UNIVERSITY OF THE WESTERN CAPE

An exploration of social workers' knowledge, attitudes, and skills in service delivery with lesbian, gay, bisexual, and transgender (LGBT) clients in the Cape Metropole

Student: Johan Arnold Fourie

Student Number: 3680508

A full thesis submitted in the fulfilment of the requirements for the degree of Master's in Social Work in the Department of Social Work

University of the Western Cape

UNIVERSITY of the WESTERN CAPE

Supervisor: Dr Anja Human-Hendricks

Co-supervisor: Dr Neil Henderson

Date: 23 January 2024

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ABSTRACT

Social workers are compelled to recognise and respect diversity when they practise in the multicultural South African context. Research, globally, on the knowledge, attitudes, and skills applied by social workers during their practice with lesbian, gay, bisexual, and transgender (LGBT) populations however found the contrary. The aim of this qualitative research study was to understand the knowledge, attitudes, and skills of social workers rendering services to LGBT clients at the Department of Social Development (DSD) in the Cape Metropole. The first objective of the study was to explore and describe the knowledge, attitudes, and skills of social workers during their service delivery to LGBT clients. Another objective was to explore and describe strategies to empower social workers with the required knowledge, attitudes, and skills to provide competent social work practice with LGBT clients. The study was based on Tronto's (1993) ethics of care as theoretical framework. Ethical approval was obtained from the HSSREC at UWC and the REC of the DSD in the Western Cape Province to conduct the research. The sample of the study consisted of Twenty (20) social workers employed by DSD in the Cape Metropole selected by convenience and snowball sampling. Interviews were used during data collection until data saturation was achieved. The data analysis followed the eight (8) steps of Tesch. The findings consist of four main themes which are; i) Social workers do not inquire about sexual orientation or gender identity in their practice due to 'heteronormative' administrative forms, but some clients self-disclosed their sexual orientation; ii) Social workers experience lack of knowledge and skills during micro and macro practice with LGBT clients, however some social workers expressed affirmative views on the topic; iii) Education and on-going training on the LGBT population are the appropriate strategy to equip social workers with the required knowledge, attitudes, and skills to provide services to LGBT clients; and iv) A need for transgender affirmative administration forms also exists.

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KEY WORDS

Attitude

Department of Social Development

Ethics of care

Gay

Lesbian

LGBT Knowledge

LGBT Affirmative Practice

LGBT skills

Service delivery

Social Worker

Transgender

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ABBREVIATIONS

ASSW - Australian Association of Social Workers

BASW - British Association of Social Workers

CPD – Continuous Professional Development

DSD – Department of Social Development.

GAP – Gay Affirmative Practise

HSSREC - Humanities and Social Sciences Research Ethics Committee

IFSW – International Federation of Social Workers

LGBT – Lesbian, Gay, Bisexual, and Transgender.

LG – Lesbian and Gay

LGB – Lesbian, Gay, and Bisexual

LGBT – CAT – Lesbian, Gay, Bisexual and Transgender Competency Assessment Tool

NASW – National Association of Social Workers

RECDSD - Research Ethics Committee of the Department of Social Development

SA – South Africa

SACSSP – South African Council for Social Service Professions

US – United States of America

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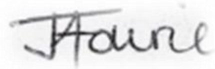
DECLARATION

I hereby declare that the study, entitled: An exploration of social workers' knowledge, attitudes, and skills in service delivery with lesbian, gay, bisexual, and transgender (LGBT) clients in the Cape Metropole, is my original work and has not been submitted for examination at any other institution of higher learning. In addition, all the sources that I have used or quoted in the study have been cited and acknowledged in a list of references.

