see people being mentally challenged due to substance use disorder. So, you find that somebody who was mentally stable is now not functioning the way they did before because of substances. Somebody who was at the university can no longer remember simple things. So, it is bad. (P6, male, 35 years)

The findings seem to suggest that substance use affects everyone indiscriminately, irrespective of social status and geographic location. It has an impact on both urban and rural dwellers across the country (Chesang, 2013:126).

Peer pressure was noted as another factor that increases the intake of drugs amongst the youth as one of the participants explains:

Personally, I can say the youth that we have been working with so far, are reluctant and ignorant when coming to knowing or understanding the dangers of substances that they are using. They just go with the flow or peer pressure. It is like it's a fashion, or if your friend is doing it, you are also going to do it yeah. (P15, female, 30 years)

Similarly, in a study conducted by Modise (2022:681) on illicit use of drugs among the youth and adults in the Frances Baard Region: Northern Cape, South Africa, one participant noted the following "I think most of the time there is pressure from the peers, and this necessarily forces one to drink and smoke. Without doing the above-mentioned a youth/adult may feel left out". "I know sometimes I feel an urge to smoke weed and drink, mostly the fear of missing out and that is peer pressure because the person having fun does not realise that they negatively influence their peer". Ikoh, Smah, Okwanya, Clement and Aposhi (2019) also noted that peer pressure, in addition to parental influence, encourages the youth to use drugs. In such a setting, drug use might be initiated without great incentive because young people tend to copy what others are doing. It is evident that the youth influence each other easily most especially in communities where drugs are accessible. It then becomes a trend that they partake in and go with the flow to form part of the group and feel as though they belong.

Social media plays a role in the high rate of intake of drugs and alcohol which for some it unfortunately leads to addiction. Celebrities and films expose fashionable trends. The youth then follow these trends to feel fashionable and accepted too. One participant had this to say about the influence of social media on drug use:

. What one is exposed to you know, and the media also play a crucial part in influencing the youth. For example, the music videos, especially those that love the hip-hop genre they showcase these.... there is always a party, there is always alcohol and someone smoking something like a hubbly-bubbly or whatever the case maybe. So, it is influencing the youth so much that they find themselves trapped in substance use unintentionally. Remember, the youth are looking up to these people, they want to look like them, to be like them, and they envy them so much... One must deal with house chores while focusing on their career and there is not enough time to take care of the children. So, social media is teaching children on behalf of parents. So, my experience one would say it's a problem working with the youth. (P1, female, 37 years)

According to the extract above, social media has an influence in teaching and guiding children in the absence of their busy parents. Their children are now able to spend more time on social media gadgets. Despite all this media exposure and advancement in technology, many parents appear to have little guidelines for how their kids and teenagers should use their media. According to a recent study, two-thirds of kids and teenagers say their parents have “no limitation” regarding how much time they can spend with media (Hogan, Mulligan, Christakis & Swanson, 2013:959). Furthermore, having the industry advertising and depicting substance-using behaviors in the media impacts on youth substance use because media representations serve as primary source of information regarding substance use, particularly for youth lacking first-hand lived experiences (Jackson, Janssen & Gabrielli, 2018).

Participants mentioned that as social workers working in the substance use section, they have learned a lot on how to raise their own children. They are now able to identify changes in behavior of their children, and they can spot a child who has started experimenting with drugs. Some of these lessons were expressed in the extract below:

I am raising my son who is in his teens now. So, fortunately you can't compare a person with other people but at least I am learning something that “okay, boys don't want you to talk to them like this”, your communication style must be different as compared to when you talk to a girl child. So, that is what I have learnt after talking to these boys because we have teenage clients, we have children who are clients, so I have learnt that “okay, when raising this child of mine, there are things that young boys do not prefer, or they don't like. The tone you use when you talk to them like when you raise your voice, they do not like it. So, that is how I have gained a lot from working with my clients. (P3, female, 47 years)

Accordingly, Payne (2020:5) stated that social workers make decisions about how to implement instructions when interacting with their clients using the skills and concepts they have gained in their school and via personal experiences. In a study about work-

related factors that impact social work practitioners' subjective well-being, one participant responded as follows: "I'm always learning and that's one of the reasons I like my work because each client brings their unique situation. There's always more to learn about whatever, and about ways of helping and different methodologies and that kind of thing" (Stevens, 2008:8).

A participant shared that it affects them as well as professionals when seeing what parents go through. One participant below mentioned that they feel the pain caused by the children as they are parents too.

Let me start with personal. I am a mother of three children. So, when I see [other] parents struggling with their kids who are using substances, I feel their pain because I am a parent too. I can feel their pain. They say when you study at school, they tell us that "do not take your cases home" [giggles]... because they are dangerous to yourself like mentally and physically, but it is difficult not to because you are a parent. So, it's not easy not to take the experiences of another parent, you feel for her, you feel for him. As a parent, their struggles ... I feel their pain because I am also a parent. (P13, female, 49 years)

In support of the views expressed by the participant above, Dykes and Casker (2021:226) noted that recognizing or dealing with a child's drug usage is a complicated challenge for any parent. It is demanding, overwhelming and extremely stressful for a parent. Other authors stated that in the line of work of social workers they deal with their own feelings, sometimes including feelings of sadness and anger (Schofield, Moldestad, Hojer, Ward; Skilbred, Young & Havik, 2011).

One participant shared some of the cases they come across of substance abusing parents. Due to the environment that the youth reside in, it is not difficult for them to indulge in illicit drugs as they are easy to access. The assertion is encompassed in the extract below:

Then when doing assessment, I ask the mother "you are using [drugs], your husband is using, how do you think the way forward is going to be?" I ask this question to the parents then most of them would say "no, it is not about me". Then I say, "but the background is the problem, you cannot as the parent want to fix, you want quick fixes, you can't fix your child on something that you are doing". So, it is very difficult. Some of them clients tell you straight "I don't want to quit" and so if the child says they don't want to quit, it is a problem. ... it is difficult for a mother or a parent when they want their children to change, whereas when they go home it is a different story because the mother is drunk, and the father is drunk. So, in that regard, 80% ...let me say 60% of the children whose parent is using alcohol, have 60% chance of being exposed to

substance use disorder. If both parents are using drugs, the child has 80% chance of using an illegal substance. (P8, female, 45 years)

The finding seems to suggest that it may be impossible for the child to remain sober while parents are abusing drugs. It is a complex family to assist. Kuppens, Moore, Gross, Lowthian and Siddaway (2020:765) stated that parents' substance misuse has been demonstrated to co-occur with instability in employment, family dynamics, housing, childcare, and household finances with effect that go beyond the family context to affect young people's social functioning.

THEME 2: PARTICIPANTS' MOTIVATION FOR WORKING WITH SERVICE USERS

Many social workers are drawn to the field by their altruistic desire to better people's lives and society as well as their compassion for others (Decker, Brown, Ong & Stiney-Ziskind, 2015:28). Several factors influenced their motivation, such as the passion they have of working with people, changing people's lives for the better and getting positive feedback from the family of the addicted. There are those that were also willing to change to other sections for the sake of growth within the department.

Women seem to use drugs less frequently than men (Modise, 2022:677). Hence, one participant raised the desire to save the next generation of men from substances use and create a better future for them. The extract below attest:

I would say first, the youth are the future of our country and seeing so many guys, especially because that there are more males than females using substances. It is a shame to see so many men drowning in substance use, because it kills the future generation of our country. The passion is there because once you save one person from illegal substance use, it gives us hope that at least there is one less guy abusing drugs meaning that there is one father for their family and their future. (P10, female, 34 years)

The participant emphasised the importance of working towards saving the future generation of men after noting that they are more in numbers abusing substances as compared to women. Similarly, a study conducted by Peltzer and Phaswana-Mafuya (2018:5) about drug use among youth and adults in a population-based survey in SA, found that men were substantially more likely than women to use drugs.

Authors argued that a person who has passion for something has a strong predisposition towards it and invests time and effort into it (Yudaruddin, Laman,

Ambarsari, Zhafira & Yulianti, 2022:17). Two participants expressed their passion regarding working in the substance use section and becoming a social worker being a dream come true and the extracts below attest:

I like this program of substance use with all my heart, and I am passionate about it because I want to help these children because most of these clients are using substances due to family background circumstances. (P5, female, 48 years)

I am so passionate. As a young girl, it was my dream to become a social worker. I stayed at home most of my adulthood, being a housewife, a term used during those days, but now it's called house executive. So, I had the privilege of staying at home with my kids doing everything with them, and now they are grown, and I decided to follow my passion and registered for social work. So, I am so passionate it's my dream, it's a calling let me put it that way. Helping people makes me feel great about doing my job. (P13, female, 49 years)

The dream come true of becoming a social worker and having the passion to help people creates consistency in the above participants to continue assisting their clients. In a study conducted by Madisha (2019:77) about social workers' preparedness, experiences and challenges when rendering social welfare services to adolescents abusing chemical substances, a participant responded as follows regarding having passion of working with substance users "well my experience was enriching, the whole process of taking a patient to a rehabilitation centre, and seeing the client progressing and staying clean from substance use, it was exciting for me, let's just say I have a huge passion for tackling substance use".

One participant alluded on the importance of raising awareness to people regarding substance use in the abstract below:

You know when you get to make people realise things that they did not clearly identify as a problem... like I am saying now, lots of parents would accept and express that 'you know what, I never saw it that way, I never viewed it in that manner'. Most of them will tell you 'yes' when you ask them 'have you ever thrown a party for a one-year-old?' or 'have you been invited to one where the party concentrated only on kids having fun or later after the hip-hip hooray you are now having adults' party?' So, that gives me the passion to want to meet more people and speak about these things. And to tell them that it is a mistake, you did it because you did not know, you know. (P1, female, 37 years)

The storyline seems to highlight that conducting awareness is part of the social work profession as a tool to educate the masses. It is then highlighted that, the primary prevention of socially unhealthy phenomena, such as toxic addiction and related delinquent behavior, is thus a major component of awareness work (Olecká & Pospíšil,

2022:130). Similarly, Ellis (2012:243) stated that the best prevention strategies are those that concentrate on the entire population through education and persuasive tactics.

Social work is known as a profession of changing the lives of people. Just as defined in the 2014 international definition of social work, “social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility, and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge, social work engages people and structures to address life challenges and enhance wellbeing. The above definition may be amplified at national and/or regional levels” (Borrmann, 2020:5). Some participants shared their motivation and passion of working with the youth and changing their lives, they further shared on the gratification they get from achieving their goal. Extracts below elaborate further:

My motivation is the transformation that we see in the people that we help, the new lives [hand gesture]. And if I can just elaborate beyond that, when you come back from the rehabilitation center to fetch your clients, I always prefer to, but some social workers don't like to fetch clients who have graduated and then completed their programs. But I prefer to do that because I like to see the reaction on their family's faces, it is very emotional but now the emotions are different it is not the sad emotions. It is the tears of joy you know, and of being very thankful and they are shocked, surprised that they could never believe that they could see this person in the state that he or she is in you know. (P6, male, 35 years)

I think, not I think but I know. What makes me passionate is seeing the difference in a child's life, a person's life or even a family, because remember we are supporting them holistically. We are dealing with clients holistically. So, seeing that or hearing a parent saying “I came here stressed and whatever, but coming out of this session now, I am alive, or I feel better. Now, I have a clear vision. Now I know how to support my child, I know how to communicate with my child who is using substances”. At least, now hearing that, makes me more passionate. I am passionate you can see the years I have worked in this section. (P3, female, 47, years)

I think my passion comes with having to see myself changing another person's life, making them feel positive about themselves it also encourages me to see that at least I can make a change to someone else and then at least I can motivate someone to see the rights from the wrongs and also to always be there for them when they need me. Being a social worker takes a person with a good heart, who's passionate, you have to be patient with them, so I think it comes with that, being passionate, being patient and dedicating yourself to what you want to change uhm and also bringing

positive vibes within the community and the environment that we are in. (P14, female, 30 years)

Yah [smiling]... It is not like I want to save people, I am not a savior, but making a difference in people's lives that is what I love about this. (P8, female 45 years).

The participants expressed their passion for social work through the need of wanting to help their clients. Collins (2007) stated that social workers are very committed to their job with clients, they get a lot of satisfaction from it, and they believe they can change people's lives. Similarly, despite the evidence demonstrating the challenges of this profession, there is also research demonstrating that social workers may find their work fulfilling and experience job satisfaction, believing they have a positive impact on people's lives (McFadden, Campbell & Taylor, 2015:2).

There are a small number of service users that put in the effort to change their behavior of substance use. Such brings about pleasure to participants. The extracts below attest:

Yes, there are people who do not quit, then you get motivated to say, "at least there are positive stories and there are also not so positive stories that we are facing". But seeing your client beautiful, clean, and working, that is motivating, [expressing a happy facial gesture] yho! [exclaims] it is motivating. (P8, female, 45 years)

So, even if they are relapsing, nothing motivates me like seeing one person being sober. I think that motivates me because I think I may ahh, I think am always saying at least there is someone who sees like my assistance out there... I think I always tell myself that you know what, I made a difference in that family or in that person's life. One will be able to wake up and go to aftercare services and you know one of my clients is working with... he is at one of the rehabilitation centres as a security guard. Nothing motivates me more than that. (P11, female, 46 years)

Like I was saying out of my caseload there was one client that sort of kept me going at least I've made a difference in this one client. He was able to be clean for the longest time, but I have come to learn that a few weeks back he relapsed you know, so there isn't much I can do about that but for the fact that I was able to make a difference at that time, and I think yeah that's what keeps me going. (P12, female, 37 years)

According to the extracts above there are service users who put in the effort to change and quit abusing illegal substances. Despite that small number, change has been seen and it motivates participants. Dolan, Martin and Rohsenow (2008:677) noted that a person should have self-efficacy to overcome addiction. These authors defined it as a person's faith in his or her ability to act in a particular way to achieve a goal. Most people who pursue recovery aim to perform better and live happier lives. Studies have shown that drug addicts that put in the efforts to stop using substances have seen and

realized the consequences of their actions (Pettersen, Landheim, Skeie, Biong, Brodahl; Benson, & Davidson, 2018).

Participants in the extract below shared that they are motivated by the feedback they receive from parents and their clients to continue working in the substance use section. The participants further stated that feedback creates the passion to carry on amid challenges they face. The participants' appreciation is captured in the following extracts:

I am telling you... I am more passionate regardless of the problems, the challenges that we are facing when working with substance use. But the feedback from the parents, the feedback from the clients, they are the ones motivating me to be more passionate. (P3, female, 47 years)

I don't know but I think I'm passionate because for example, if the parent comes to the office with a child obviously who is using drugs they will just think "no, this child is silly or whatever". But once you go through the process of taking the child to rehabilitation centre you realize that this person has a potential. For example, there is this one case that client is a foster child that I got from statutory section, he was in Grade 10 when I got the case and then he went to Golden Harvest in Randburg. It's an in-patient treatment centre. So, it's called Golden Harvest. It only admits 18 years and younger, boys only. So, he has the potential that I am talking about. All they need is support. (P2, male, 29 years)

The storylines reveal that positive feedback from parents creates motivation for participants to keep on assisting clients. Devaney, Brady, Crosse, and Jackson (2023:487) noted that it has been discovered that parents who receive services are aware of and appreciative of practitioners who "go the extra mile" for them.

One participant appreciated the challenge of working with people. The participant explains further in the extract below:

I can say that I am passionate because you get to realize that working with a human being and is very difficult so, we strive you want to see the end goal you want to help another human being, to see the potential so I can say that's driving me to see to improve and to help them so that they can be better. (P15, female, 30 years)

The participant acknowledged the fact that working with people is difficult, but the end goal is to help them become better. Similarly, Galvani (2012) highlighted that social work is well known to be a helping profession. Its core remains a profession that strives to assist those who need assistance, support, or who are in danger of damage, notwithstanding changes in the organizational and policy setting in which it exists.

A participant alluded on trying their best to deliver services to clients irrespective of circumstances. Such is done whether clients play their part or not. The extract attests:

The motivation is trying, at the end of the day that is all that we can do. I cannot help the client fully especially if they don't participate, so the fact that I know that I have done my part, that is the motivation. This is what I must do to support the clients, but the clients also must play their part. The family also must play their part. So, whether the client is surviving or not it is not up to me. At the end of the day, I played my part and luckily, I have only two but, it is a work in progress. (P4, female, 31 years)

The extract seems to suggest that participants come across different challenges when assisting clients but nonetheless they proceed with rendering services. Similarly, no matter where social workers carry out their tasks, they encounter some universal difficulties (Khanyi & Malesa, 2022:31). It puts them at ease knowing that they have played their part.

One participant raised the possibility of leaving the substance use programme to explore other fields of work in the extract below:

I wanted to learn a new thing, but then I am enough with it now, I am okay. I really do love helping people with drugs but, I think everything has...[silent]. I just want to explore other fields. I was passionate at first. But I feel like now it is tiring with doing the same thing over and again. I need to explore other fields. But substance use is a good programme. You get to understand the person and the drug. You need to understand the drug and how they react, it is a lot. It is a good programme, actually... (P9, male, 28 years)

The participant felt that he has reached a point of wanting to try out other programs within the social work department. Doing the same thing has become monotonous to him. Furthermore, the participants noted that the substance use program is a lot to deal with. Similarly, Fragkiadaki, Triliva, Natsopoulou and Tzanakis (2020:90) highlighted that the subject of addiction presents unique challenges since practitioners frequently encounter challenging and demanding situations that calls for significant personal adjustment and accommodation.

However, with the enthusiasm different participants raised in working with the youth abusing illegal chemical substances, three participants expressed their disappointment with the low salary received by social workers as compared to the number of services they deliver to their clients. The extracts below elaborate further:

I have always wanted to be a social worker if I can remember since, I was always the one everyone came to and talked to about their problems. You know, probably I am a

good listener but sometimes I am thinking, "ooh and the pay is not good for social workers" ... I am thinking, "why did I become a social worker". But I think in terms of people expressing their gratitude, when you see you have made a difference you know. I am not saying I am going to change the world, or I am going to now fix the whole world but at least that few you can see that you have made a difference and their families come to you and thank you and say "wow, this person has changed so much". So those few people that you have made a difference, or you just facilitated the difference as they made the difference, they changed their lives, but I was just there to support them. (P7, female 46 years)

I want to make a difference that's the only reason I think you would know that social workers are underpaid [giggles] but the passion needs to keep you going. There's a friend of mine who always joke ugithi thina si sebenzela ipassion [we're just working for passion here]' more than anything. So, being passionate, making a difference as well. (P12, female 37 years)

The motivation I think it's the love and the passion. The not good pay part because we are not being paid like nicely, not getting good salary, but the passion is forcing me, it is what's keeping me going every day because I like helping people and i love working with people. I am an extrovert, I love talking to people, I love working with people so...[silent]. It's the working with people part that I love most. (P13, female 49 years)

Participants asserted that they stay in their substance use programme only because of the passion they have towards saving the lives of their clients. In agreement with the participants, Staniforth, Deane and Beddoe (2016:22) found that most social workers in both the private and public sectors are relatively underpaid. Similarly, Ng (2010:351) mentioned that social work earnings are undoubtedly low when compared to those of other professions. With that said, other social workers opt to move out of the country to seek better social work paying jobs. Most participants' salaries found in a study about experiences of South African social workers in the United Kingdom (UK) reported being unhappy with the service environment. They chose to work in the UK because they could make money in pounds, enjoy nice working conditions, and receive greater pay (Naidoo & Kasiram, 2006:120).

THEME 3: PARTICIPANTS' SUPPORT FROM MANAGERS AND SUPERVISORS

The crucial effect of support from both supervisors and managers in the relationship between leadership and work performance is very important. Literature suggests that these different forms of leadership have a significant impact on various attitudes and behaviors of employees (Althobaiti & Muhammad 2021; Saleem, Malik & Qasim 2022). Several outcomes of supervisors and managers' support have been identified in the literature including employee retention, satisfaction, work performance and trust. It is

therefore imperative for both the supervisors and managers to support their subordinates. Hence the creation of Theme 3 which presents the views of participants regarding the support of their managers and supervisors. Their views amongst others include the environment they work in, manager and supervisor support, training, procedures, and supervision sessions.

Sub-theme 3.1: Nature of support provided by managers and supervisors.

The sub-theme provides the views of participants regarding manager and supervisor support, supervision, and government funding to cater for service user's needs. Several participants shared positive experiences regarding the support they receive and the extracts below attest:

I would speak personally with the work I do [pointing at herself], my supervisor and manager. I would like to think that they offer me great support to achieve my daily work. You know they motivate and would tell us 'Guys, please push for those numbers' because they are also social workers and they started at the bottom. The pressure is coming from up there like I said. We are not from just any organisation, but the department which reports to national office, and because the national office is full of politics, it becomes a challenge down here in terms of service delivery. However, from their personal support, you can see that they really want to assist us, they don't want these pressures either. Our supervisor and manager are always trying to help whenever we need them, but I do not know of other colleagues from other units. (P1, female, 37 years)

My manager and supervisor are on the roll they do support us hey! When you have a case, we get ministerial inquiries, they are cases from the province. Our manager will be there, step by step with our supervisor until the case is solved so, they are always there, they are very supportive I don't want to lie. They guide you even when it's a difficult case they are there. The relationship is very good and professional, you can just feel free and know that you know what, I have a good support structure at work, so they are there all the time they are there. (P15, female, 30 years)

I think it has to do with personal attitude and characters of our seniors. Yah, I think they are making their work look easier, they are not only supervising us, but they are like parents to us, and they understand the work we do. They are pushing us because they are being pushed, but you can see that they are doing it with passion and concern, you know they still understand you and want to enhance your career, you are studying, and they also take into cognizant you're a mother and sometimes you would call in and say that the child is sick. But I know with other programmes within the same department, yah things are bad. (P1, female, 37 years)

Honestly speaking, our supervisor and manager are really trying their best. When given a chance or when faced with a difficult case, they are normally there. Sometimes the supervisor would suggest going with us to site if needs be. She is always a call away, if I cannot go back to the office, I can always call her, and she would offer us guidance.

