***TRANSCRIPT 4***

**Researcher:** What is your general understanding of public health. So, when we are speaking of public health, what are you thinking?

**Participant D**: Uhm I think it's more about the services that are being rendered from the health sector, rendered to the community to the vulnerable communities, so it's all about that and the quality of service that is being rendered.

**Researcher**: Okay and uhm in those services, can you just name a few that you are aware of in the public sector.

**Participant D**: The what?

**Researcher:** The services of public health

**Participant D**: Uhm basically its more clinical like, its social work, like the psychosocial services that are being rendered, the psychological services that are being rendered to the public and it will be your occupational services, the physiotherapy services, more of the allied services including even dietetics, so basically that is the kind services.

**Researcher**: Okay. Thank you for that. And then we now come into social work specifically, you are working within a public hospital, I would assume it would be different from the private, that would be your NGOs and so forth. So, in the public sector, particularly in the hospital what social work services do you guys provide?

**Participant D**: I would say that firstly, in the hospital setting we get a whole lot of issues, we deal with whole lot of groups, vulnerable groups, because of that the elderly, mental health, children, sick people, abused women we get a whole lot of those. So in that we render services, so what we do we conduct an assessment to see, when you’ve got a person that has been referred to you we do an assessment, and then from there you uhm try to find the plan of action, like what programme the patient will have to go through and then you work together to try and help the patient with the problem that has been presented to you. But also its not just working with the patient, as social workers we also uhm work holistically, we also work with families and we also make sure that we connect the families and patients with community resources that are available and because our interventions are very short because patients have to back to the community, they are discharged, we can't keep them for too long so we always have to make sure that we network with the community and ensure that we are able to refer those matters and make sure the continuity of services continue even after discharge.

**Researcher**: Alright. So, I hear now you mention discharge, you mention involving the family, holistic approach so when you now referring to discharge, I assume that you as a social worker you are involved in that. What exactly would be your role in that case?

**Participant D**: Firstly, it is important to note that uhm as a social worker within the hospital setting, you don't work alone uhm you work with all these other professionals that I have mentioned and so you become part of the multidisciplinary. So, you become part of that whole system so in in so doing you have to be in touch with everybody and in terms of the programmes that you are putting in place for the patient, the whole team becomes involved in that, we call it the discharge planning. Communication with those is always important.

**Researcher**: So, there is a very active role of the social worker in that. So, in terms of...because in public health and private health facilities and institutions it's quite diverse and different. I know in South Africa there are certain legislatives, certain policy frameworks that guide how we render our services. So, in your case when it comes to public health, social work, which policies you regularly use, or you are aware of.

**Participant D**: Okay. As I have mentioned before that we work with vulnerable groups, so all those vulnerable groups are covered by different Acts. For instance, when working with children, we have the children’s Act. But however, there are Acts that will be quite important in interventions with children, like the Mental Health Act which we consult when you come with mental health case or medical patients. And there is the Older Persons Act and the domestic violence act. So basically, those are the main ones that we use...

**Researcher:** Okay. Those are the biggest ones cause they help guide how we render our services at ground level. Okay thank you for that. Specifically in social work I know we have a lot of approaches of theoretical interventions but then when you are working in the public sector there are specific ones which are used, or rather prefer to use that can help effectively render patient care to your population that is the hospital. Which ones do you normally use in your interventions?

**Participant D**: Okay. The approach that we mostly be in touch with when intervening with our patients would be the strengths based approach uhm because we are trying to assist the patient to actually find, look at all the sides of their life and find the strengths within them, because most of the time you find that they are weak, not only physically, even emotionally and they are at a stage where they don't see anything good out of them. So, we try by all means to help them; to revive themselves and we use that approach to try and look at them in them without judging and looking at tm as people with inner strengths to boost themselves up. And then we also have the person-centred approach we use uhm

**Researcher**: Okay, thank you for sharing that. Uhm so earlier on you did mention that you have 15 years working experience if not mistaken, in total, that is total. So, have you worked in the NGOs before or private sector?

**Participan**t **D**: Yes, I have worked in the NGOs.

**Researcher**: And then now how would you now describe the experience in comparison to the public sector in the government.