Student Name: JOHAN ARNOLD FOURIE

Date: 23 January 2024

Signature: 

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https://uwcscholar.uwc.ac.za/home

TABLE OF CONTENTSfirh

ABSTRACT ii
KEY WORDS iii
ABBREVIATIONS iv
DECLARATION v
ACKNOWLEDGMENTS vi
LIST OF TABLES xv
LIST OF FIGURES xv
CHAPTER ONE 1
INTRODUCTION AND CONTEXT OF STUDY 1
1.1. INTRODUCTION 1
1.2. PRELIMINARY LITERATURE REVIEW 4
1.2.1. Social workers' knowledge, attitudes, and skills provided to LGBT clients 4
1.2.2. Factors influencing social workers practises with LGBT clients 5
1.2.2.1. LGBT specific Knowledge 5
1.2.2.2. Attitudes 6
1.2.2.3. Skills 6
1.3. PROBLEM STATEMENT 7
1.4. THEORETICAL FRAMEWORK 8
1.5. RESEARCH QUESTION 9
1.6. RESEARCH AIM AND OBJECTIVES 9
1.7. OVERVIEW OF THE STUDY'S RESEARCH METHODOLOGY 9
1.7.1. Research approach 9
1.7.2. Research design 10
1.7.3. Research setting, population, and sampling 10
1.7.4. Data collection methods 11
1.7.5. Data analysis 12
1.8. DATA VERIFICATION AND TRUSTWORTHINESS 13
1.9. ETHICAL CONSIDERATIONS 14
1.10. DEFINITION OF KEYWORDS 14
1.11. STRUCTURE OF THE STUDY: CHAPTER OUTLINE 18
1.11.1. Chapter One – Introduction and Context of Study 18
1.11.2. Chapter Two – Literature review 18
1.11.3. Chapter Three (3) – Theoretical framework 18

https://uwcscholar.uwc.ac.za/home

1.11.4. Chapter Four – Research Methodology 18
1.11.5. Chapter Five – Research findings and Discussion 19
1.11.6. Chapter Six – Summary, Recommendation and Conclusion 19
1.12. CONCLUSION 19
CHAPTER TWO 21
LITERATURE REVIEW 21
2.1. INTRODUCTION 21
2.2. INTERNATIONAL LITERATURE ON SOCIAL WORKERS' ATTITUDES AND PRACTISES TOWARDS LGBT CLIENTS 21
2.2.1. Social Workers' Attitudes towards LGBT Clients 21
2.2.2. Social Workers' Practices with LGBT Clients 23
2.3. AFRICAN RESEARCH ON SOCIAL WORKERS' ATTITUDES AND PRACTISES WITH LGBT CLIENTS 25
2.3.1. Social Workers' Attitudes and Practises with LGBT Clients 25
2.4. FACTORS INFLUENCING SOCIAL WORKERS' PRACTISES WITH LGBT CLIENTS 28
2.4.1. SOCIAL WORKERS' LGBT SPECIFIC KNOWLEDGE 28
2.4.1.1. Knowledge of LGBT identity development 30
2.4.1.2. Knowledge of LGBT Affirming Practise Approaches 38
2.4.1.3. Knowledge of the Legal landscape pertaining to LGBT clients 39
2.4.2. SOCIAL WORKERS' LGBT AFFIRMING ATTITUDES 47
2.4.2.1. Practise Implications of Prejudicial Attitudes towards LGBT clients 48
2.4.2.2. Practise Implications of Affirming Attitudes towards LGBT clients 50
2.4.3. SOCIAL WORKERS' LGBT AFFIRMING SKILLS 51
2.4.3.1. Skill of Self-Awareness 52
2.4.3.2. Mediation Skills 53
2.5. SUMMARY OF THE LITERATURE 53
CHAPTER THREE 55
THEORETICAL FRAMEWORK 55
3.1. INTRODUCTION 55
3.2. OVERVIEW OF FEMINIST THEORY 55
3.3. OVERVIEW OF THE POLITICAL ETHICS OF CARE 56
3.3.1. DEFINITION OF CARE 58
3.3.2. THE FIVE (5) PHASES AND QUALITIES OF THE ETHICS OF CARE 61
3.3.2.1. Attentiveness 62
3.3.2.2. Responsibility 63