If the case is really challenging, we would take it up to the manager and the manager would assist and provide us with the way out of the challenging situation. (P10, female, 34 years)

Every day we face new challenges and it's a good thing to be able to say, "let me call my supervisor" and you know that they will give you direction in terms of how to go about that case. So, I feel that I got a good manager and a good supervisor who does that? We have supervision where we can communicate with our supervisor with our cases and that is supportive enough. (P2, female, 29 years)

I will recommend starting with my manager, let me say she is always there for you. When you encounter a problem, I think she has an open-door policy, you're not afraid to go to her office and most of the time she's just a call away. You can just call and say I am struggling with one or two aspects. And with my supervisor am glad that she's not stressing. am not actually threatened by her presence. I feel she's more welcoming and warmer. You're able to talk to her and in terms of the staff members she doesn't have favouritism and we do have supervision from the supervisor which is I think it is the one way of saying... of being able to share your whatever challenges you have with the difficult cases that we have and so I think both are doing well, and they don't have favouritism. (P11, female, 46 years)

My manager is supportive, I don't know [raising shoulders]. I do not communicate with her often, but there was an incident that is just now coming to mind I don't know if it's going to be relevant here. I was being reshuffled from the substance use section to statutory section without my consent and it was also done unfairly. So, I spoke to the supervisor and then she was not in agreement then I asked the supervisor to approach the manager. The manager was very supportive, was able to assist me in resolving and the reshuffling never happened because it was being done without my consent. So, support in that regard from my manager I have got it. (P12, female, 37 years)

According to me supervisors and managers do give us enough support, I think... I don't know if I should say they trust us enough to tackle the cases ourselves due to the years of experience or the work experience that we have, most of the time when I have a difficult case, I will deal with it as far as I can and then where I have hiccups and then I will go to my supervisor just to get clarity and a way forward. And in a sense, just to protect myself that should the discussed case backfire; at least she is aware. I think they trust us enough to let us deal with the cases as far as we can and then you just go to them for clarity or for way forward if you experience hiccups. Putting aside the politics and all that, the working relationship is a healthy one. (P4, female, 31 years)

The support of managers and supervisors described in the exacts above comes in different forms and at the end gives the participants a sense of security in the workplace. Coulshed, Mullender, Jones and Thompson (2018:14) highlighted that the tasks shared by the practitioner and manager include interacting with and relating to people, assisting others in achieving their goals, overseeing their efforts, maintaining morale, consulting a variety of sources before making a decision, problem-solving, and introducing and managing the change process. In an organisation, if supervisors or

managers try to provide support to individuals, their expectations of leaving the organization will not be high and their level of commitment will increase. Managers or supervisors' support boosts their employees' encouragement, knowledge, skills, and attributes (Chen & Wu 2020).

Manager support is a crucial role that should be provided to employees for better productivity in the workplace. There is a view that if the relationship between the employee and the leaders is better, the employee will perform well (Pan, Chuang & Yeh 2020:10). The participant below expressed how the manager supports them:

Regarding the manager, the manager also organizes the trainings for us, just as a team where we upgrade ourselves to really be aligned with the standards for DSD [Department of Social Development] in terms of proper administration as well. Because that is also difficult in terms of administration, but our managers are accessible. On the cellphone she is always there, she gives sound advice. (P6, male, 35 years)

These findings correlate well with previous studies which asserted that employees leave the supervisor or a manager instead of their job or organization (Msuya & Kumar, 2022:2). Managers and supervisors should provide support to their employees because the main thing is "people don't leave the organization, people leave the manager". Most employees like to work in an interesting operating environment.

A healthy working environment is of importance to social workers due to the type of services they deliver. Employees require a working environment that allows them to work freely and is free from obstacles that can prevent them from achieving their full potential to satisfy the standards of the organization (Raziq & Maulabakhsh, 2015:718). The participant below expressed her healthy working environment further:

I think in as much as I have mentioned some of the flaws that the supervisor or manager may have, but it's a very healthy working environment and I'm able to approach my supervisor when I have a pressing case and at times yes, she is able to give me attention and guide me and she's someone who's open as well. The same goes for the manager, so I'm not uncomfortable with the working relationship, they just need little improvement for example to say managers manage your stuff better so I wouldn't want to change any of them. (P12, female, 37 years)

It is evident from the storyline above that the participant was able to approach her seniors when seeking assistance, which shows a healthy working environment. Similarly, Awan and Tahir (2015:331) highlighted that the creation of an inviting work atmosphere inside the organization and the supervisory support that is provided to the workforce boosts productivity levels. Haas and Haas (2019:364) stated that the

working environment is both an external and an internal condition that can influence working spirit and result in instantly finished jobs. Furthermore, a workplace environment is not only the physical characteristics of a workspace, but it also involves relationships between management and employees, and how the employees perform their jobs, engage their creativity, communication styles, the employee's attitudes, and the overall tone of a business (Althobaiti & Muhammad, 2021:263).

A supervisor can help the subordinates by providing constructive performance reviews, career guidance, networking opportunities, and job direction (Bibi, Ahmad & Majid, 2018:116). Below, the participants stated the following regarding the support emanating from their supervisors:

Let me start with my supervisor, she is supportive but there is always room for improvement, and a huge improvement that needs to be done. I also think another thing when I arrived, I started working here during the Covid-19, so seeing her was a bit difficult because we were rotating, sometimes on days I was here she was not there. So even now I feel like support is needed. (P12, female, 37 years)

Okay, once a month we do have the supervision with our supervisor so that we can talk about our challenges. The main challenge that we have is people who have used substances and now are not well mentally. It is a challenge to us because the parents don't understand, it is like "no, I don't want to take my child to the rehabilitation center, you don't want to help my child" ... Yes, we do get support from the supervisor and sometimes you don't know what to do as a social worker. Then we go to her, then she would advise us on what to do. In other cases, she would tell us what to do, like "this one is not for you, refer". (P8, female, 45 years)

The supervisor refers us for trainings and renders supervision. I can say those are the support they provide for us to render our services. Yes, individual supervision with the supervisor and we used to have group supervisions where we would sit with colleagues and supervisor and share experiences of our clients. But, due to Covid-19 now...[silent] It had to stop. I think it is this Covid-19 pandemic that has caused this thing because now there is also limited time because sometimes, we work remotely. (P3, female, 47 years)

Support is there, but support will never be enough, why do I say that? We just spoke of debriefings and all. Okay yes you go to your supervisor, talk to your supervisor. Your supervisor discusses a certain client, but there are debriefing sessions and what, they don't provide them. So, that is why I say support is there, but it will never be enough. It is when you would come and say, "can I talk to you about certain things". She would say "come back after tomorrow or whenever". But, at the end, support is there. (P3, female, 47 years)

Participants shared the support they receive, an indication that supervisors execute their roles. One of the most acknowledged principles of the profession is arguably the

necessity of supervision for social work practice. The consensus among policymakers, managers, practitioners, and academics is that high-quality social work practice requires effective supervision (Wilkins, Forrester & Grant, 2017). Cho, Schilpzand, Huang and Paterson (2021:4) believed that workers' perceptions of employers and organizations are strongly affected by their affiliation with their superiors.

Managers and supervisors provide orientation, training, and procedures to follow for social workers to be well equipped and have knowledge of service to be provided to clients. The importance of training and orientation mostly revolves around programs that enable employees to learn precise skills or knowledge to improve performance (Talukder, Vickers & Khan 2018:727). It is therefore critical for orientation, and training on processes to be given to employees to enhance their productivity. In supporting these views, the participants had these to say:

I think with the supervisor and manager the relationships are good because they are there for us and they understand that we are new in the profession, so we cannot master everything. So, they take us through each step of the way we also sometimes have internal trainings whereby they call us together we discuss our cases, and with the new people they come together and discuss... ok! this is what the process is in terms of substance use treatment the procedures are this and this and this and if you don't understand they assist you from there and the manager also, we do have debriefings if you feel that you have a serious challenge and the supervisor cannot assist, she can also refer you to the manager and then you discuss everything. (P14, female, 30 years)

... our manager is passionate about working with substance program and my supervisor also... (P13, female, 49 years)

They do provide training especially if you are new in the program. They give you training, they give you the resources but in terms of debriefing us as professionals we must reach out on our own to do that, they do not so it for us. So, the resources are there but not sufficient. Even though we share them, but we really manage, we are managing to share them amongst the team...teamwork! [exclaims]. (P15, female, 30 years)

The employer helps not only the debriefing or counselling for us but, also for us to be advised in terms of how to help our clients. For example, we attend trainings, workshops, you know so I think they help a lot because you get to understand that the strategies, we learned the first time we got here is not going to be the same as the strategies they used back then. (P2, female, 29 years)

The department has EAP [Employee Wellness Program], where you can go for counselling, but employees don't utilise it. (P4, female, 31 years)

Sound procedures, orientation and training have been found to yield positive results within a working environment as the findings reveal. Similarly, Rabbani, Akram, Habib and Sohail (2017:3) maintained that training and orientation helps organizations to gain and retain top talent, increase job satisfaction and morale and improve productivity. Moreover, other authors argued that when an organization offers enough possibilities for training and development, its employees are happier and as a result, the employer can retain them (Bibi et al., 2018:116).

The government through the DSD funds several child protection organizations as well and non-profit organizations. Such enables social workers to render adequate services to their clients. The participant below attested to the aid provided by government:

Yes. Actually, I think as SANCA [South African National Drug Dependency and Alcoholism] we go above and beyond what the Department of Social Development, the money they are giving us, we are even reaching more clients with the money that they are giving us funding for. (P7, female, 46 years)

Consistent with the participant's response, the literature similarly articulates that social workers are allies to public health professionals in efforts to eliminate disparities and improve population health. Consonant with an emphasis by key government institutions on the importance of social welfare, funding (especially from SANCA) is being provided to fight illegal chemical substances by reaching more victims and providing infrastructures to deal with these issues (Department of Social Development, 2022). Furthermore, the degree to which health and social services are financially supported may have an impact on how successfully such services cooperate and coordinate with one another (Best, Savic, Dan & Lubman, 2017).

Sub-theme 3.2: Lack of support from managers and supervisors

Not all participants had positive responses regarding their working environment. This theme, therefore, entails the response of participants relating to the lack of support from the managers and supervisors. It further elaborates on supervisors and managers not having a plan to implement for workers to follow, the lack of supervision and improvement need thereof.

Some participants felt that both managers and supervisors have no solid plan to assist social workers in combating illegal chemical substance use. One participant shared the following views:

That is why I say there is no plan. Manager or supervisor, there is no plan [laughs]. There is no solid plan, they can't help us. I personally think they don't help us in any way. So, you just must be a social worker. You just maneuver and move around and network because our supervisors will tell us about report writing. First, report writing, or a report does not determine the outcomes of your clients, you can write a good report, with all these theories and you can send your client to rehabilitation centre, but trust you me, tomorrow late you will have a call from one of the social workers from rehabilitation centres saying, "your client has been discharged". Why does the present supervisor focus on the theory? It does not define a person, just a labelling. So, my supervisor has no plan. (P9, male, 28 years)

Supervisors and managers not having a plan erupts difficulties in the day to day working of participants. A participant from another study about rhetoric versus reality in social work practice stated: political, neoliberal, and new managerial influences claimed that supervision was hierarchical, that supervisors did not fully understand their responsibilities, and that they lacked advocates to defend them against the department's senior management's "dictatorship" (Dlamini & Sewpaul, 2015:473). The social workers are aware of their disorganized environment and are likely to suffer from stress and frustration because they have difficulty executing their assigned tasks (Cho et al., 2021).

Supervision as the formal process of supervision that allows supervisees to analyse and evaluate their work (Goliath, 2018:8), has to do with performance and ongoing learning. It involves instructional, encouraging, and administrative tasks that support effective and qualified social work services. Similarly, professional supervision is a procedure that takes place between a supervisor and a supervisee. Its primary goal is to increase the monitored person's capacity to assist, acquiring practical skills, mastering theoretical or technical information, developing personally at the client/therapist relationship, and professional development amongst others (Davys & Beddoe, 2020:11). The participants below expressed their dissatisfaction at the irregular supervision time they encountered.

First, supervision. The supervisor we do one on one as I have mentioned earlier on, although it is not as often as it needs because the experiences are there, they pop up. But occasionally, I do have access to my supervisor. I can say when I have an appointment, she is never too busy. So, it is those one-on-one sessions occasionally we will have a case conference, where we discuss the case with all other colleagues. So that is the kind of support that we have. (P6, male, 35 years)

Like I said previously if we can have more supervision and that can be done, more canalization of reports and very little of that is done. I think it was only done in the

beginning with maybe like three reports and there after nothing of that sort has been done. So, and at times I think we tend to take advantage of that as subordinates to just briefly do reports and submit but if I knew that I have been talking to a supervisor, she canalized my report then I know I'm held accountable to certain extent. So... yeah, I think more supported is needed, it's there but not much. (P12, female, 37 years)

As far as I know, they have not assisted us anyhow. The only thing they tell us is report writing, as if report writing will help the client, you understand? The problem is in the townships and the communities. We need to focus there and just..., how can I put it though, set aside the theory and everything and focus on the communities. Let us go there and make the difference. (P9, male, 28 years)

The participants' frustrations have also been identified in the literature since the lack of regular supervision can affect one from reflecting on challenging areas of work, which can stop one from identifying issues early on, and discuss actions to resolve these issues (Zhang, Zhang, Gu & Tse, 2021:272). Poor supervision may lead to conflicts, lower performance levels or work burnout, tension, and poor work relationships (Mas-Machuca, Berbegal-Mirabent & Alegre, 2016:586). Mismanagement of employees directly impacts on the quality of work and job satisfaction. If an employee is not managed properly by a supervisor, problems crop up where none existed and lack of regular supervision almost always makes good employees leave (Inegbedion, Inegbedion, Peter & Harry, 2020:31).

One participant raised her concerns regarding her supervisor not playing her supervisor role adequately in the following extract:

I will go back to like canalization of the reports, I think that's what stands out for me, and we also need to be held accountable in our work you know. Because we can see she doesn't really... she doesn't care I don't want to say that, but she overlooks a lot of things. So, people will then take advantage of you. I think she used to be firmer, and she needs to be structured; She will call a supervision like the other time I was like ok we are going to be in supervision instead of me going to Ratanda [township in Heidelberg], I was here [pointing at the office] the whole day. I waited for the whole day and the supervision never happened, that is frustrating because, I mean I drive an hour to Ratanda, and it's an hour back so that two hours I drive on the road you know I cannot just leave in the afternoon seeing that the supervision is not taking place. So, me being here did not help as I needed to be in Ratanda, I had things that I needed to. So, she needs to communicate better and supervision you know, we have struggles that we have as just workers that she fails to address and so I think that it is needed more. (P12, female, 37 years)

With what the participant stated, it is evident that she is not satisfied with her supervisor's work and that improvements are needed. Similarly, a study of the experiences of social work supervisees in relation to supervision within the department

of social development in the Johannesburg region, through observations the researcher concluded that social work supervision within the DSD is ineffective. The issue is not with the actual practice of supervision, but rather with the fact that the monitoring being used is either ineffective or flawed (Mokoka, 2016:11). It can be concluded that supervision is needed for social workers to oversee their targeted goals within the government institutions. Suggestions for improvement of supervision include providing the required support. This support means answering questions, offering advice, and giving feedback when needed. It also means listening to employees and taking their concerns seriously.

It was established that social workers go as far as consulting the Chief Executive Officer [CEO] to solve their operational problems. One participant had this to say:

We have an open relationship with our CEO. So, I know that I can just go to the CEO's office because there is an open policy. If I have a problem I would speak to my supervisor first, most of the time before we go to the CEO to solve our problems. But most of the time it does not go to the board members, it does not get that far. It will end up in the level of CEO. (P8, female, 45 years)

It could be deduced that the participants not only have support from their supervisor, but from their CEO as well. The participants indicated that they consult the CEO to solve their problems due to an open policy within their working environment. Hughes and Wearing (2021:20) asserted that leaders frequently exhibit high levels of organizational and professional skill. The authors contended that organizations providing human services, at the very least, ought to be highly competent in terms of connecting with and attending to the needs of the community that makes up the organization.

It has also been found that board members are providing support. One participant indicated that:

The board members are supportive. We have nice support; I think the board members as well because I am the staff representative. That is the only reason I attend the board meetings is because I am the staff representative of the board. Occasionally I think the board that we have is exceptional supportive. (P7, female, 46 years)

It is evident from the storyline above that the participants from SANCA have full support of their board members in their delivery of services. They are responsible for providing strategic direction and oversight for the company, and for ensuring that the

organisation complies with all relevant laws and regulations (Msuya & Kumar 2022:11).

The participant below is of the view that the employer is after numbers to report on the work delivered by social workers, which to them is not a true reflection of services they should be delivering:

They are providing services with resources that are most times limited. We are dealing with people's lives, we are not dealing with robots, or computers. So, there are ways that we are trained to help people. Unfortunately, with organizations as huge or as big as the department because it reports to the nation, they are after statistics. Therefore, we are not doing much impact the way we should, had we been given the privilege to run this business as we are trained. (P1, female, 37 years)

The department [of Social Development] is looking for numbers as in the target they have reached for the month because otherwise they would be mocked by the authorities in government that they are not doing anything about this pandemic. (P1, female, 37 years)

So, if there is a report that we have sent a certain number of service users to rehabilitation centres, that's what they are after. As social workers, after we have managed to assist even if it is one life saved for us, it is still a number. So, chances of this person being completely recovered, are greater. (P1, female, 37 years)

The literature suggests that in most organizations, individuals are mostly interested in chasing the deadlines rather than organizational goals (Jensen & Van der Voordt, 2020:95; van der Voordt & Jensen, 2021:30). In a study by Madisha (2019:76), the participant responded as follows "so as a person, who is passionate on this field, I feel like am pushing alone and of which I can't without the department's support. Like I said, the department is interested in stats, so the treatment part of it they don't care".

The participants are of the view that the most crucial aspect is to help service users than focusing on timely reports and statistics. The storylines below attest:

So, you would be expected to attend to large number of clients, and it's not about that only, you need to take time with this person until they acknowledge that the situation, they are in is a problem. (P1, female, 37 years)

Nah, the employer does not provide anything substantial. I feel like our employer just says, "you know what, you are on your own". We are on our own. The only thing our employer does, is make provisions and fund these rehabilitation centers. That is the only provisions they make, apart from that, you're on your own. I hardly ever attend trainings, like I don't attend trainings, I don't know when the last time was, I attended the substance use training. If you do attend the substance use training, they just take things from YouTube. I think the department has no plan on how to combat drugs. Literally, it has no plan. (P9, male, 28 years)

The procedures to follow as well when booking transport at times has a negative impact on service delivery. I don't think the employer understands the experiences of working on the ground, like working on the grassroot level, working with people... Our manager is in Sebokeng, which is about 10 kilometres from Vereeniging, and our supervisor is here [pointing at the office], can you imagine...in terms of an emergency now we did not plan on going out, now... now what do you do, now you must run around like a headless chicken trying to get transport to go and help people who needs help. That's the only thing they do not understand that we are finding it difficult to work, to help people to render services because of transport. (P13, female, 49 years)

And the parents because their goal was to see their kids admitted, they no longer push. Remember, they would push before they are admitted, after that they no longer push. That's why if an evaluation can be done, we would see that yes, we have admitted a lot of people, but the results are not good because of the high relapse ratio. We are wasting money because the Department of Social Development is paying lots of money for admissions at the rehabilitation center. (P1, female, 37 years)

But the clients are not ... their chances of complete recovery are slim because they go there prematurely, and because according to the parent, being admitted to a rehabilitation centre is the goal. When they've gone there and they come back, the process of rehabilitation or recovery does not stop there. The greater work or part of the work is when they come back because now remember, substance use is a learnt behavior. We need to reverse.... [silent] (P1, female, 37 years)

Based on these findings, participants seem to be concerned that the department is focusing more on results and not the process. The time spent with an addicted person is more crucial than the outcomes because the time determines the outcome as suggested by Van der Voordt and Jensen (2021:305). It is during this process that the illegal chemical substance users acknowledge their situation which has a bearing on the outcomes.

Sub-theme 3.3: Debriefing of participants

This subtheme entails responses of participants regarding the involvement of the supervisor and debriefing of participants from both the department and SANCA. Participants share their different views regarding their supervisors and their lack of debriefing from the employer.

Involvement of a supervisor is a crucial process in social work. According to Goliath (2018:23), the performance of social work supervision is the supervisor's responsibility. Most supervisors view the purpose of supervision in social work as ensuring the delivery of high-quality services through the giving of advice and

assistance. Participants below expressed their views regarding the involvement of their respective supervisors:

Alright, up to so far, the department [of Social Development] itself is not doing much. However, in our small teams, our supervisor really tries to maybe have those debriefing sessions with us. Our manager as well sometimes would take initiatives, to come and sit down with us and try to hear and understand our challenges. (P10, female, 34 years)

Yes, debriefing is there but sometimes like you need ... you need to talk to her [supervisor], discuss a certain case. It is stressing to you, but you find she has a lot to do, and she will come back on like Monday or Thursday so that we can discuss the case. So, you see, they also have a lot to do. So, support is there but it is not enough. But resources. In terms of resources, yes resources are there. (P3, female, 47 years)

The only debriefing that we have, we don't have that official debriefing that you going through but we do sometimes have colleague to colleague debriefing or supervisory group sessions for debriefing, whereby you discuss your difficult and easy cases and how are you coping within the profession and how are your cases how do you need help so our supervisor is there for use and us as colleagues we are there for each other to assist because there're are those who came before us who knows some of the things that we don't know, so we go to them and ask for help in terms of the briefing and everything. (P14, female, 30 years)

Participants explain differently how their supervisors are involved in terms of debriefing and assisting with difficult cases. It is not often, but supervisors do try to avail themselves whenever possible. Good supervision is built on open and honest communication between the supervisee and the supervisor, which supports the supervisee's empathy for the client as well as the expression of genuine emotion (Wilkins & Antonopoulou, 2019). Furthermore, Haugstvedt (2022:168) noted that proper support and continuous dissemination of practice through critical reflection and supervision might play a crucial role in both social workers' well-being and their professional practice. Both authors highlighted that good supervision and continuous support for social workers is of great contribution to the wellbeing of social workers.