**Participant** **D**: Uhm I need to think about that.

**Researcher**: I am speaking in terms of resources infrastructure, the type of services that we would say when we render the services at the NGO, things were pretty much like this and now things are pretty much like that...

**Participant D**: Okay I would say in terms of the interventions, its more or less the same, when it comes to our interactions with patients and the kind of services that we render to the patient or to the client, in NGOs sometimes we call them clients. Its more or less the same but in terms of resources it varies, because I have been in different NGOs and sometimes you find that uhm social workers, uhm firstly I will talk about the salaries, the salaries are not the same, the salary scales are not the same between social workers in the public sector and in the private sector as well. So, you find those discrepancies and it depends with how well the NGO is doing when it comes to that. Uhm in terms of the workload, its usually very hectic when it comes to the NGOs. Uhm most of them you will find there are no other resources, they are only dependent on you for services and sometimes the pressure that you will be getting, will be a bit too much when working within an NGO. Though in the public sector the pressure is there also form the community, from the public, the expectations as well people they think you can do so much for them or you can go so much for them but the resources will always limit you in terms of in NGOs you find that there are no cars to do home visits, maybe there is only 1 car for the whole organisation and it becomes a bit of a challenge maybe because the organisation is not doing so well, they can't even afford to pay the drivers so find yourself having to drive yourself or having to wait for a couple of days to render the service to a particular family because of unavailability of resources. Whereas in government, my experience in government when it comes to those things, you find that the resources are a bit better, they are readily available especially things like transport and...

**Researcher**: Yes, it makes sense because now in my understanding the non-government al organisations meaning that they rely on these private companies to fund them whereas with the government they are fund readily available for the hospital and other departments as well. So, it would make sense if in the NOGs there is a little bit of uhm scarce resources.

**Participant D:** And I think also, with government you do find that, like the experience that I am having now is the issue of some NGOs closing down, so working in the public sector now because in most cases we are dependent on some NGOs because they are where we can't reach as public sector. So, you find that now they are closing down, and we are bombarded with some cases. They are closing down, we can't place children, because you find that in some hospitals there are children that stay there for 4 months, awaiting placement because NGOs some of them are closing down due to lack of funding, so it becomes a bit of a challenge there. Basically, we need each other as NGOs and public sector, there is that collaboration between the two and its always necessary

**Researcher**: I wish potential investors and funders can hear that because they think one can function without the other

**Participant D**: No we can't because we refer to them in because we believe in continuity of services so once we are done on our side we don't just discharge, we discharge and then we refer to community resources to say continue where we ended, but then if they close down, they are not there anymore, no one can monitor our patients or supervise our patients in our communities

**Researcher**: Alright, thank you so much for sharing that. So now you mention that you as a social worker in the hospital, you don't work in isolation, you mentioned multidisciplinary team which I'm assuming you are working within and you also mention that uhm in terms of discharge planning, you are involved with other professions as well. So uhm in you years of experience in the public sector have you always been part of the MDT?

**Participant D**: Yes, we can't function in isolation.

**Researcher**: Okay. I know you mentioned a few, your physio, earlier on, what are the professionals involved in this MDT?

**Participant D**: It will be doctors, nurse, it will be dieticians uhm occupational therapist there is physiotherapist. Uhm that is within the hospital setting.

**Researcher**: Does your MDT uhm jump out to the outside at some point?

**Participant D**: Uhm the outside ones are community ones, yes you might find you need a dietician outside the hospital, which is a different kind of support system that you need. I still call them the multidisciplinary team at community level.

**Researcher**: Okay. Uhm that makes more sense even uhm in terms of your work, you have mentioned the types of services social workers render within the hospital, but then within the MDTs what specifically, you mentioned discharge planning, I heard that uhm what else do you contribute to in the MDT when it comes to patient care? So, there is yourself as a social worker, there is a doctor, there is physio for instance, there is an OT what are the services do you help in patients, care within these teams?