https://uwcscholar.uwc.ac.za/home

3.3.2.3. Competence 64
3.3.2.4. Responsiveness 67
3.3.2.5. Trust 68
3.4. CONCLUSION 69
CHAPTER FOUR 70
RESEARCH METHODOLOGY 70
4.1. INTRODUCTION 70
4.2. RESEARCH APPROACH 71
4.2.1. Qualitative Research Approach 71
4.2.2. Rationale for selecting the qualitative research approach 72
4.3. RESEARCH DESIGN 73
4.4. RESEARCH POPULATION, SETTING AND SAMPLING 74
4.4.1. Research Population 74
4.4.2. Research Setting 75
4.4.2.1. Descriptive Overview of the DSD in the Western Cape Province 75
4.4.2.2. Sampling Techniques 76
4.4.2.3. Convenience sampling 77
4.4.2.4. Snowball sampling 77
4.4.2.5. Inclusion criteria 78
4.4.2.6. Sampling Procedure 79
4.5. DATA COLLECTION 81
4.5.1. Data Collection Method 81
4.5.2. Pilot Study 82
4.5.3. Data collection from the sample of social workers 83
4.6. DATA ANALYSIS 85
4.7. DATA VERIFICATION AND TRUSTWORTHINESS 88
4.7.1. Credibility 88
4.7.2. Transferability 89
4.7.3. Dependability 90
4.7.4. Confirmability 90
4.7.5. Reflexivity 91
4.8. ETHICAL CONSIDERATIONS 94
4.8.1. Compliance with COVID-19 Safety Protocols 95
4.8.2. Informed consent 96
4.8.3. Confidentiality and Anonymity 97

https://uwcscholar.uwc.ac.za/home

4.8.4. Minimising Risk for Potential Harm 98
4.8.5. Researcher's Ethical conduct in the research process 99
4.8.6. Research Data Management 100
4.8.6.1. Organising the Research Data 100
4.8.6.2. Data Storage 101
4.8.7. Providing feedback to the participants 101
4.9. CONCLUSION 102
CHAPTER FIVE 103
RESEARCH FINDINGS 103
5.1. INTRODUCTION 103
5.2. DEMOGRAPHIC PROFILE OF THE PARTICIPANTS 103
5.3. THEMES RELATING TO THE KNOWLEDGE, ATTITUDES AND SKILLS OF SOCIAL WORKERS IN SERVICE DELIVERY WITH LGBT CLIENTS IN THE CAPE METROPOLE 106
5.3.1. THEME 1: PARTCIPANTS PRACTISE BEHAVIOUR IN THEIR MICRO SOCIAL WORK PRACTISES 108
5.3.1.1. Sub-theme 1.1. Social workers' reluctance to inquire about clients' sexual orientation and gender identity. 108
5.3.1.2. Sub-Theme 1.2: Factors contributing to social workers reluctance to inquire about clients' sexual orientation and gender identity in the social work process. 113
5.3.2. THEME 2: SOCIAL WORKERS' LGBT SPECIFIC KNOWLEDGE 121
5.3.2.1. Sub-Theme 2.1: Social workers lack of knowledge about LGBT identity development 121
5.3.2.2. Sub-Theme 2.2: Social workers unfamiliarity with LGBT organisations in the Cape Metropole 125
5.3.3. THEME 3: THE NATURE AND SCOPE OF SOCIAL WORK SERVICES PROPOSED FOR LGBT CLIENTS 129
5.3.3.1. Sub-theme 3.1: Micro Interventions 129
5.3.3.2. Sub-theme 3.2: Macro Interventions 133
5.3.4. THEME 4: STRATEGIES FOR AN LGBT AFFIRMING SOCIAL WORK PRACTISE 135
5.3.4.1. Sub-theme 4.1: LGBT Focused Continuous Professional Development 135
5.4. CHAPTER CONCLUSION 138
CHAPTER SIX 140
CONCLUSION AND RECOMMENDATIONS 140
6.1. INTRODUCTION 140