Debriefings are a demonstrated practice to decrease overall instances of stress and vicarious trauma (Miller, 2023:12). Stress with no outlet can cause physical and psychological health problems, impact families, increase substance use, and decrease overall wellness. The participants had the following to say:

Debriefing...[exhales] with the supervisor to be honest not really. Debriefing normally happens amongst us as staff members, I feel like if the supervisor would put more effort it will help. I will go back to what I said earlier, I am feeling a bit of a decline in my work. So, when I bounce that idea to some of my colleagues, they're able to say these clients are like that don't oska ba beya mo pelong...I don't know how to say it in

English but don't be too connected with your clients which is difficult to do. (P12, female, 37 years)

With debriefing we do it ourselves as like not in a structured manner, we just like in passing you know what there is this case ohh girl! If it was you, how would you handle this? That's how we debrief. (P13, female, 49 years)

So, debriefing we do it ourselves, but it is just us as colleagues. (P4, female, 31 years)

We don't have debriefing as such, we do it ourselves as colleagues. But, like I say the department, there is no debriefing that they offer us. (P5, female, 48 years)

Based on the findings, it can be deduced that some social workers are dissatisfied that their supervisors are not debriefing them. It is unfortunate considering that debriefing reduces the possibility of psychological harm by talking about what has happened; facts can be reviewed, misconceptions corrected, as well as valid and fair observations taken on board (Miller, 2023:12). Participants end up seeking assistance from each other to ease the work stress in the absence of supervision and debriefing. Similarly, Madisha (2019:98) highlighted that delegated oversight is difficult. It appears that social workers operate independently most of the time. When assistance is required, colleagues are contacted for advice and support.

Consultation with supervisors has been known to yield positive feedback and enhance work performance (Haugstvedt, 2022:168). It is not surprising that the participants have provided their experiences, perceptions and feelings regarding consultation with supervisors. The participant below asserted that if their supervisor sat with them down more often, it would be of great relieve to them.

So, I think if I were to sit down with my supervisor about supervision sessions, she would even be able to go deeper to say ok, don't you perhaps think that you need help in terms of Employee Awareness Programs [EAP] or coming to see me maybe once or twice a week so that we can talk about your clients and if she does that, I think that would be great. I feel that it's needed for social workers, and I think with my other colleagues remember they also have their own clients that they're dealing with so I won't get that much debriefing as I would with the supervisor. (P12, female, 37 years)

The findings suggested that consultation for social workers with supervisors is of paramount importance. This may yield better decision making when employees have input (Swanzy, 2020:45). The involvement of supervisors that the participant anticipates will also assist them in an advanced manner professionally and personally. Similarly, there will be easier change implementation, as employees have been involved in the planning process (Wilkins & Antonopoulou, 2019:21).

There are contradictory findings when it comes to the effectiveness of debriefing which may have a bearing on why some organizations are not practicing it. Two participants had this to say:

We do not have debriefing; we don't have supervision so that it is a big lack in all non-profit organization. I think you will find its like that in all non-profit's organization. So yes, I would say that is the big lack for social workers in South Africa, there is no access to clinical supervision. I think that is something. So, I do get support from my colleagues, sometimes we talk to each other, but I do not have any clinical debriefing. A few years ago, I think it was about three to four years ago, I went to see a trauma counselor. So, she is very good. I went to see her a few times. (P7, female, 46 years)

We don't have any debriefing; I don't want to lie. I don't know maybe because of Covid-19 or what am not sure, but with debriefing we've never been there. Before Covid-19 we used to have team building and that was a positive attribute as well that you can live the workplace and go for team building wherever and my manager will make sure that things are smooth. (P11, female, 46 years)

It is evident that the participants do not get support – debriefing within their working space except amongst themselves. Evidence about the ineffectiveness of debriefing has come from randomised trials that have used broad definitions of debriefing in the literature; thus, it might be that these findings have arisen because an inappropriate form of debriefing was used (Kennedy, 2022:4). The second extract also reveal that COVID-19 disruptions had negative implications for employees' work lives (Abbas, Mubeen, Iorember, Raza, & Mamirkulova, 2021:3) and provoked employees' indecisions (Roster & Ferrari, 2019:23) that resulted in generating office and clutter. Nonetheless, support from the supervisor in terms of debriefing, guidance, motivation, help in problem-solving, and so forth, enables employees to avoid office clutter.

THEME 4: PARTICIPANTS' DESCRIPTIONS OF THEIR CASE LOAD

Workload delegation is one of the sensitive topics for the employees simply because raising concerns looks like one is complaining or undermining their superiors (Kayame & Mallongi, 2018:332). Social workers providing services to the youth abusing illegal chemical substances shared both positive and negative experiences regarding their workload.

Two sub-themes emanated from their responses namely, the heavy caseload and factors that influence the caseload size. Sub-theme 4.1 details the participants' views

on their caseload, and sub-theme 4.2 discusses the views of the participants regarding what causes the heavy caseload. Not being able to close files which in return increases the workload, administrative work to be completed every month for stats purposes are some of the influential factors noted in sub-theme 4.2.

Sub-theme 4.1 Heavy caseload

A heavy workload occurs when the number of responsibilities an individual has, pushes the boundaries of what can realistically be done in each role (Pattah, Arifin, Darmawansyah, Daud, Syam & Mallongi, 2020:614). It can be the result of an organization trying to cut the costs but can also come from how work is delegated or managed by individuals (Russeng, Saleh, Virani, Latief & Mallongi, 2018:361). Excess workload can result in human performance issues such as slower task performance and errors such as lapses in concentration and mistakes (Nur, Fitriyah & Mallongi, 2020:13). Several participants expressed themselves regarding the high workload they must do, and the extracts below attests:

“The workload is a lot. Considering that the number of substance users is also increasing and another challenge that we have is the underage children who are now using serious hard drugs like the crystal and cocaine. And with them, when you get a client who is under 18, you must attend to the client immediately.” (P4, female, 31 years)

“Yeah, it's that's why I am saying it's quite high. what is also frustrating is the number of clients we would like to take to rehabilitation centres, but we can't. However, we got supportive rehabilitation centres that we work with as well. There's one in Nigel, Vanderbijlpark and a few in Johannesburg even those that take children as well, so they're quite helpful we build good relationships and with them.” (P12, female, 37 years)

“At the moment I have around seventy-eight... [thinking] Ya, seventy-eight [78] cases. All the files are active, I have closed some, but I am left with seventy-eight. The workload for me is a lot, especially.... Okay, let me share this; when you are allocated a file, you are not given one file to say, “here is a file work on it”. You are allocated sometimes five to ten files in a day like, “here is your allocation”. Remember, we have five days in a week, we must contact the client within twenty-four hours after you are given a file.” (P3, female, 47 years)

“You know uhmm [sighs] I'm not sure how many files a social worker should have, you know. But I started in 2019 January, I am sitting with about fifty [55] files now. Not all active. As I told you, the challenge we have with our clients is that you find that in that fifty-five [55] I did home visits, some of them gave wrong telephone numbers and addresses. If we don't get hold of the client telephonically, we must do home visits. And you know, you find that I am stuck with.... [thinks] I think it is more than twenty

[20] files that I am stuck with because I couldn't get hold of the clients. When you find them sometimes after a while, some are deceased. "(P5, female, 48 years)

"Hmm hmmm [exclaims and shakes head]. It's too much. Yah, it's too much. [Takes a deep breath]. Because I have just closed a lot in December so that I can try and minimize the workload. Right now, probably the active cases are about fifty [50]. Yah, I think about fifty [50]. I mean we work with a population that needs to be self-motivated. So that sometimes helps as your workload would be you know, typing those process notes; if he is not around you have to write that down and cover yourself up. You know, parents sometimes can be [pausing] you know, outrageous. They can come one day and claim that we did not assist them sufficiently. Yes. But, otherwise much as that is not a good thing, it assists us because it depends on the client, if they are not around what can you do?" (P1, female, 37 years)

"I think it is medium [manageable to a larger extend] because you know working back and forth [Workload is not a lot nor is it less]. We have clients who you will take to rehab [rehabilitation centre] and then maybe not complete the program. Obviously, they would want to come back again and then go back to the rehabilitation centre again, it's a process. Whereas we still have others waiting to go to rehabilitation who are new on the list. So, in a way I may say it's medium because whatever happens with the client, whatever communication we have with the client we must always ensure that we keep the communication in the file." (P2, female, 29 years)

"I think it makes it more because my challenge would be I would be having ten clients who are here and I have done everything with them with the assessment they completed the forms all the documents that they need to go to rehabilitation centre, but the issue is the space. So, me having ten clients not being admitted on time and an allocation of new clients on top of those awaiting space increases my workload as I have to assist them halfway as well until all are admitted. So, sometimes it gets challenging on that, that's why I am saying limited resources of rehabilitation centres create a lot of cases on our caseload because if you cannot take those ten to rehab, already we have 10 more that are coming who still need space. I think it's something that we are managing, it's not as bad. We are trying." (P14, female, 30 years)

"So, after allocation of files we must first contact all these clients and you know this department, if it is not written then it is not done. Several activities should be completed within one file and the length of an activity depends on the severity of the case. After allocation, there is contacting of clients, assessment, typing of the admission report and apply for the client at a rehabilitation centre. So, that is why I am saying to you, the case load is too much. Again, a file is not easily closed as our clients can return to seek assistance even after two years of relapsing. If the client feels "I am not ready", then you start dealing with other clients, and await the one the quit being assisted to ask for help again." (P3, female, 47 years)

Based on the extracts espoused above, it seems that most of the participants have heavy caseloads ranging from 30 to 150 files. The effects of heavy workload do not only end with employee's physical deterioration but employees are also likely to suffer social and mental collapse as well (Mahlangu & Kgadima, 2021:455). Employees who

have too much workload suffer from poor work-life balance and higher stress levels. Therefore, resulting to substandard employee performance (Fernandes & Mokwena, 2016:154).

Few participants indicated that their workload is not hectic, as it depends on aspects as stated below:

“Yes, in a file you may find that you have done interventions that could have been done in three files, but they are done in only one file. Because remember, parents are no longer happy with them, like the relationship between them the family and the relatives now...uhmm [pausing], it has ended and you know whilst they are still in rehabilitation, I am not closing the file. I am busy preparing the parents, the whole family for when he comes back, he must find a different environment. The name calling must stop”, “the accusations must stop”, “the family must give support” [hand gesture]. So, you find families who are saying “I don’t want him back, see what you need to do, I don’t want him back”. And we don’t have shelters for boys. (P3, female, 47 years)

Our workload is not that hectic because our clients come and go. We open a case, and we close it depending on the client, remember we are controlled by a client, you can’t keep the case open if the client is missing for a long period. So, we close it until he or she comes back. So, the workload is not that hectic.” (P15, female, 30 years)

Participants raised the point that every file has its specific interventions required for the participant to state that services have been rendered in full to a client. In agreement, Kim, Yi, Pierce, and Hall (2019:5) highlighted that the workload of caseworkers may be impacted by the seriousness and complexity of situations. These case features have frequently been used to estimate the right number of cases for caseworkers to handle in order to manage workload effectively.

Sub-theme 4.2: Factors influencing caseload size

There are several factors affecting heavy load size in the literature (Chaote, 2015; Shulman, et al., 2018; Haysom et al., 2018). Amongst others, the effect of time frame has been cited in the literature as one of the factors heavily affecting workload size (Pattah et al., 2020:617). Hope and Van Wyk (2018:429) noted “social workers in SA, there is a critical shortage nonetheless the profession is classified as a ‘scarce skill’, which further contributes to high caseloads”.

One participant mentioned several factors that influence a high caseload in the extract below:

“I would say we have a high number of cases and I think one thing that makes it even more challenging is that I must... see my client, which of course is casework. What

becomes more challenging is when I must do community awareness programmes, which are guided by numbers, and we must reach certain numbers in a month. I find myself under pressure because one; I must see my existing clients as well as my new clients [using hands to count]. With my existing clients, I must take them to rehabilitation centre myself. I also make sure I conduct groups sessions and follow ups and conduct home visits as well. I also do community awareness programmes and make sure that I am reaching those targets. Also, once a quarter we have to co-ordinate events. So, some months are very challenging, and we find ourselves neglecting some of the things and focus on other things.” (P10, female, 34 years)

The extract seems to suggest that the capacity of the work to be completed has a significant impact on the caseload and it can also be challenging to manage when a variety of duties that are not related to cases need to be completed (Miller & Barrie, 2022:15). Khanyi and Malesa (2022:30) stated that the amount of work is stressful from both physical and mental bodies due to the set targets in which one should accomplish. Workload uncertainty of clients makes it difficult for participants to close files. Users invariably have excuses on why they did not attend or why they will not attend (Khanyi & Malesa 2022:34). The following extracts illustrates the uncertainty and unreliability of users of substances that participants experienced:

“You know what, my supervisor came with this tendency that we need to close files and re-open them. I mean like “you know what, it does not work because we are working with people who are unsure of themselves, you understand?” Today he is here, and tomorrow he is not”. So, you cannot just say I am temporarily terminating the file and ending the relationship. That guy or woman can call you out of the blue and say, “I am ready now”. I don’t just close files, I keep them open because now you can’t force someone to change. Some people just come to you, they disappear and then come back to you again. Some people just need social support, they know that “if I need to talk to someone, I can call Moses”. Just leave the door open. So, my supervisor says we need to terminate clients. You can’t terminate clients; I mean we need to follow protocol. But we are dealing with targets here or financial implications of targets. Some other people need time to heal before they come to you for debrief sessions. So, my workload is a lot. Two weeks back this other guy, he was with me in 2019. He just came back now saying “I am ready for rehabilitation”, you understand. I have been going with him throughout. We apply and he disappears, we apply, and he disappears. Now he is back again, and you can’t be like “no”. (P9, male, 28 years)

“...hundred and something [estimation of files]. Other people you send them to rehabilitation centre, they come back and relapse. You understand? That is how it is, you can’t just close a file. I feel like at times I am being a probation officer because I must babysit.” (P9, male, 28 years)

Participants presented their views on the type of clients they deal with. Lack of determination from clients has a great influence on the participants’ administrative work. This happens under the client’s pretense of adhering to the programme

interventions. Attending meetings and participating in recovery activities is crucial to get the most out of rehabilitation programs. But as mentioned, attendance and engagement may be spotty, inconsistent, and infrequent (Khanyi & Malesa, 2022:34). Most of the challenges stated are that clients do not follow up for appointments, they disappear and reappear which makes it difficult for participants to close cases. Haysom et al. (2018:3) reported that the freedom users enjoy in the out-patient programme makes it unlikely for them to honor appointments.

One participant noted the demanding work to be completed but with limited time. The following extract illustrates the reality of the participant having to cover areas and deliver administrative work in a short space of time:

"I am working in Levy-Mbatha Clinic at Zone 13, Sebokeng, I am working in Sharpville, and I am working in Vanderbijlpark. Three offices, this means three clinics. I do assessments at three clinics. I must do the reports for the three clinics [using hand gestures]. You understand? Everything goes through...so on Fridays that's why we don't attend to clients. We strictly do administration work because there is a lot, we must do follow ups on clients. We have filing to do...we have reports to type, and you must do the follow up. You need to check on your clients, while you are still busy here and maybe sometimes there is no receptionist you must go out of the office and attend to the telephone, and you must open the door. So sometimes it is hectic I don't want to lie, it is hectic, but a job is a job. Vanderbijlpark is not that busy, Levy-Mbatha and Sharpville Clinic are busy clinics. Levy-Mbatha is a big clinic. The clients that are attending there are about thirty to forty daily. I have two hours per clinic, at Sharpville I went in 9 o'clock until 12 o'clock. It is three hours; I must drive. I drive myself; I drive from that clinic to Levy-Mbatha which is about 40 minutes. At Levy-Mbatha, I started at 1 o'clock and worked for two hours. There are a lot of people and I do not have time. The time is limited when I am working at the mobile clinic because we knock off at 3 o'clock, there is no time." (P8, female, 45 years)

The extract seems to suggest that social workers are in demanding roles within a limited turn around period. Mahlangu and Kgadima (2021:455) asserted that there are general challenges that social workers face regardless of where they perform their duties. A recent account of such challenges suggests that their job requirements include increasing paperwork, excessive caseloads, dealing with difficult clients, staff shortages and irregular supervision (Fernandes & Mokwena, 2016:154).

Social workers are at times faced with urgent cases to deal with. During that time, they are forced to act immediately and treat the case sensitively. Identifying the main problem, including what precipitated the crisis has always been regarded as the first step of crisis intervention (Kayame & Mallongi, 2018:332). Social workers are then

confronted with the challenge of putting everything aside and dealing with the situation at hand. The following extract illustrates:

“A lot of clients that come for help at our office want to commit suicide. They want urgent help to quit drugs or promise to commit suicide. Therefore, write a lot of letters to the psychiatric wards seeking urgent assistance to admit out clients. We had those cases numerous times here, a client saying he or she is going to kill themselves or their children and then I must act I can’t just leave it, so I must get them help immediately. The driver together with my colleagues would take the patient to...usually the males they take them to Sebokeng Hospital and the females at psychiatric ward of Kopanong Hospital.” (P7, female, 47 years)

The extract seems to highlight that clients who submit themselves for substance use assistance are at a critical stage of wanting to commit suicide as they cannot handle their state anymore. Similarly, mentally ill people frequently constitute a risk to themselves or to others. Being profoundly incapacitated (which is frequently brought on by a severe active psychosis) and making suicide threats are frequent grounds for involuntary admission (Kanel, 2019:76). A client will need immediate attention from the psychiatrist in hospitals. Numerous studies have shown that social workers are likely to encounter clients who are at risk of suicide, but the majority do not receive the training, education, or other preparation they need to deal with these clients in a way that will effectively engage in suicide prevention (Morris & Crook, 2018:321).

Service users’ choices after release from the rehabilitation centre may be challenging for social workers. They go back to the same community and relapsing becomes easy for them. It then becomes difficult for social workers to provide after-care or trace these users once they are out of the rehabilitation centres. That results in a repetition of service delivery and in return an increase in the caseload. Some of the challenges are highlighted in the excerpts below:

“It is risky because the client is going back to the same community where he came, so I must make sure that aftercare services are available. After finishing the program at the rehabilitation centre, I need to offer weekly after care services. I should visit the client and at home visits to prepare the family, but this client now, is waiting for space at halfway house. At halfway house they test him if he is clean or has used drugs. Some clients say “no, I don’t want to go to a skills development center, I want to go to halfway house or stay at home and look for a job”. Where are those jobs at this present moment? [hand gesture]. Then they will start idling and an idling mind is the devil’s workshop and then the client will relapse, and we restart the process.” (P3, female, 47 years)

"The only challenge that we have is that when the client opens a case, they are ready at that time and you will find that there is no space at the rehabilitation centre., You explain the process to them and by the time they have to go which maybe after three months, they are no longer motivated they say, 'I no longer want to go'. So, that's the challenge. We lose our clients along the way but, not all of them those who are determined we still get them by the time there is space at a rehabilitation centre to be admitted." (P15, female, 30 years)

"It's a process but those who are determined understand and we're not leaving them just like that, we have our outpatient programs where we refer them in the meantime to centers near them around the communities like your SANCA [South African National Council of Alcoholism and Drug Dependency], is available every day. They can go there just to prepare themselves, there are even support groups, which they can attend but, few attempt not all of them. So, the workload is not hectic. The challenge is that we lose them along the way, or they are forced by their parents some are coming here parents forcing them. The parents would bargain with their children over something they hold precious to like a phone, forcing them to come seek help at the social workers regarding their drug addiction. Therefore, parents are not solving anything by forcing their children to come seek help if they're not ready, it should come from an individual to be ready to want to change his/her life. But the workload is not hectic." (P15, female, 30 years)

From the vignettes above, it can be deduced that the choices that clients make after being released from rehabilitation centre influence the workload of participants. The dishonesty and unreliability of most users, dealing with unwilling clients, a lack of family and community support, handling relapse cases, dealing with untraceable clients, clients' health problems or issues, clients' criminal records as a challenge, and the level of literacy as a determinant towards development access are some of the challenges faced by social workers (Khanyi & Malesa, 2022:33). Ndou (2019:3) found that as a social worker working in the field of substance misuse, many service users who sought treatment said they had previously sought treatment elsewhere, indicating that they had relapsed.