**Participant D:** As a social worker, I bring a different approach into uhm helping patients, because clinically the doctor would have seen the patient so that is the bio part of things and then maybe the psychologist would have seen the patient. Uhm a social worker brings the social, the overall social issues around the patient as to in terms of how the person is functioning within the community or within the family, so we broadly look at that. This is the patient for us but then how is the functioning outside the hospitals, so we basically look at that, more of the social part of things, if there are any issues around things that would affect the patient decision for their discharge what could it be. Maybe for instance, in the case of domestic violence matter, a mother who was beaten by the husband, now has been treated by the doctor, now as a special worker I need to find out after discharge, what kind of environment are they going to, are they going to the same environment or do I need to help the patient to find an alternative placement . So I look at if it is safe for the patient to go there or is it not safe, and the as part of the team I can advise the team to say that no we cannot discharge this patient yet because where they going it's not safe for the patient, it's not a conducive environment for them to be in. So, to protect the patient, can we keep the patient or I'm going to help the patient to find an alternative place so that they are safer, you know things like that.

**Researcher**: It's a big role it's a huge role, because it actually determines the overall wellbeing of your patient, yes, the patient was seen by a doctor as you say, medication was given but that's not the whole treatment ...

**Participant D**: It doesn't end there, its broader than that and to avoid repetition and the patient going through the same trauma that they went through.

**Researcher**: Like I said, it's a huge role for you as a social worker cause that is what you are trained for now you come you become this person trying to determine the sustainability of the wellbeing of your patient, how are you roles perceived by these people , the doctors, your OTs, you physios, speech, dietician, how do they perceive a social worker?

**Participant D:** Yho, this is a very tough one. I have come to realise that wherever you are as a social worker you always have to fight for your place, to show people who you are and what you are capable of doing. I always feel that they don't understand our role as such. And I always question myself whether is it because we don't uh put it out there and make it clear what are our roles as social workers, or it's because people don't want to recognise us as social workers you know, because in the hospital setting I don't know there is this thing that uh everything it's a social worker thing. If a patient want transport it's a social worker, the social worker must take the patient home, uhm you know if the patient does not have transport money, they must go to the social worker you know, so all those things they make me feel like they don't really get, they don't understand what is our role, we get dumped by things. When the doctor don't know what to do , the social worker must finish, if there is a complaint, the social worker has to get involved and...Sometimes it works because yes there is something you need about us that we bring to the multidisciplinary team in terms of the approach that we have in terms of being able to speak to the patient, making sense and listening I think that is another issue as well but in terms of what we can do and how far we can go as social workers I think sometimes they don't get it right, I think sometimes we are disrespected by other professionals when they do that, when they send referrals to you, knowing very well that it's out of your scope it's things that are beyond , you can't do anything about it. So, it becomes a bit of...it's sad, we always, always have to fight and it's not just in hospitals, because even in ...because I have worked in courts as well even magistrates and lawyers you find that they look down upon you. They would look at your reports sometimes and they make those comments you know hence I am saying is it how we present ourselves or is it because they just don't want to recognise us as professionals who are at the same level as they are. So, you get those things as well, you get comments you know, you get blamed for things you end up on your own actually, nobody wants to be on your side. So, you have to fight, you have to be very strong be very straightforward as a social worker, when working in settings where there are other professionals you have to work with. It's not easy.

**Researcher:** That is sad but that is the reality. So, in terms of uhm your line of communication with these professionals, how does it-you mentioned referrals just now, how does it go, what is the line of communication in terms of their referral when they want to a social worker, how does it go?

**Participant D**: There are policies within the sector how that should work, the SOPs uhm, SOPs in terms of how referrals should go about. So a doctor will identify, as a team you will identify a patient in the ward that this one will need to be seen by a social worker then the doctor will have to write a referral form addressing to the social worker with all the details and explaining the reason for referral, what's the issue that they have identified. So they usually do that, they will phone maybe sometimes, there must always be referral, written referral form that is addressed to us and you will have to discuss the matter with the doctor if you don't understand something maybe, you discuss to get more information before you can intervene with the patient, so that you know. It's important to know what is the diagnosis as well, you need to know that before you see the patient, what's the diagnosis, what's the prognosis, so that when you do your assessment, you check if the patient is on the same level as well, because part of your interventions as well is for the patient to know what their diagnosis, what their prognosis so that you work along those lines with the patient, you guide the patient with that.

**Researcher**: That makes sense pretty much. Thank you for that. Now moving on to the training of social worker, uhm I'm understanding that for one to become or to be qualifies as a social worker you have to at least train for 4 years undergraduate that is, do you think that training you went through for 4 years, it has adequately prepared you for the public health sector specifically?