https://uwcscholar.uwc.ac.za/home

6.2. SUMMARY: THE RESEARCH PROBLEM, RESEARCH QUESTION, AIM AND OBJECTIVES OF THE STUDY 140
6.2.1. Statement of the research problem 140
6.2.2. Research Question 141
6.2.3. Research Aim 141
6.2.4. Research Objectives 141
6.3. SUMMARY: RESEARCH FINDINGS 143
6.3.1. Theme One: Social Workers' Practise Behaviour 144
6.3.2. Theme Two: Social Workers' LGBT specific Knowledge. 145
6.3.3. Theme Three: The nature and scope of social work services proposed for LGBT clients. 146
6.3.4. Theme Four: Strategies for an LGBT affirming social work practise. 147
6.4. LIMITATIONS OF THE STUDY 148
6.5. RECOMMENDATIONS 149
6.5.1. Recommendations for social work practise 149
6.5.2. Recommendations for social work education 151
6.5.3. Recommendations for future research 152
6.6. CHAPTER SUMMARY 153
6.7. CONCLUSION OF THE THESIS 153
REFERENCES 154
APPENDICES 217
APPENDIX A: Ethical Clearance letter received from the Humanities and Social Sciences Research Ethics Committee (HSSREC) of the University of the Western Cape (UWC).. 217
APPENDIX B: Ethical Clearance letter received from the Research Ethics Committee of the Department of Social Development in the Western Cape Province 218
APPENDIX C: Study Information Sheet - ENGLISH 220
APPENDIX D: Study Information Sheet - AFRIKAANS 223
APPENDIX E: Consent Form - ENGLISH 226
APPENDIX F: Consent Form - AFRIKAANS 227
APPENDIX G: Interview Schedule of the Lesbian Gay Bisexual and Transgender Competency Assessment Tool - ENGLISH 228
APPENDIX H: Interview Schedule of the Lesbian Gay Bisexual and Transgender Competency Assessment Tool - AFRIKAANS 230
APPENDIX I: Request for organisational permission and access at the DSD (scanned copy) 232
APPENDIX J: Transcript of one participant: ENGLISH 233
APPENDIX K: Editorial Certificate (scanned copy) 242

https://uwcscholar.uwc.ac.za/home

APPENDIX L: Turn it In Report 243

https://uwcscholar.uwc.ac.za/home

LIST OF TABLES

Table 4.1: Characteristics of qualitative research. 71

Table 4.2: Participating local service offices of the DSD. 76

Table 5.1: Demographic Profile of the Sample of Social Workers. 104

Table 5.2: Summary of the main themes, sub-themes, and categories of the study. 107

LIST OF FIGURES

Figure 1.1: Provincial Map of the Service Delivery Regions, Areas, and Local Service Offices of the DSD in the Western Cape Province. 3

Figure 4.1: Infographic on the suspension of the State of Disaster. 82

Figure 4.2: Infographic of the Covid-19 Safety Protocols applicable after the suspension of the State of Disaster. 96

https://uwcscholar.uwc.ac.za/home

CHAPTER ONE

INTRODUCTION AND CONTEXT OF STUDY

1.1. INTRODUCTION

Social work is a diverse profession, with practitioners employed in various practise settings, where they interact with diverse client populations to address these clients' identified needs (Republic of South Africa, 2023a; Sweifach, 2015; Zuchowski & McLennan, 2023). Effective social work practice requires the ability to engage with diverse client systems and structures to enhance well-being and alleviate life challenges (International Federation of Social Workers [IFSW], 2014). The National Association of Social Work [NASW] (2015) developed the ethical standard of cultural competence to ensure such practice. This standard focuses on the response of practitioners, which must recognise, affirm, and preserve the worth and dignity of all people albeit in the presence of diversity, which include sexual orientation and gender identity.

Members of the lesbian, gay, bisexual, and transgender (henceforth LGBT) community will be present in all areas of social work practise and amongst diversified client groups (Ruckle, 2013). This is more evident in social work practice because LGBT individuals are increasingly accepted and acknowledged as an open and visible part of society (Institute of Medicine (US) Committee on Lesbian, Gay, Bisexual, and Transgender Health Issues and Research Gaps and Opportunities, 2012). An increased risk to mental health disorders resulting from experiences of homelessness, violence, material hardship, marginalisation, and discrimination in the LGBT population also contribute to the need for social work intervention (Tshisa & van der Walt, 2020; Dentato et al., 2018; Semlyen et al., 2016). These experiences emanate from the on-going marginalised status of LGBT individuals, which is rooted in heteronormative, socio-

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political, and cultural norms, which postulates the LGBT identity as abnormal, immoral, and in some countries, illegal (George & Ekoh, 2020; IFSW, 2014; Jacques, 2013; Oginni et al., 2018). These challenges necessitate that practitioners enhance the well-being of this population group as an essential aspect of the professions ethical and practise commitment to human rights (IFSW, 2014).