Administrative duties of social workers include updating files and producing psychosocial reports. However, with the amount of time they spend with clients it becomes difficult to have time for administrative duties. The following extract indicates the duties and challenges social workers are experiencing in trying to balance their practice and administration:

"A lot [of paperwork] ... on our workload each file needs to be up to standard, dated and everything, process notes, documents, psychosocial report... everything... everything must be there by print. The assessment you need to do the psychosocial report, let me put it this way, the assessment that's when you do the assessment you

interview right... go and type psychosocial, there also assessment report which is also similar... very similar to the psychosocial report but you must do it also. So can you imagine the work that we need to do on one client, and you have 10 clients, you're allocated 10 clients today, so you must call them because you're allocated a case deal with it that day. So, it's like that... we must complete process notes that I called the numbers provided in the file and the family member, maybe grandmother or the sister said the clients is at home or not [clears throat] from all those 10 files." (P13, female 49 years)

Similarly, social work practitioners often express negative attitudes regarding the administrative and management facets of their workplaces and their workloads, claiming that these are diversionary activities from "the real work." (Coushield et al., 2018:3). However, the time-consuming obligations to conduct evaluations, create care plans, attend meetings, and other activities put administration at the centre of social work and make it an unavoidable form of accountability. Furthermore, in a study conducted by Stahlschmidt, He and Lizano (2022:6) about a dynamic Theory of moral distress in Child Welfare Workers, a participant noted the following "all this time I want to spend with my clients is hindered by all this other stuff that we have to do. Then I want to leave because I feel like I'm not doing my job well, because I have all these timeframes I must meet, but I'm not meeting them all, but I'm also not meeting with my clients enough. . . . But if I leave . . . it's not fixing anything, it's just causing more issues. So, it's hard. It feels oppressive to me".

THEME 5: PARTICIPANTS' VIEWS ON THE RESOURCES TO FACILITATE SERVICE DELIVERY

This theme encompasses of three sub-themes that express in details subject of resources availability. Resources are defined as "anything perceived by the individual to help attain his or her goals" (Halbesleben, Neveu, Paustian-Underdahl & Westman, 2014:6). Globally, the social work profession plays a significant role in community development and ensuring that social welfare services are provided to the service users (Maina et al., 2021:730). However, in recent years, South African social workers have been heavily criticised for poor service delivery due to a drastic increase in number of illegal chemical users. The critique is alarming, and this needs intervention to understand the factors contributing towards service delivery. Hence studies have been conducted and some provided contradictory findings (Khoza et al., 2017; Zibi

2022:16). The requirements for contemporary social work of being effective and empowering, simultaneously increase the need to understand how these civil servants are conducting their duties within the social welfare organisation. The findings in some studies suggest that availability of resources (human, financial, stationary, transportation etc.) have made social work services manageable (Dada, Burnham, Erasmus, Parry & Bhana, 2017:10). On a contrary, some studies found that these social workers are operating with limited resources, which makes it difficult to perform their daily duties (Campbell, Phillips & Campbell-Phillips, 2020:300). Hence, participants working with the youth abusing illegal chemical substances had both positive and negative feedback concerning the resources in their line of work.

Subtheme 5.1: Available resources

In this sub-theme, participants acknowledged the availability of resources and commended the employer for their efforts in making resources available. Resources enable employees to successfully complete their tasks and goals, furthermore their well-being and capacity to perform well are enhanced (Nielsen, Nielsen, Ogbonnaya, Käsälä, Saari & Isaksson, 2017). In the desire to drive social workers' well-being, organisational growth and service delivery, there has been an increasing interest in resources at work. The extract below expresses the participant's satisfaction with resources:

"Okay, I will start with what I am satisfied with, and it is resources. I think our department [Department of Social Development] is trying very hard, it is not easy. I think, the treatment for substance use disorder is very expensive. But, since I am in the program, I have seen more rehabilitation centers, I have seen more outpatient treatment centers popping up, I have seen more skills development centers open to support the whole process of treatment". (P6, male, 35 years)

The participant above expressed satisfaction with the resources provided to assist social workers to perform their primary work. With that said, Bala and Kang'enthe (2020:455) stressed that the government should allocate more resources to proactive substance misuse prevention strategies rather than to subsidise greatly expensive resources for rehabilitation programs for users who have experienced clinical issues. A clear indication that resources are available, but they are provided to rehabilitation centres only and not to other proactive prevention strategies playing a big role in the sobriety of clients. Contrary to the storyline above, Madisha (2019:7) noted that resources in the form of space, transport and communications continue to pose a

serious challenge for social workers. This lack of resources will have an impact on service delivery. For instance, Madisha (2019:12) found obstacles such as lack of facilities and resources for implementing programs for chemically dependent young people.

According to Madisha and Skhosana (2022:443), the existence of enough qualified substance use counsellors and social workers in SA with the prerequisite training, experience, and skill has remained a primary benefit in substance use treatment. In validating this claim, the following extract was provided by the participant:

“Okay, to start with I remember when we started with this programme [substance use section] it was only four social workers. So now, there are almost 18 social workers. So, at least the number is growing, and we can manage our own caseloads”. (P2, female, 29 years)

The participant above highlighted the increase of social workers in the substance use section. Such an increase has led to the proper management of caseloads as well as more manpower to tackle the substance use crises. Similarly, authors claim that social workers and addiction counsellors play a critical role in minimising the substance use epidemic through treatment and recovery (Filges & Jorgensen, 2018:363). However, Unegbu (2020) noted that the social work profession has a shortage of trained professionals in an established practice for addressing the opioid crisis and treating substance use problems in some countries or institutions.

Transport remains a necessity in all public servant departments for employees to reach their clients. The case is no different within social welfare organisations because they require movements around their areas of service to solve cases and to transport service users. Based on that, the participants alluded the following:

“The resources I think government is doing their utmost best that we are able to use vehicles the whole day for whenever you want to go or transport your client for whatever reasons, as long as it is in your scope of practice. So, I think that makes our job to be easy as a social worker and remember I am servicing Lesedi [60 km from Vereeniging Office] so I need to travel all the way to Lesedi so you can imagine if the cars were not there and our rehabilitation centres are far apart but because of the car, I can easily drive to wherever I could take a client”. (P11, female, 46 years)

“So, I think government does quite alright, and we need to give them a hand there. They are providing resources; we do have vehicles to transport families who cannot afford to go to rehabilitation centre. We do family reunification services and now we do have telephones... cellphones from the employer and now when you are working serving remote areas where there are no landlines and we do have a lot of support. I

think when it comes to resources, I cannot complain. And when it comes to development in terms of training, also there is support. I mean I have attended a number of trainings. There is one I did not so long ago, I think it was 2020. Government is trying to get everybody on these streams, more especially on substance use disorder and it is a very updated training with modern research, you know". (P6, male, 35 years)

The expressions above demonstrated that the participants acknowledge that the government is really trying in terms of providing transport to their employees for services to be delivered smoothly to the public. According to the Department of Social Development (2021), the provision of transportation inside a department serves to assist the department in achieving its goals. Therefore, it must be used in a way that is economical.

The availability of printed material plays a big role in the service delivery of social workers. Information needs to be shared with clients and the community at large. The extract below attests:

"So, there is a lot of consultation, you read our pamphlets, you see that government is really trying to be on top of their game if you get what I am saying. Even our pamphlets they do describe what is nyaope, Nyaope is not something that was there many years ago. You know it popped up very recently so, immediately we defined it. A lot of people still don't know what nyaope is. They don't even understand what the concept is, but I am happy with the trainings we are receiving. And in terms of debriefing that is where I feel like I am getting a little bit of dissatisfaction with the employer. I also cannot really blame anyone, but I think it has to do more with time management from social workers and supervisors, we struggled to find time to sit and have case conferences and proper supervision that will help us when we are out there in the field and form part of debriefing. So that is an area that I feel it needs improvement". (P6, male, 35 years)

In the extract above, the participant emphasised the importance of information sharing as many people still do not have enough information about drugs. Similarly, in a social welfare organisation, pamphlets and posters describing different illegal chemical substances and their resultant consequences should be available to ensure that consultation is effective and service users are well informed (Geyers, et al., 2015:322). Office stationery is equally important to facilitate administration within all organizations (Gaber & Fahim, 2019:230).

Participants noted the availability of rehabilitation centres which play the key role in the sobriety of their clients. A rehabilitation facility provides drug addicts an opportunity to learn from their mistakes and change their behaviour (Zibi, 2022:16). Some of the extracts recorded are presented below:

“With regards to rehabilitation services yes, we do have them. We have I think uhmm how many rehabilitation centres, let me see, the one in Jamela in Bophelong. Then we have Freedom Recovery Centre in Nigel, we have West View and Golden Highway in Randburg. We have Dr Fabian and Florence Ribeiro Treatment Centre Sick Bay and Admissions [Dr F and F] which is in Pretoria, and We have SAICA Horizon in Alberton [using hands to count]. We have the skills development centers that we work with to ensure that our clients do not collapse. We have one that is offering computer skills. It is Toughest Young Minds, it is in Sebokeng”. (P2, female, 29 years)

“They [resources] are enough, but the problem is with our clients because they don’t want to utilise the services, but the services are there, they are enough. Yes... we do refer them to aftercare especially those ones coming from rehabilitation centre. Aftercare is whereby you enhance your life, we say to you maybe you didn’t have a matric, let’s help you to go back to Adult Basic Education and Training [ABET] school or let’s take you to skills development center then they end up not going there because they even provide transport at those organisations for them to go there. So, the services are there, they are sufficient, so our clients are not the ones utilizing them. I can’t say motivated or what but, I think they are ignorant because they think once they are sober, they are fine, they don’t need anything from us. This is wrong. Remember, sobriety must be maintained. Yes, they must be sober every day”. (P15, female, 30 years)

Yes, there are resources in place. For example, when coming to rehabilitation centres, we support our clients especially those that are coming from backgrounds with financial problems. We apply for the rehabilitation center first, for free and then we take our car from the South African National Council on Alcoholism [SANCA], for the disadvantaged background people then our car takes them to a rehabilitation center. Then for those who do not have clothes, we ask from another organization to help us with the clothing. Then I can say that everything is in order, the support is there. Those who do not have money for clothing, it’s free, we help them for free. But they should attend our group session. As social workers, we give people free treatment, and the clients are taking advantage, they are aware that they can come and go as they please we will always help them. They don’t follow up then I say to them “we give you free treatment, but you have to come to the group sessions so that I can see that you are serious about your recovery. They will come but not most of them. Some of them will be coming regularly but some will just say they are not coming. (P8, female, 45 years)

From the extracts above, the participants seemed to appreciate the availability of rehabilitation centres that they can refer clients to for rehabilitation services. However, it is concerning that clients lack the motivation to use the available facilities. Nonetheless, authors acknowledged that social workers have the duty to help the users of illegal chemical substances to the rehabilitation facilities and facilitate the rehabilitation process (Maina et al., 2021:730).

Some participants liaised with relevant stakeholders in the society which help in addressing the substance use crises and which also focuses on out-patients. The

extract indicates some of the available skills development and recovery centres that the participants can refer clients to:

“In short, we call it Toughest Young Minds it is in Sebokeng. They offer skills development. We also have Bokamoso skills development center, also in small farm. So, we work hand in hand with them to ensure that our youth do not relapse”. (P2, female, 29 years).

Then it means I need to contact the, for example, the Freedom Recovery centre because they provide admission for months. If they don't have space, they will obviously tell me and they will put the client on the waiting list for admission”. But I can guarantee you that the waiting list will not be anything more than a month. Then if it is an emergency, then we request on time that “can you please make space available for this person under these conditions?” (P2, female, 29 years)

As the storylines above attest, the availability of skills development centres is another resource enhancing social worker's duties within social welfare organizations (Lebese et al, 2014:330). However, DeLucia and Solano (2023:30) noted that there might not be enough outpatient programs available to help adolescent substance users, according to treatment services. This could serve as evidence that community-based outpatient treatment facilities for young people struggling with addiction are underfunded for social workers working with adolescents.

The availability of tools for service providers is important in the delivery of services to clients. It has been documented in the literature that the social work profession requires items such as computers, mobile phones, printers among other important resources (Filges & Jorgensen, 2018:363). Regarding the availability of cell phones to facilitate consultation, one participant shared the following sentiment:

“At least we now have cellphones, it used to be a problem as well that one, at least they have improved in that manner but like I said now we are still in the 3Gs when the world is at 5G, but yah we are going somewhere soon”. (P1, female, 37 years)

The term 3G is referred to as a 3rd generation mobile network that allows phones, computers, and other portable devices to access the internet wherever the device is located.

The term 5G is referred to as a 5th generation mobile network that has high speed, higher upload, more consistent connections, and improved capacity as compared to previous mobile networks such as 1G, 2G and 3G.

The extract above seems to expose the need for advanced technology in order for social workers to get hold of clients through cellphones, as well as advancing on how meetings and trainings are held in order to avoid contact and the spread of the virus (Pascoe, 3270:2022). The participant has stated that as social workers they need to evolve when it comes to technology as the world is currently using 5G networks while they are provided 3G network by the government.

Therefore, this shows that there is improvement that needs to be taken into consideration as the discipline of social work in terms of technology. According to Bullock and Colvin (2015:1), “technology has also evolved in social work practice over the past decades, playing a part in giving practitioners easy access to colleagues and to their clients through fax, emails, cell phones, chat rooms, and online messages”. Similarly, the Covid-19 pandemic has also highlighted the importance of technology in the social work profession.

Sub-theme 5.2: Limited resources

Contrary to the previous sub-theme, there are participants that noted the need for resources in their delivery of services. This subtheme presents views of participants ranging from the need of office material, space for rehabilitation centres as well as shortage of half-way houses for clients. The issue of limited resources for social work profession in SA has gained drastic attention (Madisha & Skhosana, 2022:443). The extracts below attest:

“I think well with the limited resources that we have; the employer is trying to give us all the support but in terms of resources we have limited resources, but we do try to work with what we have for us to provide services to our communities and then to empower us we have trainings and sort of debriefing”. (P14, female, 30 years)

“The resources don’t balance with the caseload. It is not enough, especially regarding the rehabilitation centers, there are few that are funded by government. There are few and they are always full. So, eish there is always a back lock and most of the rehabilitation centers provide for the whole of Gauteng Province, so you really have to seek space. So, it might take you close to three weeks to a month before you get a response that has an admission date you know, because there is always a waiting list”. (P4, female, 31 years)

“The number of youths abusing substances is increasing and sometimes you find that the rehabilitation centers are full, and we need to wait for the space. Here we are a team of four, we have four supervisors supervising us. So, the category...we have four

categories of substance social workers. So, we take turns to refer clients, I mean for the clients to be admitted to a rehabilitation center. That is a challenge that we are sitting with. And you find our clients are not aware of that, number one. Two, they become frustrated, waiting to be admitted". (P5, female, 48 years)

In line with the storylines above, Khanyi and Malesa (2022:33) identified lack of resources as a contributing factor towards slow service delivery within social welfare organisations. Participants noted that the number of clients they service are increasing daily and does not balance with the available resources. For example, there are several young people seeking treatment for substance addiction nationwide and in places such as the Eastern Cape Province (Manu, Maluleka & Douglas, 2016). Fernanders and Mokwena (2020:38) highlighted that *nyaope* also present difficulties for already underdeveloped mental health services, the high number of addicts, and insufficient access to rehabilitation treatments.

The findings also highlighted the increasing demand for inpatient treatment centres. In-patient treatment centres are one of the most important tools for fighting chemical substance use (Singh et al., 2018:250). Therefore, more rehabilitation centres and community-based treatment centres are required, as the extract attest:

"You know the demand is there for treatment centers especially in-patient. The demand is there for skills development, that one is a broader problem even outside of substance use disorder. I think more can be done to have more rehabilitation centres and community-based treatment centers. Not everybody needs to go for in-patient treatment, others can attend support groups. So, we need to see a lot of those facilities as well as training of social workers, therapists, education counsellors forming part of stakeholders working together to fight drug use. More needs to be done in terms of aftercare services, that includes skills development centers because when our clients complete the in-patient program, they return home and need to be kept busy to look forward to the future, you know, and acquire skills. But we find that a lot of them are left with very little options to continue with their lives when they are outside rehabilitation centers, and they call in and request that they need to go back. But I said, "you cannot be an in-patient forever that is not the real world, it is the artificial world, and you need to be in the real world and find yourself". So, I think if they can get that support in terms of skills development, become skilled technicians, receive bursaries and those who need jobs be accommodated in government support programmes such as EPW [Expand Public Works Programme] or something like that. Those kinds of programmes, you can just say "please bring us ten guys who are from rehab to keep them busy and learn something, learn a skill". (P6, male, 35 years)

In the extract above, the participant elaborated in detail about the need for in-patient treatment centres. Social workers need to have up-to-date knowledge and access to chemical substance use treatment services. These include screening service users,

providing brief educational courses on substance use, giving advice, and making referrals to treatment facilities (Velasquez, Crouch, Stephens & Clement, 2016:15). With that said, Groenewald and Bhana (2018) highlighted that with few low threshold early intervention services in primary care facilities and few inpatient and outpatient treatment services provided by specialized clinicians, SA thus has high rates of untreated substance use disorder.

Availability of halfway houses impacts the process of service users remaining sober after being released from rehabilitation centres. Hence, it is acknowledged by the participant that there is a need for halfway facilities to keep the service users so that they don't relapse after rehabilitation, as stated in the extract below:

"But, because of the shortage of halfway houses, we must wait. Sometimes while waiting, the client relapses. Then the social worker starts the process all over again, you see, it needs a person to be passionate about this programme. You start the process all over again because now you have to sit down and evaluate "what went wrong?" You ask the client "what went wrong?" "Where did things go wrong?" "How do we correct?". Then you start with the aftercare plan, you amend some of the things to say, "we correct here and do what moving forward so that you do not relapse again".
(P3, female, 47 years)

The extract seems to corroborate with some of the previous findings that one of the challenges faced by social workers is access to these halfway centres for referrals (Madisha & Skhosana, 2022:454). As such, clients are unable to access options that can supplement substance use treatment, such as Alcoholics Anonymous, Narcotics Anonymous, or sober living facilities (Browne, Priester, Clone, Lachini, DeHart, & Hock, 2016).

Shortage of office stationaries for public institutions has been a challenge for many employees including social welfare organisations. Similarly, stationary shortage was also mentioned as one of the challenges to the social work profession in the extracts below:

"The resources, yes, we also struggle with resources. But we are working as I am passionate about my work. Even with stationary, I bought it myself so that I can be able to work, like now, we don't have papers to print, the whole department. It is a problem, so I have to buy the paper for myself so that my work can be easy for me".
(P5, female, 48 years)

“Firstly, we used to have resources. But recently things are challenging now. We find ourselves struggling with material, the flyers, pamphlets that we need to give to clients”.
(P10, female, 34 years)

The participants above shared the need for office stationery, as such hinders their progress of assisting clients. Due to their limited perspectives and ignorance of social workers' broader contributions to communities, legislators have reduced financial assistance for social workers. As a result, they do not see the need to fund social development initiatives because they think these initiatives do not advance the country's economy. Social workers are then badly affected by a lack of stationary for record-keeping (Koketso, Louis & Calvin, 2021:191). Some authors noted that office computers, printers, printing papers and ink are some of the important elements assisting social workers to facilitate consultation during rehabilitation process (Frinaldi, Embi, Bila, Angriani, Alista, Padang & Padang, 2020:54).

Participants noted the need for advancement in terms of technology. It is recognized that technology plays a significant role in advancing social workers' capacity for social action, social policy development, and social justice advocacy. As part of social workers' commitment to social justice, it is also important to advocate for access to electronic services (Sanders & Scanlon, 2021:136). Therefore, lack of transition from traditional way to the advanced technological way has been a challenge for social workers as seen on the extracts below:

“Technology in our line of work is a problem because the world is shifting. We are going into the fourth industrial revolution, you know and in terms of us social workers it is difficult for us to shift with the times, really because I am not sure if it is the system or if it is the department, it is dragging their feet because of lack of resources from the head office. But yah, they are trying, I have seen some of our colleagues have received their laptops, they can work from home, but you know, they are still using the 3G. The world is at 5G right now. So, I want to think that in terms of such, the employer is lacking”. (P1, female, 37 years)

“We cannot work from home because some of us are without laptops, the only time we would access the typing accessories is when you are in the office and using the computer. On another note, we are expected to use this new system they call it SAP [Supatsela]. The system is very slow and working on it is irritating as it can take you the whole day to deal with one case only. Especially when there are a lot of employees online, so in terms of those I think we are still behind”. (P1, female, 37 years)

Participants highlighted the lack of advanced technology in their workplaces. Social workers' use of technology has created new ways to interact and communicate with

clients, raising fundamentally new questions about the meaning of the social workers – client relationship (Campbell, Phillips & Campbell-Phillips, 2020:10). Moreover, social workers use various forms of technology to access, gather, and otherwise manage information regarding their clients (Gaber & Fahim, 2019:231).

Mobility is the most important demand that should be met in society, especially in the social welfare line of work (Maina et al., 2021:730). As a result, to achieve the aims of the rehabilitation process, transportation services must be available to meet and fulfil a wider range of client's needs. However, some participants shared some challenges with transportation for the clients in the extract below:

"With tools of trade, personally with my line of work, what I think is we lack cars, you know. The cars and what? I would say I am not sure if the problem of the department is that some sections offering services are taken to be basic, uhmm [thinking] what is expected of them is merely to help people to alleviate hunger and nothing much. Therefore, cars are not divided equally". (P1, female, 37 years)

"I don't think they [employer] understand because the way they do things let me give an example, with transport they make it difficult for us to get cars to go and render services because if you do not have the trip sheet signed by the supervisor or manager by the time you urgently need a car, you have to go around looking for them to sign your trip sheet, and them not being in the same office is a struggle". (P13, female, 49 years)

"Sometimes we also struggle in terms of transport to drop clients at the rehabilitation centre or having to go and conduct home visits. There is shortage of vehicles, so I think in terms of resources, currently we have some serious challenges". (P10, female, 34 years)

"So, that also in a way puts more strain on you as a social worker because now, remember it is taking ... transporting clients, after transporting clients to the rehabilitation centres in Cullinan which is about two to three hours' drive from the office, when we come back, we are very tired we don't have strength to do anything. We don't have the energy to work". (P3, female, 47 years)

According to the findings, it is evident that social workers are struggling to access cars to conduct home visits and transport clients to rehabilitation centres and skills development facilities. Similarly, a participant from the study regarding challenges faced by social workers dealing with victims and survivors of natural disasters, noted the following: "the main challenge that we encounter is lack of resources, such as a car. When we have to go to the field and assist families, you find that there is not even one single car available for home visit" (Matlakala, Nyahunda & Makhubele, 2021:191).