**Participant D:** Yho, I think yes it has. Looking at the kind of work that we do and looking at the fact that, I talk for myself because I'm not sure how things are currently, you start in the field at a very early stage of your career training, from second level you get exposed in terms of what is happening around, in field work. Uhm, I think it does, you get that exposure, you get to do reports, you write a lot of reports as well. You have to record in the files, we do that a lot, during training, uhm what else.

**Researcher**: So, you believe that the 4 years' experience has prepared you for this environment?

**Participant D**: You know what, I wouldn't necessarily say for this environment because some of us or me for instance when I did my practicals I was not in the health sector, I didn't know what to expect and I understand that social work is very broad you know, I was only exposed to what was available by then. Uhm in terms of the environment I was not really really prepared for what I saw when I came to the hospital. Uhm but other things like in terms of my interventions with patients, families and communities I was prepared with that. As to what I was going to expect and all those things, I think it's just the experiences I had to learn along as I practice.

**Researcher**: So, to some extent you were prepared not entirely

**Participant D:** Not entirely, because I remember when it comes to health issues maybe it was mostly the HIV/AIDS issues but I think we did a bit on old age as well but all other issues, the children's issues we did them but I don't think it was adequately enough to prepare me for the health sector. But I think the structure of our course, our social work course I think its broad, then the rest will be up to you when you enter that work place, I don't think it will give us enough exposure to all different sectors, for me during those times I didn't know how it's like being in a hospital setting but I was well prepared for where I was placed in terms of intervention, so I know what I am expected to work...

**Researcher**: Alright, thank you so much for that so in terms of, because I know the social work council, it would require one to continuously have professional development, small trainings, and workshops, so do you guys also attend those now, are you given that opportunity or platform that can help uhm boost your skills in public health.

**Participant D:** They are there just that now, the challenge I had in the past 4 years was that when you check with the council, previously there used to be a list of trainings and workshops, when you check now, there isn't much, there is 1 or two and we are expected to have how many CPD points, I think its 12 if I'm not mistaken per annum so I don't think they are doing enough because I haven't checked recently from their website,, uhm they are not doing enough in terms of putting it out there for us to get exposure and to ensure that we get those CPD points that are required per annum, I would think that, I assume that that is their responsibility as well in as much as it is my responsibility as a professional to check and make sure, but I think they just leave it entirely to us to make sure. I don't know what challenges are there, I'm saying this because where I was working, we used to do our own training we would develop our own topics and submit it to the council and record it for the CPD points. So I'm not sure if that is their role or they are supposed to take the responsibility on terms of providing the training session or being in contact with the service providers so that they can expose everyone, because for us we ended up doing for us as social workers so that we are able to gain those CPD points required per annum simply because we took it upon ourselves to do that. So, each social worker would do that present 2 CPD points and then another one you get the full CPD points for the whole year. So then when you check on the website, there is no trainings I would assume that there should be trainings provided for us, but I would say within the health sector there is training committee is doing so well in terms of making sure that the necessary trainings are provided, they do that. So that is why I'm saying that maybe it's a directive from the council maybe they are working together, I know that they submit to them for them (council) to give the CPD points but I'm not sure whether it's coming from them.

**Researcher**: Yes, they should take initiative to do something about that.

**Participant** **D**: Yes, because had we not done that ourselves, council was not giving us any information in terms of there is a training there, there is training for 2 CPD points or 5 CPD points, you know, there wasn't that.

**Researcher:** And then just from you own uhm trainings you have any other trainings or qualifications besides social work?

**Participant D**: I did monitoring and evaluation course, basically it's a diploma

R**esearcher**: Is it social work related as well?

**Participant D**: No, it's not social work related, it was just to enhance my skills because my interest is more on policies and monitoring things like that.

**Researcher**: Alright. Thank you for that... Okay so now going back to your role with MDT and the public health, you mentioned quite a lot of services that you render, of those services what roles do you play and you feel like these ones I play daily the ones that you have to now take upon almost on daily basis.

**Participant D:** Uhm I think we do a lot of advocating on behalf of patients uhm because especially in the wards that I work in, there are patients that are in need and families are not coming to fetch them when they are discharged, they are still having complaints, so uhm we do a lot of advocating for the patients, with the families, with the doctors as well within the hospital, things like maybe the family is struggling a bit to care for the patient and you know, in terms of asking the doctor to keep the patient a bit longer and things like that. Uhm yeah, we do (*sighs),* basically...