Subtheme 5.3: Participants' views on rehabilitation centres

In this sub-theme, the participants are emphasising the limited rehabilitation centres within their region. Thus, the participants are compelled to go out to other regions to access the rehabilitation centres such as areas like Nigel and Randburg which falls under another jurisdiction or region. Madisha and Skhosana (2022:454) identified challenges with accessing the rehabilitation and skills development centres for referrals. Below are some of the challenges shared by the participants:

"Yes, they are but they can never be enough, they can never be enough if you look at the number of intakes that we have for example, and the number that we take to rehabilitation centers as well there is room for improvement. We need more, we really need more and another thing that is a bit of a challenge and as much as we take these clients to rehabilitation centre, they go back to the very same environment. So, relapsing for them is easy, so we need more facilities for them and yes aftercare programs are there they're done but it's not enough we need more organizations that these youngsters can go to, whether internships are provided whether skills and development centers are there for to keep busy you know because once they come from rehabilitation centre that's what they want, they want to be employed, they want to go back to school and so forth. So, if we can have more for them to do when they come out of rehabilitation centres, if we can have more rehabilitation centers as well to be able to take the... the huge number that we have I think that would help". (P12, female, 37 years)

"We have challenges especially here in Sedibeng we have limited resources and rehabilitation centers to assist our clients. We have a huge number of clients we need to help, for example here in Sedibeng we only have one rehabilitation centre within Sedibeng that is based here in Vanderbijlpark. But we also use one in Nigel but then the issue is especially with the rehabilitation centre in Vanderbijlpark, it doesn't cater for females. It's only for male adults. It does not cater for children. So, in this era that we live in we have a challenge of children who are using substances, and we have to wait for a very long time to get space for them as there are limited rehabilitation centres. I think there are two rehabilitation centres and it's only for male clients that can scarcely assist in admitting boy children, so for female clients it's very limited we are struggling and there is another one in Randfontein which also cater for female adults. So, you see children seem to be left out in terms of getting treatment from rehabilitation services". (P14, female, 30 years)

"The rehabilitation centre is used by everyone in Sedibeng and even people from Randfontein they do come to use this rehabilitation centre. So, it is a number of social workers here I think there are approximately thirty social workers and we don't even know the caseload of each social worker so, all of us have to use that one at least you do have others in Randburg or whatever but you know it's far you have to... you spend a lot of hours on the road to and from taking the clients to the rehabilitation centre. So,

if maybe we had more rehabilitation centres around, then we could spend more time doing therapy then spending more time on the road. Like we even take clients to Cullinan, so you can imagine how many hours you drive to Cullinan you still have to come back to do the reports and do everything, sometimes we even have challenges with transport to take the clients to the rehabilitation centre". (P14, female, 30 years)

Participants in the extracts above noted that the rehabilitation centres they have are not enough for the community they serve. Similarly, Lieketseng, Cloete and Mji (2017) highlighted that the health system in SA is nevertheless forced to function in an environment where many populations still lack access to the fundamental health needs. Furthermore, Abigail (2017) highlighted that there are several provinces in the nation without even a single public rehabilitation facility. Such provinces are constantly required to refer addicts to neighboring provinces which have public treatment centres.

Some participants stated that only two rehabilitation centres in the whole of Gauteng province cater for children under the age of 18 years. One of the challenges they come across as social workers is finding space for children that require assistance with substance use. The extracts below explain further:

"In the whole of Gauteng Province there are six rehabilitation centres, I think six, yes six! The number does not balance with the large number of clients we are proving services to, and we struggle a lot because now under this section, the children are now becoming more and...I think there is two that cater for children only. And when I say children, I mean those around 10, 11, 12, 15, and 17 years of age and the number is rising for children who are 18 and below and the rehabilitation centers are not balancing at all". (P4, female, 31 years)

"The resources will never be sufficient. If you can see the resources we have, we share them with other co-operates. For example, let's say Bokamoso Skills and Economic Development Centre Rehabilitation Centre, Bokamoso that is in Sebokeng, cannot take individuals from the Department only. They need to cater for everyone, you understand. Resources are there, but they are not.... because even now with Covid-19, there is a backlog when it comes to in-patient treatment centers because now remember, let's say Westville Rehabilitation Centre for instance, takes 50 individuals. But during Covid-19, it took 25. Remember the space thing [social distance]. Only 25 people were accommodated for social distancing. So now, how many offices are using that particular center? It's a lot. You find that your client has to wait three months before admission. However, the restrictions have since been lifted bit by bit. I think now they will take larger numbers, but we don't have enough resources honestly speaking. One rehabilitation center caters for Non-Government Organizations, private institutions, private social workers, government, the city of Johannesburg. So, there is a lot. A lot of in-treatment centers, there are gaps. I mean the one that we use mostly, FRC [Freedom Recovery Center] is in Nigel which is about 80 km from our office. There is Randfontein, there is another one here I am not sure what it is... Jamela Rehabilitation

Center. Those ones are closer to us here in Vanderbijlpark. We are not the only offices utilizing those rehabilitation centres". (P9, male, 28 years)

The participant's spectrum of work is inclusive with children. It is highlighted that in the Gauteng province there are only two rehabilitation centres that cater for children under the age of 18. As a result, this has become an immense challenge in referring the children to the rehabilitation centre because of lack of capacity in relation to the demand. According to Abigail (2017:7), there are opinions that the country's drug treatment programmes are primarily tailored towards male adults at the expense of women and children. Contrary to well-established statistics, the gender and age disparity in drug misuse is rapidly closing throughout the nation. Mathibela and Skhosana (2021:6) also contended that to combat the problem of substance use, there is a critical need for treatment facilities that provide long-term care for adolescents. There is only one government-funded facility in the province of Gauteng that specializes in substance use, and that is the Dr. Fabian and Florence Rebeiro Treatment Centre in Pretoria. However, because there are only 200 beds available at this facility, it is challenging for all parents and teenagers to receive treatment.

One participant highlighted the distance they travel to reach aftercare and skills development centres for clients. This could be an indication that those services are not accessible to clients and thus requiring social workers to transport them. The extract below bares evidence:

"No, they [resources] are not sufficient aftercare and skills development centers. There is just shortage all over. Number one, right now in terms of assisting clients, I am going to make an example. When clients complete their programme at the rehabilitation centre, we often either commit them to a halfway house or to a skills development centre. I am talking about the skills development centre which is in Alberton and is it about 63 km from Sebokeng, what about clients living in other areas and cannot access that skills development centre? We must transport them. In terms of halfway houses, we used to have two halfway houses in Gauteng. But currently we find ourselves with one, which is Freedom Recovery House in Nigel. So, really, we find ourselves under pressure and our clients also experiencing challenges in terms of the resources. So, we are working with the little that we have". (P10, female, 34 years)

The extract demonstrates lack of substance use facilities as well as clients not having the funds to travel, thus forcing participants to transport them to other regions for assistance. Similarly, Mpanza and Govender (2017:112) in their study about rural realities in service provision for substance use in uMkhanyakude district, (KwaZulu-Natal, SA) a participant responded this way: "I think of the limitation as well, we don't

have the facilities, the rehabilitation centres. So, when we must refer a person, looking at the distance, we have to refer a person to Durban or Madadeni". Lieketseng et al. (2017:4) also noted that access to rehabilitation is constrained in both under- and over-resourced provinces and that the availability of human resources for these services faces difficulties, particularly in the public sector. Participants anticipate change in their client's lives hence the need to transport clients to rehabilitation centres themselves regardless of shortage of resources. Similarly, Syed, Gerbes and Sharp (2013:2) highlighted that for continued access to medical treatment and medication, transportation is a fundamental but crucial step.

Sub-theme 5.4: Effects of inadequate resources for service delivery

Participants in this sub-theme highlight the challenges of lack of space at rehabilitation centres, having less treatment centres as well as challenges they face with children under the age of 18 years. According to the participants' views on service towards users, children below the ages of 18 years require immediate attention. Jordan and Andersen (2017:30) highlighted that the risk of developing a substance dependence is highest among adolescents who begin substance use before the age of 14, who also have a prevalence rate of 34% for lifetime substance use. As a result, participants treat such cases as an emergency. The extracts below explain further:

"If you do intake of a client who is under 18 years, automatically it becomes your case, and you must attend to it immediately. So, the problem becomes the rehabilitation centers since there are two or three of them that cater for children". (P4, female, 31 years)

"Then you find out now that he was caught stealing copper cables or something so now because the mother feels for his son, she does not want him to go to prison, she quickly wants him to go to a rehabilitation centre, that sort of thing or prevent him from going to court. Then I would say "no, ...if the person is not dying, then it is not urgent because then we take them in any case to hospital". (P7, female, 46 years)

The participants highlighted that receiving cases of an under 18-year-old child requires immediate assistance. Relatedly, Hawk and D'Onofrio (2018) found that 20.1 million Americans aged 12 and older who fulfill the criteria for a substance use disorder can receive medical care in emergency rooms proportionately, giving them access to care. Furthermore, early intervention seeks to recognize teenagers who may be at risk or who exhibit indicators of problematic substance use to curb the behavior before it worsens (Jiloha, 2017:6).

Consequently, some service users become despondent when they cannot find space at rehabilitation centres. Some may express disinterest when an opportunity becomes available while others may have left home to be homeless. The extracts below attest:

“It impacts negatively because if I get the client and I start the process and once I submit all the documents applying for space, I must wait, we all must wait. So, it might take around two weeks to a month, waiting for the response from the rehabilitation center that we can bring the client on this date and most of our clients are not that patient to wait. So, eventually when you get a date, the client is no longer interested. Or they don’t know where he is because some of them just disappear from home, they stay on the streets. So, when you get space and you give feedback, the client is nowhere to be found”. (P4, female, 31 years)

“So, by the time we get a call, or after two weeks their motivation is short. So, after two weeks you find that no, he is no longer interested. But the time he came to me he was interested, while I did the processes, he was interested but after those two to three weeks he is no longer interested. So now, we must run after the client. So, if they can put more rehabilitation centres where we can send clients. The other thing, we transport our clients to rehab”. (P3, female, 47 years)

“... so, waiting lists uhmm [thinking] I feel like they impede the treatment or the services that we are rendering because you have five people on the waiting list by the time you get to them, you find one has passed on, something must have happened or one of them has been arrested. So, if we could just get people to treatment centers asap once the processes have been completed by the social worker instead of having to wait longer for admission; I think that is the ideal way of servicing”. (P6, male, 35 year)

“Now we also have challenge with pregnant ladies because we also have females who are using drugs who fall pregnant. If a client is addicted to whatever drug and then they are pregnant, then there is nothing we can do until the baby is born. The Department of Health cannot assist that client until the baby is born. It goes back to the development of the baby. The rehabilitation centre cannot admit her, there is nothing that they can do. The clinic or Department of Health cannot assist, so we have to wait for the client to give birth then attend to the client. It is hectic... it is very hectic, and it is not just substance because the client is pregnant. There is a husband, another child so now you must apply statutory skills and start removing the kids, placing them somewhere else and wait for the mother to give birth, then remove the new baby and take the mother to a rehabilitation centre. So, it is not just substance, when you go deeper you realize that this is an onion with many layers that you must peel off one at a time”. (P4, female, 31 years)

From the extracts above, it seems that clients lose patience while awaiting admission. Similarly, Abigail (2017:6) mentioned that since there is a severe lack of public drug treatment centres, patients frequently have to wait weeks or months before they can be accepted. As a result, entrance into one demands a great deal of patience. Moreover, longer waiting times for admission to inpatient treatment reduce motivation

and increase the likelihood that certain service users will continue using drugs (Ndou, 2019:117). Furthermore, a participant in the study about barriers and facilitators to substance use treatment in the rural South, alluded the following: “a lot of people that are here for help today and then are put on a wait-list for a call next week, their mind has totally changed, “I don’t want the help or I don’t need the help” (Browne et al., 2016:4).

Due to lack of transport, participants resort to sharing cars to transport clients. Consequently, work is delayed because of waiting for another social worker to travel with. This challenge was narrated as follows:

You have got your clients; I have my clients. Maybe it is the turn of your team to take clients to the rehabilitation centre, one social worker cannot go alone. Therefore, waiting for one another to get space and take clients to rehabilitation centers delays progress of the one who is done and waiting to transport the client. (P5, female, 48 years)

Social workers experiencing lack of transport are faced with the dilemma of sharing cars and having to delay their work progress. Previously, a participant in a study on factors and effects of work-related stress and burnout on the well-being of social workers in the Eastern Cape province of SA had to share: “when we have to go for visit, we (social workers) would have to wait for the other person because there is only one car”. Similarly, Dhludhlu and Lombard (2017:177) argued that it is common for four social workers driving in one car for home visits and this makes them to have little time to interview the families.

One participant offered a different view regarding the availability of resources and how access to these resources presents barriers. In terms of admission of clients into rehabilitation centres, getting space can be a struggle as explained by the participant below:

They [rehabilitation centres] are accessible, and they are enough. Even though, the number of clients has increased drastically. So, I won’t say we struggle to get space or what. But the space is not available all the time. (P5, female, 48 years)

Space is not accessible all the time as in when social workers need it for the treatment of their clients. Mpanza and Govender (2017:112) when acknowledging the existing rehabilitation centres, highlighted that another problematic element is that these rehabilitation facilities have lengthy waiting lists.

THEME 6: PARTICIPANTS' VIEWS ON AREAS THAT REQUIRE IMPROVEMENT

The recommendations have been put forward as well as different areas where urgent attention is required by participants in this study. The proposed recommendations cover seven areas such as policy improvement, management, administration, human resources, training, service delivery, responsibilities, halfway houses, salaries as well as the collaboration with other stakeholders, which were categorised into three sub-themes, which are discussed in the subsequent sections.

Sub-theme 6.1: Policy, management, and administration

This sub-theme entails results on change of policy, management and administration as an outcome determinant presented by participants. The participants recommended that the DSD policy be reviewed or changed completely to cater for social welfare services directly as well as improving the management and administration of social work services. Changes in the management and administration were also recorded.

The mandate of the DSD is very clear that it should ensure protection against vulnerability by creating an enabling environment for the provision of comprehensive, integrated, and sustainable social development services (Social Development Yearbook, 2023). One of the purposes of the DSD amongst others is “to create and provide social protection to the most vulnerable of society through the delivery of social welfare services, delivered via provincial government and NPO structures” (Department of Social Development, 2023). In that context, social services are neglected. Hence, the DSD policies should be revised to enhance service delivery for illegal chemical substance users. The extract below attests:

“If they can change that because it is the Department of Social Development policy and whatever I don’t know this numbers thing. They can change that; I think we will be able to work better. Sometimes you forget about your client who was discharged last month, and I applied for him to be admitted at a skills development centre and I haven’t called to ask how he is progressing because I was busy with these ones that still need to go to rehabilitation centre”. (P13, female, 49 years)

Based on the extract above, the participant is requesting for the Social Development policies regarding reporting on high numbers of services delivered to be changed. In a study conducted by Ndou and Khosa (2023:14) regarding factors influencing relapse in individuals with substance use disorders, the participants highlighted that lack of

quality services was due to the chasing of ever-rising targets demanded by the government. Similarly, it is envisaged that the DSD will design and coordinate demand, supply, and harm reduction strategies in collaboration with the relevant department and stakeholders to take reasonable action to address substance misuse. This hasn't happened, though. The conclusions reveal that the DSD is driven by data (Madisha & Skhosana, 2022:450). The participant in the extract above further asserted that high numbers does not produce fruitful work as social workers end up neglecting other parts of their work. Social issues are addressed by the social policy, it emphasises social welfare and offers mechanisms for initiatives to improve the welfare of all people (Saxena & Chandrapal, 2022:1633). In view of that, the DSD has not kept to its purpose and objectives listed in their policies.

The DSD and other organisations consist of supervisors and managers which all as a team can be referred to as the management of an organisation. Goliath (2015:4) stated that planning, organising, staffing, leading, and controlling are the duties of a manager. These tasks all point to a manager's efforts to play a proactive role in influencing numerous facets of the workplace, which is their common denominator. In the extract below the participants highlights the urgent need of proactive managers since formalities are not going to assist in the eradication of challenges in this area:

"I would start by changing the management first. I don't know how they conduct these interviews; I feel like we need more creative people who can come with creative ideas. When I came here, they were using three if not two rehabilitation centres. I came here and found another three rehabilitation centres. I think we are using six rehabilitation centres now, I found another three myself [pointing at himself]. So, people that come here, they don't have a plan, they come here with theory. They deal with theory, practicality... None! So, I feel like some of the people that have been given opportunities to become management and supervisors don't have a plan on how to deal with this. Like, I am talking about my supervisor, the guy is clueless, he is clueless about a lot of things. This section requires a social worker who is like, I don't know how to put it... who is street wise, you understand?" ...

The same participant continues ...

"So, if you need to deal with this, you need to be coming from the streets. That is how it is. You need to spend more time on the streets, not on the desk. If you spend more time on the desk, you will miss the bigger picture of what is happening. Report writing does not really matter because it does not determine the state of the client. It never does. They lie a lot these people... If you can bring management that is more proactive, creative, you understand? The management that focuses a lot on the community, not management that will tell you about central drug authority or drug masterplan. The supervisor does not even care. He does it for formality. But for us to

care, we need to go back there [pointing outside the office]. Find the drug dealers, find the suppliers you understand. Just make the access a bit difficult. When we are at the office, as I am speaking to you now, something is going down there. They are busy smoking. People are getting high as we speak, and we are in offices writing reports. When he is high, he will be like "Moses, [not his real name] I will see him, when I see him". That is what they do, that is how it is. That is why I just want to try other field because the team that is heading me here does not see what I see because I am in the streets. This is my community, I stayed here, and I know what is going on. So here it is just for formality and paperwork, that's it ... But then a lot is in the streets". (P9, male, 28 years)

The participant raised concerns about the need of proactive management and that paperwork is a delay because they should be out in the streets saving lives. Similarly, Taheri, Mirah, and Kamaruzzaman (2020) highlighted that instead of a reactive management system, a proactive management system provides a better working environment. Gunda (2018:3) further asserted that new managerial practices that put more emphasis on databases that social workers are asked to access, and daily form filling have reduced the quality of social work services by taking away time from social workers that could be spent doing genuine social work and making a difference in people's lives.

One participant suggested that working relationships should be improved between managers, supervisors and subordinates, which will play a role on how managers view or approach performance reviews. The ability of an organization to achieve its goals greatly depends on its employees and managers working together (Taheri et al., 2020). The extract below attests:

"I think I can change how policies are implemented as well as the logistics of the office. I won't change the section; I won't change management, but the only thing is that working relationships must be healthy. We need to understand each other you know. And some of our managers are manipulative when coming to the performance reviews, yah those are the things that I can change". (P5, female, 48 years)

The participant alluded that she would change the working relationship to assist managers not to be manipulative so that the working environment can be a healthy one. This is consistent with Saleem et al., (2022:2) findings that supervisors act as coaches and their support shapes the employees' in-role and extra-role performances. Also, it diminishes the employees' withdrawal behaviours. Zeb, Goh, Javaid, Khan, Khan, and Gul (2022:8) further maintained that work relationships and social support from the supervisors is considered medicine for resolving work problems. Therefore,

to involve everyone in the idea generating and strategic thinking processes, managers must be able to create a culture of respect and cooperation (Bititci, Cocca & Ates, 2016:5).

Regarding administration, the participants suggested a change of indicators of which they are expected to report on monthly basis. The social workers are required to develop goals and submit monthly reports on the results and effects of the treatments they have carried out (Williams, 2016:136). The following extract explains this point in detail:

“I would change the indicators, the number of indicators that we need to report on. I think currently we are sitting on plus minus 20 of indicators that we have, and I need to report on monthly. Honestly, I feel like there are a lot of papers that I need to go through. That is the one thing that I would really change to just shorten/reduce? them up...The registers that I must use to report on the things that I have done, we have about 20 registers with different objectives. So, for example I would say we have intake, there are home visits conducted; there is awareness, beneficiaries and so on. I attend to both youth and children addicted to substances. There are clients that exist at skills development centre, there are clients that exist at private care, and there are reports [using hands to count]. You know, there are so many objectives that we have to report on in a month and it makes it so challenging to now sit and fill up all those papers. I am not talking about a quarter, every month I must submit those different indicators”. (P10, female, 34 years)

The above participant wished to change the number of monthly registers they are reporting on as it is a lot to deal with pertaining the work they must do daily. In a study about risk-laden working lives of child protection social workers in SA, a participant responded as follows regarding the monthly indicators/stats they report on which aggravates their workload: “statistics issues that always had to be on a specific date that you, uhm and they keep on giving us more and more statistics to do, I got like 13 documents that I send in monthly” (Truter & Ansie, 2019:459). Similarly in a study by Dlamini and Sewpaul (2015:470) about rhetoric versus reality in social work practice, a participant responded as follows regarding the many aspects of work they have to cover and also deal with statistics submission: “I attend war room meetings, I do administrative work whereby I open and sort my files, write minutes and agendas, attend court inquiries, write and submit monthly reports, compile and consolidate statistics of non-financial data of the office, it’s just a lot. I can’t finish them all”. As such, authors hold a strong view that workload in social work setting affect worker’s performance (Pattah et al., 2020:615).

Participants also reported on the heavy workload they carry hence they are forced to take work home to try and complete reports and submit them on time to supervisors. One participant explains in the extract below:

“Sometimes you end up taking work home, although it might be unethical, but you end up taking work and some of the reports and completing them at home because we don’t have time. It puts more pressure on social workers. Like now, in my team, there are few social workers who have auxiliary social workers. The one is driving, and the other one is not driving. So, one auxiliary social worker cannot transport clients for all seven social workers to the rehabilitation center. It is impossible, hence now we continue to do as we are doing which is a lot for us”. (P3, female, 47 years)

Although the participant acknowledged that it is unethical to take work home, heavy workload seems to force them to do so to meet deadlines for submitting reports. According to the DSD records management policy (2021:9), files are not permitted to leave the building for the sake of safe keeping and protection of private information of clients unless permission is granted by the Chief Registry Clerk. With that said and the pressure participants find themselves carrying, it can be assumed that they do not ask for permission hence the participant noted that it is unethical. Meeting deadlines for written reports was noted as challenging because there was not enough time to write and meet with clients at the same time (Barck-Holst, Nilsonne, Akerstedt, & Hellgren, 2021:100).

Sub-theme 6.2: Recommendations on human resources, training, service delivery, responsibilities, halfway houses, and salaries

This sub-theme presents the findings of participants’ recommendations regarding, human resource, ongoing training needed by social workers and allocation of social workers to deal with other work aspects found in the substance use section. The issues of human resources, training to enhance social worker’s skills as well as delegation of responsibilities to improve service delivery have been documented (Chikadzi, 2017; Gaber & Fahim, 2019; Zibi 2022). The participant below reported on the need to increase the number of staff members so that work is delegated. Such would relieve social workers of their high workload. The extract below asserts:

“Okay, I have my wishes. Number one, I wish, I know it is not going to be possible, but I wish every social worker, or every five social workers can have their own auxiliary worker because it was going to be better. In terms of managing the case load you know, and then secondly, my wish is that we could have someone who transports our clients to rehabilitation centres”. (P2, female, 29 years)

The finding suggests the need to improve social welfare services to persons with substance use challenges. These people must be provided with sufficient auxiliary social workers to execute these services. Similarly, Goliath (2018:20) asserted that if used properly, social auxiliary workers can be an important support. Together with social workers, social auxiliary workers can reach more individuals and accomplish more objectives. Additionally, it was remarked on several occasions that there weren't enough staff in the teams. Some participants in Makgalapa and Rapholo's study (2021:381), claimed that their sub-district could provide effective and efficient service if it had more social workers and auxiliary social workers.

Some participants suggested that sharing of roles would be of great assistance in their line of work. A social worker is responsible for intake, assessment, preparation of service users for rehabilitation and rendering aftercare services upon their return. It is therefore their responsibility to foresee the administrative processes as well as intake of the service users. This is in line with previous studies (Maluleke, 2014; Lebesse et al., 2014; Khoza et al, 2017; Khanyi & Malesa 2022) which suggested that delegation of duties should be centred around, ensuring that all aspects of the social work is covered. The extracts below seem to concur:

"If they can change that maybe aftercare be done by a social worker or maybe an auxiliary social worker, another social worker applies for clients at a skills development facility and aftercare and all. It would be better. I think with our clients, relapse rate can be less because we would render 100% aftercare services. I think relapse rate can be less if we work like that. You keep tracking, you keep tracking... keep tracking clients [hand gestures]. I think with the quality numbers do not matter; it is the quality that matter I believe". (P13, female, 49 years)

"The only thing that I can change is our administration work. With the current system I do intake as a social worker, I give to the supervisor, I don't know what's happening, but she stays quite long with those intakes. So, where I will change is that I will, if I can change something I will start to change the issue of intakes. When you do intake you bring it, I can record it now and give it back to the supervisor Unlike to stay with them for long period because we are based in the township. So, these clients they just drop in and the more he comes the more I get worried that he has been here for like four times and the intake is still with my supervisor, and I feel like it's not fair for like even if the office is within the location, it is not fair for my client to come to the office so many times without being attended. I feel like the process of intake, it gets stuck. That one will be the first thing I can change and the other thing that I can change is the administration work. I do intake, allocation, psychosocial report and there's another form that I need to fill, the contracting and what not. I think that is too much as a social worker under substance use. Because I do understand that administration is very important but having lots of forms and the form that because the Case Work forms

it, I think its Case Work 11 [an intake form filled in on the arrival of a client noting all the client's information and the presented matter] it is similar with the assessment format. So, I don't understand why I should use the Case Work form that is similar to the psychosocial report. I think it is time consuming as well". (P11, female, 46 years)

The participants emphasised that delegation of work would decrease the relapse rate. More personnel will focus on separate aspects of substance use. In Sweden, it was reported that employment of agency social workers can also help social work organisations continue to provide services when there are open positions and a lot of work to do. Work is then distributed evenly and is manageable (Shanks & Bjerland, 2023:51). Hence Kim et al. (2019:4) asserted that to properly manage workloads, it was advised that caseload characteristics such as severity, complexity, or types of cases should be weighed to allocate an adequate number of cases amongst workers.

Three participants made the recommendation to be offered ongoing training to keep abreast of developments in the field. It was highlighted that the discipline of social work, particularly around substances, suffered from a research and training gap (Ndou,2019:112). The extracts below elaborate further:

"I love the substance use section. The only thing I would change or encourage is that the department should offer us more ongoing training. Yes, since addiction is an evolving pandemic so that we keep up with the evolving drugs, information on the streets and the policies. So, the department should offer us ongoing in-house training so that we keep up, because the youth has now addicted to "Lin", a mixture of cough syrup and coke and they drink. If they don't have 'Lin' then they take sleeping tablets, so such information we need to know how Lin affects the system, the brain and all that. How do they combine it with sleeping tablets? It is information that we need to update regularly. We rely on our own textbook from university and google". (P4, female, 31 years)

"I feel that more training is needed. When I got here if I didn't have the work background that I have from where I come from, I think I will be a bit frustrated because I just got here and they were like, you know get on a moving bus and I had to get on that moving bus and somehow find my way but, I've not gone for any training, I still feel that there's a lot for me to learn with substance you know and fair enough I got employed when Covid-19 was still high so obviously training could not be done and so forth, but I think now ... now that things have settled down that is needed. I still need it for my own growth as well". (P12, female, 37 years)

"... because substance use information keeps evolving every day and you'll be having that old information now with you... especially with the new drugs and everything so, maybe if we could go to constant trainings and everything that could help us. Because we are only doing substance use which we're specializing in, but we do not have anything on paper to say you are specializing on substance use". (P14, female, 30 years)

Similarly, studies have highlighted the need for training in substance use (Appollis, 2016:107; Maina et al., 2021:730). The study by Maina et al. (2021:730) also emphasized the need for workshops to train social workers and skill them for specialization in the field of substance use.

One participant highlighted that they are at an advantage as they learn about drugs from their clients. This assists them in knowing and understanding the mitigation strategies based on the effects of each drug. The views are espoused in the extract below:

“Because us from our side, we are lucky because we get this information from our clients. During intake, the client will tell you “I am using Zen, it is a sleeping tablet it does this, it lasts for this long in my system”. So, once we get information from our clients, we go to google and go to our textbooks, just to get more information on the drug itself. So that next time we can recognize it from the client and how to assist. And to also give information to the client because he might be taking sleeping tablets and he is just using it to get “high”, but he is not aware of the repercussions. It is a serious challenge, and the problem is that the age is dropping, if I say we have ten-year-old who are using drugs, I am not joking”. (P4, female, 31 years)

Having an understanding with clients and being open to share information during intake assists participants in getting important information from clients. Similarly, Kievišienė (2023:3), noted that the attitude social workers have towards their clients has a great influence in the recovery of their clients. The more positive relationship social workers have with their clients, the better the relationship as it plays an important role of enhancing cooperation and involvement. Clients and social workers share information, together formulate shared goals and treatment processes. Furthermore, there is a need for social workers to have up-to-date knowledge and access to chemical substance use treatment services provided at different levels. These levels are provided as follows: care, screening service users, providing brief educational courses on substance use, giving advice, and making referrals to treatment facilities (Velasquez et al., 2016:16; Madisha & Skhosana, 2022:444).

Some participants further recommended for attention to be given on educating people about substance use and its consequences. The participants argued that it's critical to modify the stigmatizing dialogue surrounding substance use while also educating users about the harms of their substance use (Ali, Russell, Nafeh, Chaufan; Imtiaz, Rehm, Spafford & Elton-Marshall, 2022:4). The extract below explains further:

“I like to change how people perceive substance use and then increase people’s knowledge about substances and substance use. In a way, we are doing it now, I feel like we are not really getting there you know. Especially at the department [of Social Development], we are more focused on numbers but, it is not really the level of education that we are giving. How are we able to assess whether these people are they really getting what we are saying, you know ...” (P6, male, 35 years)

The participant highlighted that sharing information on drug use would have a great impact in fighting substance use. Other authors similarly asserted that making information more readily available will "help break the stigma of substance use" by raising people's awareness of substance use and the treatment resources that are available (Turuba, Amarasekera, Howard, Brockmann; Tallon, Irving, Mathais, Marchand & Barbic, 2022:7). However, there isn't enough room for intervention activities that address both drug trafficking and drug use, emphasizing the need for comprehensive interventions at all levels in impacted communities (Khanyi & Malesa, 2022:31).

The participant below recommends the need to be recognized as experts in the field of substance use. This recommendation is based on the view that social workers do generic social work, but they focus more on substance use. The following extract attests further:

“Within the office, I think more support and more trainings since we are specializing in substance use, but we don’t have any specific qualification that say, you a social worker focusing on substance use department. We are generic social workers but due to the office environment in which we work we are forced to specialize in substance only and refer other matters to statutory section and not attend to them ourselves. So, we keep on growing and go through experiences within the profession but if maybe we could have a training that would be specific to say you [hand gesture] will get a certificate or whatever that qualifies you to be a specialist in substance use”. (P14, female, 30 years).

The participant mentioned that they are generic social workers but deal mostly with substance use and they are not recognized as specialists in that field. Galvani (2017:3) highlighted that although all social workers have a specific area of expertise, the number of those who specialize in substance use is quite small. Other authors also shared the same view that there are unfortunately not enough social welfare practitioners in SA who are knowledgeable and skilled in substance use disorder. Most health and social welfare training programs do not involve specialized instruction in

substance use disorders, and SA lacks accredited programs for addiction specialists (Pasche, Kleintjes, Wilson, Stein & Meyers, 2015).

Working closely with substance users enhances the understanding of service deliveries and what intervention strategies to implement. In the storyline below, the participant explains the need to be street smart when working with substance users:

“So, this programme requires people who are street smart, if not, clients will dribble you. They always come with excuses and lying, you understand? So, I am used to them. I am a guy; I spend time with them. Even my friends, I have friends that went to rehabilitation centre that uses drugs, you get to understand how this works. So, if you are... let me just say for personality traits, if you are a loner or a person that accommodates isolation a lot, this programme is not for you trust me”. (P9, male, 28 years)

The participant emphasized working closely with substance users and constantly being in their presence to know them better. In this way a social worker will possess knowledge and techniques not to be easily manipulated by service users. Ali et al. (2022) contended that due to their exposure and familiarity with working directly with the youth, social workers are uniquely qualified to comprehend the dynamics of substance use and significantly influence the implementation of youth-specific policies and initiatives. Due to this reason, they are in a special position to detect concerns (including potential access problems) and find solutions.

The participants recommended that more social workers should be employed to solely focus on aftercare services as an intervention strategy to improve service delivery and service users' well-being. The following extracts explain further:

“So, my wish is to have social workers who would do after care only, because if the client goes to a rehabilitation centre, it will be simple to say okay I am done with this file let me move it to the next person. Then you know that you won't have to deal with that file again unless the client relapses and wishes to go back to a rehabilitation centre.” (P2, female, 29 years)

“... maybe one social worker must be dedicated to a mobile clinic and one dedicated to Vanderbijlpark office. So that she knows that it is her job, she does not have to come and work here again [pointing at the office]. Each one must have their own clinic to attend to, so that they should not go from one clinic to another, maybe one should stay in Levy-Mbatha for the whole day and another one in Sharpeville. It will be better to focus on that clinic alone. Even the time will be longer to attend clients because currently we are doing in and out, we don't stay in one place for long”. (P8, female, 45 years)

Uhhh [thinking], I have an interest in crime prevention. And then have another designated social worker who would be responsible solely for after care. So that would relieve all the running around like headless chickens you know, as if you have no direction...[silent]. I prefer specialisation because that means we will bring in more quality. We would be able to really account for our time and focus on one specific job which is substance use. If there needs to be rotation amongst us, it can happen. But if I am a specific social worker who is responsible for after care, that means I can do the best of my abilities, is it not? Unlike if I must run around and I must go to the rehabilitation centers and sometimes we need to let go of some aspects of treatment services. So, I would specialise. (P6, male, 35 years)

From the findings above, it seems that participants need manpower. Hence the recommendation that there should be delegated responsibilities ranging from aftercare to mobile clinics to improve service delivery and offer individualized and customized attention to the service users. According to Swanepoel, Geyer and Crafford (2016:433), the availability of aftercare services should be made clear to social workers who operate in the field of addiction. Delivering aftercare services is a specialized activity for which social workers need more training.

The participants suggest on improving their services towards their clients as well as their families. Preparation and support are needed for the substance users as well as their families to receive better outcomes in recovery. The extracts below elaborate further:

“I think maybe more commitment from us is needed to prepare the clients for rehabilitation centres, to have more sessions with the family and for them to be prepared for the recovery of their children or whatever, they need to be committed because we have challenges with them. They want the clients to just come and go to the rehabilitation centres. So, it's a bit challenging and then I think I I'm stressing more on the resources if maybe we could have more resources that are accessible to all clients especially children as you know they are vulnerable, you cannot just say to the client you are a child I don't have space for you go back home. They are vulnerable and if you do that you are also putting your work at stake, you have to force to get space for them even you are told that there is no space. So, I think outside of the environment those are the challenges and then for our clientele to understand what substance use is and what recovery is, and how to prevent a relapse and matters involved in assisting clients to be drug free”. (P14, female, 30 years)

“Sometimes we feel like we are running around in circles. Sometimes we feel like that because we would be happy to say “oh, he came back from the rehabilitation centre” ... But going back to the very same environment, relapsing. When you see them as a social worker that they have relapsed, it breaks you and you say to yourself, “oh God, we will have to start again”. When he is saying “can you please help me again”, you cannot say “no no, wait for these ten clients that I have now to pass”. He is here and

he needs your help. As social workers we must not judge, we must provide professional support". (P3, female, 47 years)

The participants outlined that professional support and better preparation towards the client and family is needed for better response of the family towards the substance user. Families are still being torn apart by the effects of substance misuse, which also have a severe influence on the communities in which users live and work, as well as on society. As a result, social and professional support is needed (Groenewald & Bhana, 2018:3). Family-based interventions target the mediating family to decrease the individual's drug use and address the problematic behaviors that frequently go along with drug use. These methods are founded on the therapeutic tenet that a person's family has the greatest and most enduring impact on their rehabilitation (Winters, Botzet, Stinchfield, Gonzales-Castaneda, Finch, Piehler & Ausherbauer, 2018:146).

The message being passed about the dangers of substance use through awareness raising is not being accurately sent across because service users at times are not interested in the awareness campaign but are just there to get food and leave. Mbuthia, Wanzala, Ngugi and Nyamogoba (2017:465) asserted that the communication-behaviour is the foundation of awareness campaigns, which try to shift a target group from initial interest in a problem to the adoption and maintenance of recommended attitudes or behaviours. But such is a different story for the client of the participant below.

"Compared to how we are doing it [awareness raising] now. Now, I think we are just focusing on getting a bigger crowd, getting a bigger number. You will find that we have reached one percent. So, the people were just there listening, and they get their plate of food and go home". (P6, male, 35 years)

"The programs are there, and they are beneficial for clients... I feel like sometimes people don't hear us. Our communities don't really hear us, but I think I will press on trying to figure out a way to reach the public better and teach them about substance use disorder. And shape the thinking of the community members regarding substances because some people still think that service users being addicted to chemical substances it is something that they are deliberately causing upon themselves. They still feel like they have a choice "why didn't they do this, why didn't they do that". They are very judgmental you know". (P6, male, 35 years)

The findings seem to suggest that participants are doing their part with programs put in place to combat the substance use crises, but the users are not showing any interest or either not getting the message being put across. There is limited data proving the

effectiveness of programs for teenagers to stop smoking drugs and there is no evidence on the long-term effectiveness of such interventions. This was according to a review examining interventions aimed at helping adolescents quit smoking drugs (Das, Salam, Arshad, Feinkelstein & Bhutta, 2016:572). Ondigo, Birech and Garuku (2019:69) highlighted that the campaign against drug use has been set with the aim of creating awareness of changing behavior and attitudes to reduce the demand for and usage of drugs in the long run. Regardless, the intake of drug and substance use by pupils in secondary schools is extensive. An indication that the youth and community members show no interest in awareness raising. One participant recommended an increase of half-way houses and aftercare services. The residential and open nature of halfway houses has the power of creating care and ensuring interactions with family and the community (de Oliveira & Vicentin, 2016:431). The participant suggests that having more halfway houses will get more service users out of the streets into treatment centres to maintain sobriety. The extract below elaborates further:

“... if I had the monetary ability, I would say I will invest more into half-way houses and invest heavily into after care, I think that is the most part. Getting more people from the streets, getting people from their homes and getting them into treatment centers is alright but I think trying to maintain sobriety is the most difficult part. I would invest in that and have all the social workers on board helping with aftercare services like they do with home-based care services and crime prevention services”. (P6, male, 35 years)

From the extract above, the participant highlighted that investing in more half-way houses and aftercare services would offer a great deal of assistance in terms of maintaining the sobriety of their clients. Mericle, Mahoney, Korcha; Delucchi and Polcin, (2019:28) noted that reviews of research on half-way houses indicate that these can improve many areas of recovery. This is especially correct in terms of outcomes related to substance use, employment, and criminal justice. Similarly, residents of half-way houses can overcome their problems and achieve successful reentry outcomes in the community with the support of a variety of designed reentry and rehabilitation interventions, including drug-treatment programs, job release and training programs, halfway house programs, and educational initiatives (Hsieh & Hamilton, 2016:183).

A recommendation on salary increase was suggested by the following participants. Social work incomes remain low in comparison to those of other similarly educated and trained professionals (Hughes, Kim & Twill, 20218:105). The participants believe

the workload they are carrying does not equate in return to the remuneration they are subjected to. The following extracts were documented:

“Salary!!! [exclaims] what’s the other word? Remuneration. Hey, I would really like to earn more. With the workload that I am doing and changing people’s lives. Let’s leave the workload, I am sure that all other departments whether you are a teacher or working at a Sasol firm or whatever the case maybe. One way or another we have that load that we wish could be taken away, but a job is a job. You know, we need to get it done. But with the changes that we are trying to impact the lives of people, really, I wish that the department or government would reconsider or review our remuneration. Apart from that, I would really like they would let us do our job. We have been trained; can they trust us. Forget about the target they want to reach. Eventually we will get to the numbers if we do things right. If people can see that clients are receiving help to the fullest and on time you know, clients are going to come and seek help at the department voluntarily so, and they will be achieving their goal of living drugs, and their lives are going to be changed. Because substance use drags people from being a CEO [Chief Executive Officer] to being a beggar in the streets. So, if they can let us do our job slowly as it is... at the end of the day we will achieve. We are bringing change, but it is not as good as it should be”. (P1, female, 37 years)

“So, if could change, I would not like to change the program now. I feel like I have not really reached the peak of the knowledge that I have to get in these things, I am still learning, and I think maybe after a couple of years once I feel I am satisfied, I am alright then I can move to another program. Ummm [thinking], I have an interest in crime prevention. I would also do that and intensify that part and get these people skilled. And work more on the awareness [programs].” (P6, male, 35 years)

Similarly, two studies have shown that decent salaries are positively correlated with employees' happiness and job satisfaction (Rabbani et al., 2017:5; Althobaiti & Muhammad 2021:262). The intention of staying in the organisation may differ between employees who are effectively satisfied as compared to other employees. However, salary can also have an impact on ongoing commitments (Singh et al., 2018:250). Tartakovsky (2016:2) asserted that social workers frequently work in emotionally challenging settings with few resources, make relatively low pay, and must balance the demands of their professional ethics with the needs of their real work in the field.

SUB-THEME 6.3: COLLABORATION WITH OTHER STAKEHOLDERS

This sub-theme entails different aspects involved in combating illegal drugs in communities such as the need for collaboration with different stakeholders as a recommendation from the participants. Other aspects involve the SAPS not being fully effective in arresting the drug dealers and the need for an effective health system to assist substance users in a time of need.

One participant stated that information on drug dealers is provided by the community members, but no arrests are made by the SAPS. In that regard the participants expressed the following sentiments:

“Yes. We get information. But the information that we get unfortunately, when we put it on a table to relevant stakeholders nothing is done. And we need SAPS so much for change to take place. How can we, we move them away to rehabilitation centres and when they come back the environment is still the same. That house is still there, they are still selling, and they are still going to target him when he comes back. You see now he must fight, and you are not there to physically support him and the family as well they are still fragile. They are still saying, they don’t have that trust towards him”. (P3, female, 47 years)

“Obstacles towards harm reduction. Social workers are unable to make positive impact on the lives of service users due to SAPS’s compliancy and inability to do their job effectively as a result of corruption such as accepting bribes from drug dealers and drug lords”.

The participants highlighted the concern of having no arrests being made when community members report drug sellers to the SAPS. Ettang and Leeke (2019:31) highlighted that the fragility and inability of important state organizations and agencies to control and prevent the drug menace to families and society further highlights the danger that drugs pose. As governments struggle to control their unlawful activities due to inadequate infrastructure and technology, many weak states have turned into havens for drug traffickers. On the other hand, Cheteni, Mah and Yohane (2018:13) pointed out that before committing a crime, offenders hunt for a chance, and they can't do that unless there is a chance to breach the law. As a result, drug-related crimes are committed across South Africa because of inadequate law enforcement.