**Researcher:** Okay alright and in terms of the skills that you now can look at the roles that you play, which skills do you think that these skills I know that I need them for me to actively perform those roles?

**Participant D;** So ehm I think mostly would be ehm more of the communication skills looking at the fact that you are working with the multidisciplinary team, you work with people that are sometimes don't understand your role, so you have to be very open in communication and very clear in your communication. So often for me I learnt that I need to improve more on that one because you are working with people at different levels as well, because sometimes you find that the clinical manager come to you and talk to you, so you need to be very assertive as well in terms of communicating your things and with the family as well because others they just need to you to be firm and straightforward when talking to them especially when they don't want to fetch the patient form the hospital and things like that. So, you basically, I learnt how to improve my assertiveness skills also. And also because you do a lot of educating, educating people, educating families so in terms of that also you need to learn all the time, be in line with what is happening in different policies,, so as well there you need to improve when it comes to your learning be in touch with what is happening with the current happenings within the hospital setting.

**Researcher:** Alright okay so in terms of uhm my understanding is in the hospital things can get pretty much overwhelming if I can put it like that uhm do you guys receive any support inn cases where you feel like now this is overwhelming or because of ABC case I feel like I am traumatised, do you guys receive any support for that?

**Participant D**: we work under supervision, you'll have social worker who is your senior, then you will always consult whenever you feel stuck and also you get regular supervision one on one supervision and then we support each other as well. We are open to discussing with each other, debriefing. But on a personal level as well one always has to make sure that somehow uhm take care of yourself so that you find ways to debrief like go out, spend time with friend sometimes, go to church listen to music and things like that. So, for me personally going to church, to be talking to my family members you know, doing some things that are outside of work yeah.

**Researcher**: And then in the hospital as a whole, from the social work department I hear that there is support, but in the hospitals as a whole are there like channels where you get support if you feel like you need support?

**Participant D:** There is uhm the EAP programme, the wellness sorry, the wellness programme within the hospital where you are able to go in and talk to somebody if you feel overwhelmed with something. Ehm there are social workers sorry, psychologists there that can assist you and readily available to talk to you and even in cases like when maybe you are not happy, dissatisfied about something, you are able to talk to people like complaints manager. There are those channels there are, maybe you are grieved with something, I think it also forms part of your taking care of yourself because when you’ve got something that you are aggrieved about it also causes a bit of strain on your emotional and your mental wellbeing. So, there are those channels they are open for us within this hospital.

**Researcher:** Okay. Thank you for that, so as I was saying in terms of challenges that you have experienced, it could be within the MDTs as a social work in the hospital particularly in public health what are some of them that you feel like these ones yeah they do at some point affect how you would render your services.

**Participant D:** Uhm I would say that the one that I have mentioned before was the issue of the treatment from the MDT at time and the fact that you always have to fight your position within the team for you to be taken seriously, it's a big challenge as well uhm because at times it affects the discharge planning as well. Uhm the other one will be the issue of resources uhm in hospitals uh as social workers we are supposed to be having space because we need to have confidential spaces where we talk to our patient uhm we are sometimes unable to do that because we are sharing spaces there are not enough offices uhm sometimes even uhm equipment, even computers are not enough you know sometimes you find that the social workers are sharing one computer maybe among 6 social workers and it affects service delivery and it creates a situation where one has to wait two days, because enow you have to book to be able to use, especially when it comes to referring patients so it delays a bit the service delivery . Three, it will be the fact that in communities nowadays lack of resources where we can refer patients, some of the patients they will stay longer in hospitals because now we are , we don't have anywhere to refer for services to continue, or if we do refer it will be a struggle to make follow-ups because maybe the patient lives very far and you can't make a follow-up, But you rely on that community resource to check on that patient. And also another issue that I think I noticed is the issue with foreigners, we have a challenge with foreign patients who are not documented so that will also affect service delivery because now here as social workers we have to trace the families sometimes and the embassies at times they don't comply with regards to assisting us to maybe relocate patients to re-integrate patient into their families or their communities to the countries of origin so they often don't have money to go back home and a result as a social worker we have to find ways and means and in the public sector they wouldn't provide for transport, it will be a long process before you can get that kind of assistance and meanwhile the patient will be remaining in the hospitals and those issues, but it's not only the foreign undocumented patients but even the local ones also because of the issues of maybe there is no one to care for them, families don't want to take care of them so that is the issue that we also find to be challenging for us in the public sector