Two participants emphasized the need for better relationship between the DSD, SAPS as well as the Department of Justice. Collaboration between these multiple systems is necessary for an effective response to the crisis since the substance misuse crisis is really a multidisciplinary and multisystem problem (White, Perrone, Watts & Malm, 2021:627). The recommendation is to strengthen the working relationship and working together to eradicate illegal substances, as the extract below allude:

“But, also in this program what I would like the opportunity to change, it is the way our relationship as social development with Justice is...Yes, the Department of Justice, the police and the Department of Social Development, our relationship is.... I wish our relationship would be more I don’t want to say professional but... we must have an understanding. If only we could have a more understanding relationship, yes and more healthy working relationships. Because remember, in substance use we have three

pillars, the harm reduction, supply reduction and the demand. Harm reduction is when we are working to reduce harm ... we are reducing harm from people through our awareness programs. The supply is the SAPS [South African Police Service] who are responsible for that. Drug lords and drug dealers the SAPS is the one responsible to incarcerate them". (P3, female, 47 years)

"Other stakeholders need to come on board, and I think that is where we drop the ball, and we focus on treatment holistically". (P6, male, 35 years)

"Sentencing that person [drug dealers] because even if community members tell us. We will report the drug dealer to the police will come, they will take him [implying the thief], and he will tell us that "I am coming back, before 5 o'clock in the morning, before the next day I will be here, and I will deal with you". And for sure, before morning they will be there and the Department of Justice will say "no, there was not enough evidence to convict". So, for us, dealing with harm reduction is very difficult. It is difficult and challenging because now we feel like we are running around in circles, we are running around the cycles because now we are looking at these people and seeing drugs affecting these children. In meetings we raise these issues when we have stakeholder's meetings with the SAPS. We call meetings with them, and obviously certain police officers are there to listen to the problems, but the rest is left behind and do not get to hear what is being communicate in the meeting. And when they go to them with the feedback, few will listen, some will just turn a blind eye and say "aah, we are used to this thing". So, it looks like now, people are starting to normalize the substance use in their communities. There are communities where you will see that every Friday the radios [volume] are high, it is alcohol left and right [hand gestures] and smoking of dagga. It's normal for kids growing up noticing such to say, "oh okay, this is how we live". Meaning, "every Friday the radio must be high, and we should be drinking". So, in some communities, seriously speaking, this issue of substance use is being normalized. But we are doing all we can, we keep on fighting, we will never give up [smiles]". (P3, female, 47 years)

The participants pointed out the need to have an understanding from all responsible teams. In this regard, only "a multidisciplinary approach that involves all relevant stakeholders, residents, civil society, the private sector, and different levels of government" can effectively handle the pervasive drug misuse within a given community. To accomplish this, it is advised that governments make sure that all of these stakeholders are included in the design and implementation of initiatives (Visser, 2017:31).

An effective health system was suggested, with a requirement to be able to cater medication for substance users in time of need. Docrat, Besada and Lund (2019:9), found that The National Mental Health Policy Framework (2013-2020) outlines the urgent need to make investments in mental health to lower the burden of untreated mental disorders and transform our mental health system to deliver high-quality mental

health services that are accessible, equitable, comprehensive, and integrated at all levels of the health system. The participant below explains further in the extract below:

“I think it would be easier for us if we had a good running health system like an effective health system where people get the medication they are supposed to be getting when it is needed. I would change what we have been talking about recently, the staff wellness days. We would like to incorporate that where the staff go like on wellness, they do that a lot in the UK [United Kingdom] where you go, and you do an activity together or team building. I think I would have those more, something like that and the health care system. I don't think our health care system is very effective. Sometimes we do struggle, and we have to fight with them”. (P7, female, 46 years)

The participant highlighted the need for an effective health care system for substance users to get proper medication. According to WHO (2019:3) there is a need for special initiatives like providing mental health care in primary health care facilities, community-based mental health centers, mental health units in general hospitals, day centers, mobile clinics, as well as providing evidence-based treatment, rehabilitation, care, and recovery in all or nearly all the world's nations. Votruba, Thornicroft and Fundamental Steering Group (2016:5) highlighted that to develop, measure, and apply strategies for the improvement and expansion of mental health systems, it is especially important to use specific, precise indicators for mental health which are going to be used to track progress.

4.4 CONCLUSION

Six themes emerged in this study during the interviews. Themes, sub-themes, categories, and sub-categories were discussed in this chapter and were supported by the interviews and literature. Participants were able to share their personal and professional experience of working with the youth abusing illegal chemical substances and made some recommendations on some aspects of their work so that service delivery can be improved. The next chapter will discuss the conclusions and recommendations of the study.

CHAPTER 5

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

This chapter presents the conclusions and recommendations of the research report. It demonstrates whether or how the research goals and objectives were attained and subsequently answer the research question. Conclusions will be drawn from the results and eventually outline the recommendations for social work practice, social work policies and future research.

5.2 SUMMARY OF CHAPTERS

5.2.1 Chapter 1

Chapter one is centred around providing the general introduction and orientation of the study. It briefly discusses the background, problem statement, motivation for the study and the theoretical framework supported by literature. The research question, goals and objectives also form part of the chapter followed by ethical considerations. Ethical considerations that were discussed include informed consent, confidentiality and anonymity, management of information and debriefing of participants.

5.2.2 Chapter 2

This chapter provides a detailed literature of the study. Different topics discussed are derived from the main topic and are supported by literature. Topics include an overview of the rehabilitation process for illegal substance users. The purpose of rehabilitation is presented, including the services and programmes offered to the users of illegal chemical substances. This section is followed by the discussion on the role of the family in the social reintegration of users as well as the factors influencing illegal chemical substance use. Furthermore, the role of social workers in the rehabilitation process is presented as well as the discussion on the challenges faced by social workers in rendering services to youth abusing illegal chemical substances.

5.2.3 Chapter 3

This chapter presents the application of the qualitative research process. The introduction encompasses the chapter, briefly followed by research methodology, research approach and research design. The research method outlines the procedures on how data was collected and how the data will be analysed and verified.

5.2.4 Chapter 4

This chapter presents biographical information of participants, referring to the age, ethnic group, years of experience as social workers working in the substance use section and their genders. The themes, sub-themes and categories obtained from coding are discussed at a length, supported by literature in this chapter.

5.3 CONCLUSIONS BASED ON THE RESEARCH PROCESS.

5.3.1 Research question

The research question was formulated as follows:

- **What are the experiences of social workers working with the youth abusing illegal chemical substances?**

The participants' responses to the research question provided both negative and positive responses. Majority of the participants had challenging experiences as compared to those that presented positive experiences. Participants have low work morale, explaining that the youth are difficult people to work with as they don't listen and that they're not motivated to quit abusing illegal chemical substances. Participants who shared positive experiences highlighted enjoying changing people's lives and learning from their experiences to be better parents to their own children.

5.3.2 Research goal and objectives

The goal of this study was to develop an in-depth understanding of the experiences of social workers working with the youth abusing illegal chemical substances. This goal was adequately achieved from chapter one, where literature was used to find out the experiences of social workers followed by chapter 4 where participants were interviewed and shared their experiences. The permission to interview the participants

was granted by the research committee from the DSD. The participants expressed both personal and professional experiences in chapter 4 during face-to-face interviews. The participants expressed themselves freely, giving the researcher a view of their work experiences.

The research objectives were achieved as follows:

Objective one:

- **To explore the experiences of social workers working with the youth abusing illegal chemical substances**

The experiences of social workers were investigated through interviews conducted together with the participants. The interviews included investigations about the supervisor, manager and employer's support offered to social workers working in the substance use section. Availability of resources was also part of the questions that enabled the researcher to have a broader view of the experiences of social workers working with the youth abusing illegal chemical substances.

Objective two:

- **To develop guidelines for social workers working with the youth abusing illegal chemical substances**

Guidelines developed from part of the recommendations on how the employer, managers and supervisors can be of assistance or work together with social workers to eradicate substance use by the youth.

5.3.3 Research approach

The research approach used for the study, and which was suitable to investigate and answer the research question was the qualitative research approach. According to Alase (2017: 9), a qualitative research approach explains true lived experiences of the participants, hence it was a suitable approach to be used in revealing the experiences of social workers working with the youth abusing illegal chemical substances. The researcher employed the semi-structured interview which included open-ended questions. The participants were given a fair chance to respond to these questions, thus allowing maximum responses with the aim of answering the research question. Chapter 3 described in detail how the research approach was followed.

5.3.4 Research design

The research design adopted for the study was the descriptive phenomenological research design due to its technique of providing detailed views of human experiences. Such assisted the researcher in obtaining real experiences of the social workers working with the youth abusing illegal chemical substances. The participants expressed their professional and personal experiences regarding rendering services to the youth abusing illegal chemical substances.

The research question required participants to provide their lived experiences, hence the chosen research design. The researcher hoped to gain deeper understanding about the professional and personal experiences of the social workers working with the youth abusing illegal substances of which the phenomenological research design assisted in this case as participants responded accordingly.

5.3.5 Ethical considerations

All aspects of ethical considerations were observed before and during the interview. The participants freely gave their consent to take part in the study. The process of how the interview will unfold was discussed for the participant to be aware on what to expect during the interview. Participants took part in the study voluntarily and were not forced to participate.

The researcher was honest and respected the uniqueness of participants. The researcher explained to the participants that their identity will remain anonymous, and that the information obtained will be shared only with key holders assisting the researcher and which is for the benefit of the study.

Debriefing arrangements were also done prior to the interview in case any participant needed debriefing services during and after the interview.

5.4 CONCLUSIONS BASED ON THE RESEARCH FINDINGS.

Theme 1: Participant's description of professional and personal experiences of social workers working with the youth abusing illegal chemical substances.

- The findings of the study revealed that participants have low morale for their work due to lack of motivated clients, relapse rate and the fight against substance use being an evolving pandemic.
- The participants shared that if it was not for the passion that they had for their work, majority of these participants would have left the profession, or changed to other sections within the department.
- To survive and find the strength to continue, the participants find support in each other by working as a team.
- Participant's fulfilment of the work they do is decreased by helping the same clients repeatedly as they keep on relapsing.

Category 1.1.1: Benefits of working with service users.

- The participants shared two benefits: feeling motivated to change people's lives as well as gaining knowledge from their clients about new drugs.

Category 1.1.2: Professional challenges.

- Participants shared several challenges as compared to benefits, indicating the difficulties of working with the youth abusing illegal chemical substances.
- Clients are not motivated to change, and families are also not educated and motivated to help their member who is abusing illegal chemical substances. Such makes integration of service users into society difficult.
- Clients not completing the rehabilitation program makes it difficult for participants as they relapse and return into the system, therefore increasing the number of clients already awaiting admission at rehabilitation centres and the workload of participants.
- The administrative work of participants is a lot, and it keeps them occupied at the office with less time for them to engage with clients face to face.
- Participants cannot manage the workload of having to deal with rehabilitation admissions and aftercare services of their clients.
- Political interference is a challenge to participants as focus is shifted from clients to doing what counsellors want pertaining substance use.

- It can be concluded that lack of space at rehabilitation centres causes a great delay in the work of the participants. It is also the cause of clients giving up in being admitted at rehabilitation centres due to longer waiting periods than expected.
- Clients not being assisted when they request assistance causes a continuation of family conflicts. Abusing substances does not only disrupt the person taking drugs but it also affects friends, families, and the society at large.
- Stakeholders involved in assisting drug addicts leave all the work for social workers to do. There is lack of cooperation from the SAPS and Department of Health.
- As part of the workload, social workers cannot close files as they serve the same clients from time to time due to relapsing and returning to seek assistance.

Sub-theme 1.2: Personal experiences of social workers.

- Participants feel pity for parents of drug users for going through a lot and wanting to see their children drug free.
- Participants have become better parents towards their children with the experiences they are gaining from working with parents, the youth abusing substances and their families.
- Peer pressure and social media have an influence on the drug intake by the youth which unfortunately leads to addiction.
- Participants are also emotionally affected by what they see daily in their line of work, especially concerning what parents go through to help their children.
- It was found that the youth abusing illegal substances are influenced by the environment they live in and in other cases by families they reside with. Poverty, unemployment, and substance abusing parents also form part of the youth resorting to drug intake.

Theme 2: Participant's motivation for working with the service users.

- Participants referred to the profession as a calling to change people's lives and that one should have compassion and the passion to work with substance users.

- Getting positive feedback from parents and family members of the substance user, gives the participants the motivation to carry on working and aim at helping others as well.
- It was found that participants are relieved when coming across a substance user that is motivated to change, willing and determined to go through the rehabilitation process.
- Participant's motivation is sometimes decreased by the low salary they are receiving as compared to the amount of work (services) they are rendering to clients.

Theme 3: Participant's support from management and supervisors

Sub-theme 3.1: Nature of support provided by managers and supervisors.

- Several participants noted that they have support of supervisors and managers more especially when they deal with difficult cases.
- Participants have a healthy working environment, managers and supervisors are always available when they need them.
- Supervisors and managers do make provision for training of social workers and offer supervision whenever possible.
- The government provides funds for Non-Profitable Organisations (NPO), making it easy for DSD social workers to work together with the organisations and offer better services to clients.

Sub-theme 3.2: lack of support from managers and supervisors

- A small number of participants express their disappointment on irregular supervision sessions with supervisors.
- The employer wanting a report on numbers of people assisted and not how they were assisted makes participants not to be satisfied with the services they offer to their clients.
- Too much attention is given to the paperwork such as reports to be submitted, statistics and assessments and not offering actual social work services to clients.

Sub-theme 3.3: Debriefing participants

- Participants are not being debriefed, other than seeing a supervisor about a difficult case for help. There are no team building activities anymore to rejuvenate participants.
- Participants talk amongst themselves informally as a form of debriefing.
- Covid-19 rules and regulations disrupted some of the activities which were conducted out of the office as a form of debriefing.

Theme 4: Participant's description of their caseload

Sub-theme 4.1: Heavy caseload

- It was found that majority of the participants are burdened by their heavy caseload.
- Only a small number of participants can manage their caseload.

Sub-theme 4.2: factors influencing caseload size.

- Caseloads are influenced by several aspects such as one participant having to do assessments, take clients to rehabilitation centres, monitor aftercare services as well working with the family of the substance user for re-integration.
- Lack of determination from clients was also found as a factor due to the fact that files cannot be closed as clients can return again to seek help.
- Participants have demanding roles, trying to balance administration work and home visits. Also, driving clients to rehabilitation centres and aftercare institutions.
- The same participants dealing with demanding roles have to attend to crises cases that need immediate attention.
- The same environment that clients are released back into after receiving help poses a great challenge.
- The administration work is put at the centre of participant's work and as a result, participants do not offer services to clients to the best of their abilities.

Theme 5: Participant's views on the resources to facilitate service delivery.

Sub-theme 5.1: Available resources

- Majority of the participants complain on lack of resources as compared to those stating that there are resources available.
- Several participants have been hired since the beginning of substance use sub directorate, as a result the number of social workers working in the substance use section has grown.
- The employer has made transport available and other tools of trade such as cell phones and laptops to ease the work of participants.
- It is noted that rehabilitation centres are available to the client's disposal, but clients are not interested in using them.
- With the available rehabilitation centres, there are other substance use organisations in the community that participants work with as out-patient treatment centres for their clients.

Sub-theme 5.2: Limited resources

- Several participants noted lack of resources which slows down services delivery.
- There has been an increase in the number of clients needing substance use services which does not balance with the availability of resources.
- There is a shortage of halfway houses to accommodate clients after being released from rehabilitation centres.
- The DSD experiences shortage of stationary from time to time which hinders the administration work.
- Advancement in technology is a need for participants and the whole of the DSD social workers as it advances interaction, for example use of laptops.
- There is lack of transport between participants to transport clients to rehabilitation centres which causes them to have a timetable as to when will one be able to go, and the others will wait for their turn.

Sub-theme 5.3: Participant's views on rehabilitation centres

- There is lack of rehabilitation centres within Sebokeng location and Vanderbijlpark area. Those available are used by all social workers of different organisations like SANCA.

- Children under 18 years of age are only catered for at two rehabilitation centres in the whole of Gauteng province.
- Participants do not have access to aftercare skills development centres within the community, as a result they must travel a distance to drop off clients there.

Sub-theme 5.4: Effects of adequate resources for service delivery

- Service users under 18 years of age are attended to immediately as such cases are classified as emergency cases.
- Service users need or want assistance at the time they need it. By then, they are motivated to change. With not getting space at the rehabilitation centre, they become despondent.
- Participants must share transport with others to deliver clients to rehabilitation centres. Work is delayed when there is no transport space, thus having to wait for another day to travel and that's if only the client is still motivated to change.

Theme 6 Participant's views on areas that require improvement.

Sub-theme 6.1: Policy management and administration

- There is a need to revisit the DSD policy in order to verify whether what is written is being implemented as the participants call for change in the policy.
- There is a need for proactive managers and not managers that are into administration work.
- The relationship of supervisors, managers and subordinates should be investigated or improved for fair approach of performance reviews.
- As part of administration that participants are mismanaging, there are monthly stats submission where participants feel that some of the registers submitted are unnecessary and result in heavy workload.
- In some cases, participants take work home due to unfinished work from the office, which is something that the Records Management office does not allow.

Sub-theme 6.2: Recommendation on human resources, training, service delivery, responsibilities, halfway houses, and salaries.

- There is a recommendation for more social workers to be hired and assist with the heavy workload that the current participants experience and in return this will improve on service delivery to clients, their families and communities.
- Training specifically on substance use is a needed skill to new and old social workers. Drugs change from time to time and thus social workers need to learn about them as well as the interventions to assist clients on substance use.
- There is a need for employment of new social workers to assist in the fair distribution of work and sharing of roles in the substance use section.
- Social workers working on the substance use section do not only attend to substance use cases but do generic social work as well. Participants want to be recognised as specialists in the substance use field.
- Community members are not interested in what is being shared with them during substance use campaigns conducted in the community; the influx is mostly for the lunch prepared.
- There is a call for an increase in halfway houses to assist clients returning from rehabilitation centres, so that clients are not yet released into their respective communities.
- Participants are not satisfied with their salaries and call for an increase, stating that the work they do is not compensated by the salary they get.

Sub-theme 6.3: Collaboration with other stakeholders

- Participation of all relevant stakeholders such as the SAPS and the Health Department to take full responsibility of their work towards substance use and work together with social workers to fight substance use is vital.
- The main issue is of SAPS not doing their job of arresting drug sellers effectively.
- There is a need for an effective health system in the country to assist clients.
- The relationship between DSD, Department of health and the SAPS should be reviewed, all employees of all departments should be made aware of their roles and how important it is for them to play it.

5.5 RECOMMENDATIONS BASED ON THE RESEARCH.

5.5.1 Recommendations for social work practice

- To curb the poor service delivery due to administrative burden endured by social workers, it is recommended that administration work and taking clients to rehabilitation centres should be shared among social workers. Therefore, the DSD should employ sufficient social workers.
- To ensure that more energy and passion is diverted to combat substance use in the community, it is recommended that social workers in the field of substance use should be made to focus only on assisting substance use clients and not do generic social work. It is then the responsibility of managers and supervisors to plan around work distribution.
- To circumvent the relapse of clients, it is recommended that more rehabilitation centres, halfway houses, and aftercare facilities be increased by the government. This will also assist social workers to deliver better services efficiently within the region as opposed to travelling far for admission of their clients.
- To ensure that social workers produce efficient service delivery to clients, the DSD must provide instruments needed by participants from day to day to do their work properly.
- To ensure that participants are satisfied with their work and deliver better services, the employer should revisit and consider the increase of social worker salaries. Better remuneration calls for better performance of employees.
- For an effective service delivery and certainty in the successful mitigation of substance use in communities, it is recommended that all department responsible and involved in the substance use department should effectively take on their roles. This will decrease the use of substances in communities and produce more recoveries.

- To ensure effective leadership that is not biased and personal, supervisors and managers should be offered ongoing training on their management roles. That will also build fairness in the workplace and a positive working environment.

5.5.2 Recommendation for policy

- To ensure enhancement of collaboration between all departments and eventually for all departments to deliver their services accordingly, policy developers of different government departments such as the SAPS, Department of Health and the DSD should in intersectoral collaboration meetings sit and review their policies in terms of service delivery in combating substance use.
- To curb burdening of employees with work which leads to poor service delivery, the DSD needs to revisit their policies on employment and fair distribution of work among social workers, the aim being not to burden employees with work.

5.5.3 Recommendation for education

- To guarantee that social workers are updated with new drugs in communities and new interventions to assist clients, social workers should be offered constant training on substance use which will be provided by the DSD, private organisations and other government departments working towards fighting substance use.
- To ensure that community members will show interest in what is being presented to them and benefit from there, it is recommended that social workers working in the substance use section should conduct workshops with the community members they serve on current trends of substance use by the youth, to improve their existing substance use campaigns.

5.5.4 Recommendation for further and future research

- To ensure role division is attained, it is recommended that the research unit of the DSD conduct thorough research with social workers that are working under substance use unit, focusing on understanding their roles and responsibilities.
- To ensure that the importance of family support in the sobriety of clients is known, it is recommended that future scholars conduct research on the positive

effect of family rapport in substance use journey of recovery. Such will assist in sharing of information gained with clients and promote working together with families.

- To ensure that the DSD will faithfully work towards fulfilling their mandate of combating substance use in providing appropriate resources, the research unit of the department should focus on in depth researching of methods, strategies and interventions that are effective in decreasing substance use by the youth.
- To ensure an increase of work productivity and compliance, it is recommended that the research unit of the DSD should focus on researching the wellness of their social workers in substance use component. Such will also ensure that appropriate and formal measures of debriefing and supervision services are implemented.

5.6 CONCLUSION

The concluding chapter of the research study presents summaries of all chapters and themes. This chapter has provided a summary of the major research findings according to the six themes and eventually presented conclusions and recommendations based on the research findings. The objectives and research question was adequately addressed through responses of participants. Personal and professional experiences of social workers was addressed in chapter 4. Challenges faced by social workers in their line of duty was addressed in chapter 2 of the y be workload study.

Professionally it was found that working with the youth abusing illegal chemical substances is not an easy task as they lack cooperation and relapse a lot. Furthermore, heavy workload and low income was found to be the cause of low morale for social workers. Personally, social workers learned to be vigilant parents towards their children in the aim if guiding and protection them not to end up using drugs.

Social workers also gave in their inputs on what they would do to change things around to better their work environment and anticipated some changes with their managers and supervisors. Changes entailed supervisors and managers not to have favouritism amongst colleagues, have fair distributions of work and assistance from supervisors.

Moreover, managers and supervisors should be fair when rating colleagues for performance reviews.

Lastly, the discussions resulted in the presentation of recommendations for further research, social work practice, for policy and education. For social work practice, the recommendations include social workers recommending for sharing of work amongst social workers in order to curb the poor services delivery due to administration burden. Recommendations were also made to increase the number of rehabilitation centres, halfway houses and after care facilities. Recommendations for policy included the request for the Department of Social Development to revisit their policy on employment that fair distribution of work amongst social workers can be applied.

One of the recommendations for education is to offer constant training for social workers in order to guarantee that they are updated with new drugs in communities and new interventions on how to assist clients. To conclude, recommendations for future research included a request that the research unit of the DSD conduct thorough research with social workers that are working under substance use unit, focusing on understanding their roles and responsibilities. Furthermore, it is recommended that that the DSD will faithfully work towards fulfilling their mandate of combating substance use in providing appropriate resources, strategies and interventions that are effective in decreasing substance use by the youth.

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ADDENDUM 1

LETTER REQUESTING PERMISSION TO CONDUCT RESEARCH

PERMISSION LETTER

Research title: The experiences of social workers working with the youth abusing illegal chemical substances.

Researcher: Oratile Khampepe

Re: Request for permission to conduct research at Department of Social Development

Ms Nthabiseng Khumalo

Senior Admin Officer: Research and Policy coordination

011 227 0242/ 081 5736 910

Nthabiseng.Khumalo@gauteng.gov.za

Dear Ms Nthabiseng Khumalo

I am Oratile Khampepe, doing research under the supervision of Dr Phuti Kgadima, a senior lecturer in the Department of Social Science towards a MA, at the University of South Africa. We are humbly requesting permission to conduct the study with social workers in your institution.

The aim of the study is to develop an in-depth understanding of **the experiences of social workers working with youth abusing illegal chemical substances.**

Your organisation has been selected because of your employees being social workers, in particular those that are employed in the substance use section, rendering services to the youth in the Vaal area. The study is undertaken through a qualitative method where social workers will be interviewed in order to gather information. Before the commencement of the interview the participant will be expected to sign a consent form, which will explain the rules and regulations in detail as well as the rights of the participant. A phone will be used to record the interview and the information will be transcribed to form data for the study. Both the audios and noted information by the

researcher will be kept safe and shared with the supervisor and other parties involved for the benefit of the study.

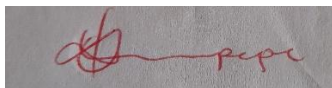
The benefits of this study involve the employer being made aware of the work social workers put in, in to provide services to the youth as well as student social workers being made aware of the practicality of a social worker working in the substance use section. Furthermore, the employer will be made aware of the need of programs that can be put into place which will benefit the youth and service delivery of social workers.

Potential risks involved in the study would be sharing identity unintentionally of a participant that chose to remain anonymous with a third party to benefit him/her if there is a need for medical help or counselling. The study has minimal risks as it does not involve any physical training or to be conducted in an unsafe environment.

Feedback procedure will entail a complete document of the research being formed and it will be available when requested.

Thank you for taking part in the study.

Yours sincerely



Oratile Khampepe

Signature of researcher

Name of researcher

Signatory's position

ADDENDUM 2

RESEARCHER ACKNOWLEDGEMENT

The experiences of social workers working with the youth abusing illegal chemical substances.

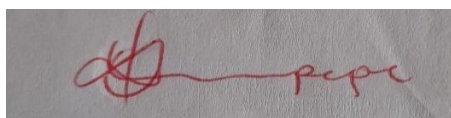
Researcher: Oratile Khampepe

Hereby, I Oratile Khampepe, ID number 880109 0442 081 in my personal capacity as a researcher, acknowledge that I am aware of and familiar with the stipulations and contents of the

- Unisa Research Policy
- Unisa Ethics Policy
- Unisa IP Policy

and that I shall conform to and abide by these policy requirements.

Signature:



Date: **27 February 2024**

ADDENDUM 3

REQUEST TO PARTICIPATE IN THE STUDY

Research title: The experience of social workers working with the youth abusing illegal chemical substances.

Researcher: Oratile Khampepe

Ethics clearance reference number: 69290628_CRECHS_2022

Research permission reference number (if applicable): N/A

Date:

Dear Prospective Participant

My name is Oratile Khampepe, and I am researching under Prof Phuti Kgadima, a senior lecturer in the Department of Social Science towards a MA at the University of South Africa. We invite you to participate in a study entitled “The experience of social workers working with youth abusing illegal chemical substances”.

I am conducting this research to develop an in-depth understanding of the experiences of social workers working with youth abusing illegal chemical substances.

You have been invited to participate in the study as you work closely with the youth abusing drugs in your scope of work. The participants expected to participate in the study are ten or fewer, depending on the data saturation.

The researcher approached you personally as a colleague from the Department of Social Development, and none of your details has been obtained yet. Confidentiality will be adhered to in the study unless there is an important reason to share your personal information, of which it will be for your benefit.

The study involves audio taping during a semi-structured interview. The interview is estimated to take approximately 45 to 60 minutes.

Participating in this study is voluntary, and you are under no obligation to consent to participation. If you decide to take part, you will be given this information sheet to

keep and be asked to sign a written consent form. You are free to withdraw at any time and without giving a reason.

The benefits of this study involve the employer being made aware of the work you put in as a social worker to provide services to the youth and student social workers as well will also be made aware of the practicality of a social worker working the substance use section. Furthermore, the employer will be made aware of the need for programs that can be put into a place that will benefit the youth and service delivery of social workers.

Risks involved for participants.

There are no risks associated with participating in this study. You reserve the right to withdraw at any stage of the research process without any consequence, and there are no anticipated negative consequences of declining or withdrawing from the study at any time during the process.

Confidentiality and protection of identity

You have the right to insist that your name will not be recorded anywhere and that no one, apart from the researcher and identified members of the research team, will know about your involvement in this research. Your confidentiality will only be bridged if it is in your best interest where a third party will be brought into your benefit. As the interview may be emotional when answering a personal question, debriefing may be needed; therefore, your identity will be shared with the identified with the social worker from FAMSA.

A confidentiality agreement form will be given to sign to agree that your information will be kept confidential. Please note that confidentiality agreements should be submitted to the Research Ethics Review Committee for consideration. Your answers may be reviewed by people responsible for ensuring that research is done properly, including the transcriber, external coder, and members of the Research Ethics Review Committee. Otherwise, records that identify you will be available only to people working on the study unless you permit other people to see the records.

Dissemination of findings

Be informed that after completing the research, your information forming part of the study may be used for other purposes, such as a research report, journal articles

and/or conference proceedings. A report of the study may be submitted for publication, but individual participants will not be identifiable in such a report.

Storage of research information

Hard copies of your answers will be stored for a minimum period of five years in a locked cupboard by the researcher's private residence for future research or academic purposes; electronic information will be stored on a password-protected computer. Future use of the stored data will be subject to further Research Ethics Review and approval if applicable. In time to destroy the information provided by participants, hard copies will be shredded, and electronic copies will be permanently deleted from the computer's hard drive using a relevant software programme.

Approval of the study

This study has received written approval from the Research Ethics Review Committee of the Unisa. A copy of the approval letter can be obtained from the researcher if you so wish. If you want to be informed of the final research findings, please contact **Oratile Khampepe** on **066 289 8171** or email on **oratilebantsho@yahoo.com**. The findings are accessible for 1 month.

Should you have concerns about how the research has been conducted, you may contact **Prof. Kgadima** on **012 429 6515**, or email at **kgadinp@unisa.ac.za**. Contact the research ethics chairperson **Dr S. Dhludhlu** at dhludsl@unisa.ac.za, if you have any ethical concerns.

Thank you for taking time to read this information sheet and for participating in this study.

Thank you.

Ms. Oratile Khampepe

ADDENDUM 4

REQUEST TO THE DEBRIEFER

Dear: Mr Oswell Jeranyama

FAMSA

I am Oratile Khampepe, a social worker employed at the Department of Social Development. I am currently a master's student at Unisa, researching the experience of social workers working with the youth abusing illegal chemical substances. The research is a qualitative study where participants will be interviewed on one-on-one. Therefore, your assistance, free of charge is humbly requested if needs be.

Your assistance will be highly appreciated.

Regards,

Ms. Oratile Khampepe

Date: 26 Oct 2021

Dear Sr/Madam

Re: Confirmation of availability to offer trauma debriefing sessions to research participants who may get triggered during data collection interviews by Unisa master's degree student: Oratile Khampepe.

This letter serves to confirm that I, Oswald Jeranyama, a qualified and registered social worker with SACSSP registration number: 10-39226 commits to offer trauma debriefing to research participants in Unisa master's degree student Oratile Khampepe research study.

I have vast experience in doing trauma counselling and have been with Famsa Vaal Triangle for more than 14 years doing therapeutic work.

Oswald Jeranyama

Registered Social Worker

SACSSP Reg No: 10-39226

No. 23 Van Riebeek Hof
Ferranti Str. CW5.
VDPK.1911
bophelong@famsavaal.co.za
0845637173.

OSWELL JERANYAMA

- I qualified with a bachelor's degree in Social Work

from University of South Africa in 2015.
Following that I was elevated to the post of Clinical Social Worker at Famsa Vaal Triangle where I have worked since 2008 as a Therapist. I have worked in a range of Therapeutic settings dealing with trauma, grief, family and marriage therapy as well as capacity building

assistance to community development projects.

- I currently work at Famsa Vaal Triangle as acting Director and social worker.

- Besides working for Famsa Vaal Triangle

I have my own private practice for after-hours and weekend therapy for referrals from Wellness companies such as Kaelo, Workforce, Momentum, PHS, and Careways.

Certificate in Social Auxiliary Work from National Peace Accord Trust
TRAININGS
Trauma debriefing.
Certificate in HIV and Aids Counselling.
Certificate in Grief Counselling.

EDUCATION
2016 to 2018
Post graduate studies at University of Pretoria (dissertation outstanding)
2009 to 2014
Bachelor of Social Work from University of South Africa.
2007 to 2008

NATIONALITY: Zimbabwean

PASSPORT NUMBER: EN470606

WORKPERMIT NUMBER: MID24978/2017/ZEP

PROFFESIONAL CITIZENSHIP

SACSSP Reg No: 10-39226

BHF PCN No: (application pending)

WORK EXPERIENCE:

Employer: Famsa Vaal Triangle

Period: 2015 to date

Position: Social Worker.

Duties: Counselling services to couples with marriage and relationship challenges, Trauma debriefing to adult survivors of crime, grief counselling to adult clients and supervision of interns.

Community Development project support to Bophelong Multi-disability project, Vukuzenzele Co-op food garden at Sharpeville, Vanderbijlpark.

Period: 2008 to 2015

Position: Social Auxiliary Worker

Duties: Intakes of adult clients, workshop facilitation and capacity building services to community self-help projects.

Achievements: Successful fundraising and community development project implementation:

NDA-FAMSA VAAL TRIANGLE Greenhouse projects at Bophelong Food Garden and Sebokeng Food Garden townships 2009-2011.

R50.000 fundraising for Bophelong Multi-disability handcraft project: 2019

Vukuzenzele Co-op food garden at Sharpeville: 2019 to date.

References:

Mr P Manoto (Senior Development Manager at National Development Agency)

Organisation: National Development Agency

Position: Development Manager

Contacts: 0824182556

Mrs Serena Du Preez (Senior Social Worker at Famsa Vaal Triangle)

Organisation: Famsa Vaal Triangle

Position: Senior Social Worker

Contacts: 0169338128

Mr M Hlumbane (Project Manager at Asedi Drop-In centre in Bophelong Vanderbijlpark)

Organisation: Asedi Community org

Position: Centre Manager

Contacts: 0840822029

ADDENDUM 5

CONSENT TO PARTICIPATE IN THIS STUDY

Research title: The experience of social workers working with the youth abusing illegal chemical substances.

Researcher: Oratile Khampepe

I..... volunteer to take part in the research project conducted by Oratile Khampepe, a student from Unisa. The research topic is about the experience of social workers working with youth abusing illegal substances.

I understand that I am not forced to take part in the study, and I am allowed to withdraw from the study at any time. The researcher has explained the purpose and nature of the study to me before taking part. Please note that the researcher will be taking notes in between when you agree to participate, and our interview will be recorded. The interview is estimated to take approximately 30 minutes, and the researcher will interview you.

I understand that the information gathered will remain confidential, and my name will not be quoted in the study. I am aware that the study has been reviewed and approved by the School's Research and ethics team. For any research problems or questions, I may contact the researcher's supervisor, **Prof. N.P. Kgadima** at **012 429 6515**.

I understand that I can request the information I have provided during the interview. Furthermore, I am aware that the findings of this study will be processed into a research report, journal publications or conference proceedings, but that my participation will be kept confidential unless otherwise specified.

I have read and understood the explanation provided to me. I have answered all my questions to my satisfaction, and I voluntarily agree to participate in this study.

Signature

Date

ADDENDUM 6

INTERVIEW GUIDE

BIOGRAPHICAL QUESTIONS

1. How old are you?
2. Where do you live?
3. Do you reside with family or not?
4. When did you complete your grade 12?
5. When did you obtain your social work Degree?
6. How long have you been working for your organization?
7. Which office are you based in?
8. How many years of experience do you have working in the substance use section/Organization?

TOPIC RELATED QUESTIONS

1. Please share your personal and professional experiences of working with youth abusing illegal chemical substances? [prompts: challenges, benefits]
2. What makes you passionate about being a social worker working in the substance use department or organization? [motivation behind, what keeps them going]
3. How does your employer provide sufficient support concerning the services you are rendering? Please explain [prompts: resources, debriefing]
4. How does your supervisor and manager provide you with support to achieve your daily job objectives? [prompts: work relationship, support with difficult cases]

5. Are the resources put into place to support clients and assist in the provision of services sufficient for the number of clients you are providing services to? [intervention strategies, challenges]

6. As a substance use social worker how would you regard your workload? [challenges, benefits]

7. If you had the opportunity to change anything about your work, what would you change? [change sections, the management]

ADDENDUM 7

TURNIT IN RESULTS

Thesis final			
ORIGINALITY REPORT			
13%	11%	5%	6%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS
PRIMARY SOURCES			
1	uir.unisa.ac.za Internet Source	2%	
2	socialwork.journals.ac.za Internet Source	1%	
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4	repository.up.ac.za Internet Source	1%	
5	www.researchgate.net Internet Source	<1%	
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7	Submitted to University of South Africa Student Paper	<1%	
8	vital.seals.ac.za:8080 Internet Source	<1%	
9	core.ac.uk Internet Source	<1%	

174 Shier, M. L., and J. R. Graham. "Work-related factors that impact social work practitioners' subjective well-being: Well-being in the workplace", *Journal of Social Work*, 2011. <1%

Publication

175 Sumaiyah Docrat, Crick Lund, Dan Chisholm. "Sustainable financing options for mental health care in South Africa: findings from a situation analysis and key informant interviews", *International Journal of Mental Health Systems*, 2019. <1%

Publication

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ADDENDUM 8

TURNIT IN RECEIPT



Digital Receipt

This receipt acknowledges that Turnitin received your paper. Below you will find the receipt information regarding your submission.

The first page of your submissions is displayed below.

Submission author: Oratile BANTSHO
Assignment title: Complete dissertaion/thesis FINAL
Submission title: Thesis final
File name: Thesis_final.docx
File size: 221.24K
Page count: 154
Word count: 58,653
Character count: 308,615
Submission date: 23-Feb-2024 08:38AM (UTC+0200)
Submission ID: 2302284280

CHAPTER ONE 1.1 GENERAL INTRODUCTION AND BACKGROUND OF THE STUDY

Social work is a field that focuses on the prevention of social problems. Individuals, families, and society are at the heart of this profession (McCart & Fisher, 2019:208). Social work profession is concerned with growing human well-being, advocating and supporting human rights (Shapi, McPherson, Isardell, Gatenio & Baker, 2018:2038). Furthermore, the foundation of the social work profession is built on values. Amongst these values are basic ideas about identified interactions between individuals and their surroundings. Social work provides one's knowledge a priority right to confidentiality and self-determination, as well as their dignity and individuality (Shapiro, 2008:1). Social workers can be found in various fields such as alcohol, tobacco, substance abuse, local governments, disability, old age, social work with families, women, (MORRIS) (MORRIS) (MORRIS, 2018:175).

The keynote of the study are social workers working in the substance abuse field, specifically with the youth. These social workers have a huge responsibility of helping youth who use illegal substances (Rosenberg, 2006). Their first primary role includes assessment and detection of substance addiction disorders. Consequently, the primary mission is client assessment and counseling, working in groups where clients meet to help and support one another with a common factor in need, all these is accomplished with client engagement as an integral element of the intervention process. The function varies when offering services in different settings, ranging from effectiveness in mental health settings and a medical clinic (Jordan, Rosenberg & Davis, 2010).

Additionally, social workers in the substance addiction disorder are expected to help drug misuse prevention programs, hold presentations, provide information and counseling to the youth and the community. All these interventions are intended to encourage individuals not to use drugs and for those who have begun to seek assistance before their addiction develops (Kushnir & Malow, 2011:10).

Despite the challenges, it is becoming gradually difficult to manage. Approximately 300 million people used drugs in 2019 worldwide and the number increased by 10% from 2008 with adolescents and young adults resulting in the major share of users (United

ADDENDUM 9

LETTER FROM THE EDITOR

EDITING CERTIFICATE



Name: Sylvia Katati

Cell: 067 610 3958

E-mail: phokanesylvia@gmail.com

Qualifications

MSc (Plant Pathology) – University of Stellenbosch

BSc (Hons) Biotechnology – University of Pretoria

BSc (Biotechnology) – University of Pretoria

19 February 2024

TO WHOM IT MAY CONCERN

I, **Sylvia Katati**, confirm and certify that I have read and edited the Thesis titled: “**The experiences of social workers working with the youth abusing illegal chemical substances**”, submitted by **Oratile Khampepe**, student number **21790932**, for the Masters in Social Work at the University of South Africa (UNISA).

Oratile Khampepe was supervised by **Prof N.P Kgadima** of the University of South Africa.

I am a Professional Scientist, registered with the South African Council for Natural Scientific Professions. Additionally, I am a published Author, Founder and Editor of **Ndazi Research Services**. Hence, I am qualified to edit the final report with cohesion and coherence. The views expressed herein, however, remain those of the researcher.

Yours sincerely,



Mrs. Sylvia Katati (Pr.Sci.Nat)

ADDENDUM 10

ACCEPTANCE LETTER FROM ETHICS COMMITTEE



COLLEGE OF HUMAN SCIENCES RESEARCH ETHICS REVIEW COMMITTEE

31 January 2022

Dear Ms Oratile Bantsho

Decision:
Ethics Approval from 31 January
2022 to 31 January 2025

NHREC Registration # :
Rec-240816-052
CREC Reference # :
60290628_CREC_CHS_2022

Researcher(s): Name: Ms Oratile Bantsho
Contact details: 69290628@mylife.unisa.ac.za
Supervisor(s): Name: Dr NP Kgadima
Contact details: kgadinp@unisa.ac.za

Title: The experience of social workers working with the youth abusing illegal chemical substances.

Purpose: MSW

Thank you for the application for research ethics clearance by the Unisa College of Human Science Ethics Committee. Ethics approval is granted for three years.

The low risk application was reviewed by College of Human Sciences Research Ethics Committee, in compliance with the Unisa Policy on Research Ethics and the Standard Operating Procedure on Research Ethics Risk Assessment.

The proposed research may now commence with the provisions that:

1. The researcher(s) will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.
2. Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study should be communicated in writing to the College Ethics Review Committee.
3. The researcher(s) will conduct the study according to the methods and procedures set out in the approved application.
4. Any changes that can affect the study-related risks for the research participants, particularly in terms of assurances made with regards to the protection of participants' privacy and the



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confidentiality of the data, should be reported to the Committee in writing, accompanied by a progress report.

5. The researcher will ensure that the research project adheres to any applicable national legislation, professional codes of conduct, institutional guidelines and scientific standards relevant to the specific field of study. Adherence to the following South African legislation is important, if applicable: Protection of Personal Information Act, no 4 of 2013; Children's act no 38 of 2005 and the National Health Act, no 61 of 2003.
6. Only de-identified research data may be used for secondary research purposes in future on condition that the research objectives are similar to those of the original research. Secondary use of identifiable human research data require additional ethics clearance.
7. No fieldwork activities may continue after the expiry date (31 January 2025). Submission of a completed research ethics progress report will constitute an application for renewal of Ethics Research Committee approval.

Note:

The reference number 69290628_CRECHS_2022 should be clearly indicated on all forms of communication with the intended research participants, as well as with the Committee.

Yours sincerely,

Signature: pp



Prof. KB Khan
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Signature: pp



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