**Researcher**; You know you mention with tracing families, I find it very fascinating uhm you mentioned if one is undocumented foreigner or national you would sometimes rely on the embassy for example if one is from Malawi, we would assume that the embassy can assist at least but then if it's a local now what channels do you guys use in terms of family tracing

**Participant D**: We rely on the community resources like your SAPS, SAPS has been helpful in terms of that of tracing for us, trying to contact the local police station they probably know that family or something like that, and it works well in rural communities, even in urban communities it works well, they are very helpful often. You also find councillors assisting as well, they are very good resources for us and then within hospitals we have communication units where they can assist us to advertise via the media for tracing patients so that one also works, it works for us it helps us to be able to trace those families. At time you have to physically go, get transport and go and look for the families of those patients, in some cases you will find yourself having to do that so that the patient can be discharged from hospital.

**Researcher:** Yeah, that sounds quite challenging. Uhm you mentioned quite a lot about your experience within the MDT which I feel like it was extensive you know that it's really an eye opening experience for us who are still under training to learn more about the realities of social workers and their specific roles and how they are perceived especially in the public sector, I really appreciate the information that you have shared today and I am hoping that you know, you continue to be part of research uhm and policies because this is what helps us to draw policies or challenge the existing ones and so forth. I really appreciate that just in closing though uhm you mentioned some of the challenges that you have experienced as a social worker. You have mentioned social issues like there are people we cannot trace families uhm what are some of the recommendations, it could be towards the government, towards policy how can we address some of the issues in the public sector?

**Participant D**: Okay. I believe yes, we can't keep quiet and pretend like we not there or give up on them. I think we should talk about them. We should make use of platforms like forums that we have, the stakeholder meetings that we attend at times we should make use of those to communicate these challenges and I believe there is a lot that researchers can do, universities can do in terms of writing papers around those issues maybe they can go maybe as to as far as to the right people who are able to create the change for, to listen firstly so that they can create a change so that challenges can be addressed effectively.

**Researcher:** And towards or communities how do you think they can assist us in these cases

**Participant D:** You know uhm communities need to come forth and move away from this individualistic approach uhm to be more community oriented to be able to help each other and we need more maybe government should, in terms of budget they should give funding because people are there, people want to start up,, want to create like places of safety and uhm homes for homeless people, homes for mental health care users but without funding they are unable to do that because there is no funding , you can't start something and not be able to sustain it because money always talks, it cannot only survive on donations so they need that kind of financial support, but also support in terms of the skills on how to once you have started how to sustain it you know because I think sometimes there may be financial assistance somewhere but because of lack of skill in terms of how to sustain a particular centre for instance then you find that its closing down for that reason , they are not compliant and so government must make sure that once they registered, they monitor quite closely and support them and give them enough trainings and they must take care of the community in terms of that because we need them and there is lot that they can do

**Researcher:** Yeah, I fully agree with that and just lastly, towards the social work training that is the undergrad training what do you think can be done at that level you know to be able to prep people to this environment?

**Participant D:** ehm I think we need to be equipped more in terms of marketing skills, in terms of starting up projects, we do get a bit of that, but the focus is not much in terms of that. I believe that once we get exposed as social workers to what's happening within the communities we are able to see where the gaps are what is needed and so on and so on but to start up something like for instance if you want to start up a children’s home or something like that or a youth centre for instance it should be made uhm more easy and in terms of training given more skills, I think the focus mostly must be on those things more than anything else so that we try to uhm align with the challenges that we are currently facing because I think we really need more of what is currently happening and focus on making sure that the graduates are getting enough skills and enough training

**Researcher:** And they are well prepared when they get here, we can only hope for the best. Otherwise thank you so much for today again this means a lot to the whole research and the social work profession you know we need to be able to align our skills and knowledge with what is happening at this point so that we close the gaps of the challenges, and this is part of what I believe also