Contrary to some countries in the global north and south, South Africa (SA) protects LGBT individuals against discrimination based on their sexual orientation and gender [identity] (Republic of South Africa, 1996; Republic of South Africa, 2000). SA is the first country in the world to legally prohibit discrimination based on sexual orientation and gender identity (Jacques, 2013). This includes protection against discrimination from social workers as the White Paper for Social Welfare (Republic of South Africa, 1997(a):10) mandates that social services must be “tolerant, respectful, and inclusive” of this population group. The attitudes and professional encounters of social workers with LGBT people must therefore uphold and reflect the values of non-discrimination, inclusion, and human dignity.

South African studies on the attitudes of social workers towards this population group found that social work practise was historically incongruent (Addinall, 2002). This was because some social workers demonstrated homophobic attitudes towards this population group irrespective of the expectations and protection prescribed by policy (Addinall, 2002). There is however a lack of evidence on the attitudes, knowledge, and skills of social workers towards LGBT clients in the current South African context. Research to explore the knowledge, attitudes, and skills of social work practitioners towards LGBT clients during their service delivery is thus required. This research will provide information on the application of the prescribed constitutional and social work values in the South African context. Similarly, it will also illuminate if social workers presently hold and display the necessary attitudes, professional knowledge and skills in their practices with LGBT clients to realise sustainable development goal (henceforth SDG)

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16: Peace, Justice, and Strong Institutions for this client group. This SDG calls for the promotion of peaceful and inclusive societies, access to justice for all and the building of effective, accountable and inclusive institutions at all levels. These targets are especially relevant to the LGBT population, therefore, social workers, through their attitudes, knowledge, and skills in their practices, plays a key role in attaining this SDG for this client group.

To address the above-mentioned need, this study aimed to conduct research with social workers employed at the local service offices of the Department of Social Development (DSD) in the Cape Metropole area in Cape Town, Western Cape Province. The DSD in the Western Cape Province is a social service organisation that is a section of the Western Cape Provincial Government structure (Republic of South Africa, 2022a). It employs the most social workers in the Western Cape Province and have twenty-one (21) of its forty-two (42) local service offices in the Cape Metropole, as illustrated in figure 1.1 (Republic of South Africa, 2022b). The DSD provides generic developmental social welfare services and community development to most of the residents in the Cape Metropole, which include children and families, the elderly, victims, and perpetrators of crime, the differently abled and those affected by substance abuse (Republic of South Africa, 2022a). The DSD was the most suitable research setting for this research based on its prominence in the Cape Metropole, generic service model, and status as the largest social work employer in the Western Cape Province.

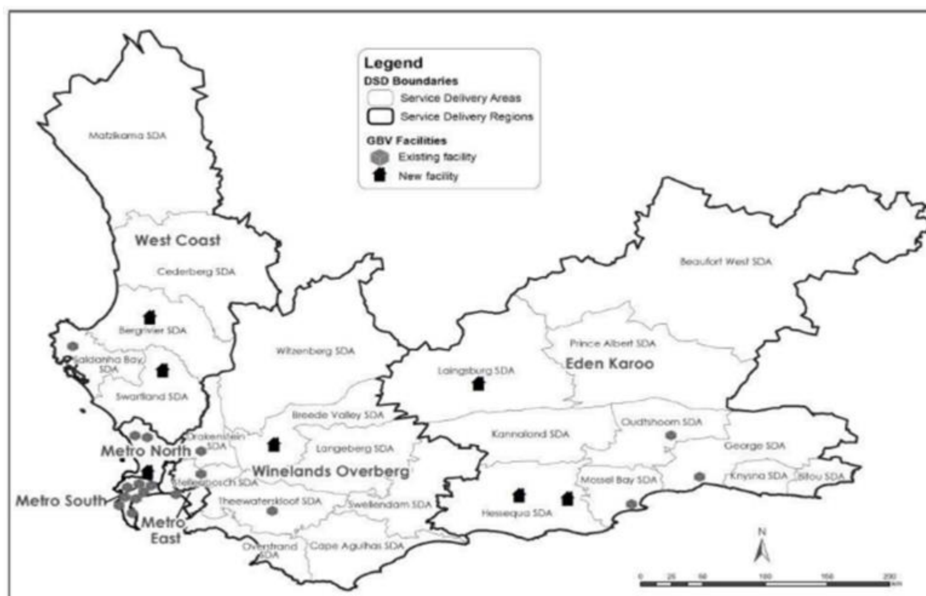

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Figure 1.1: Provincial Map of the Service Delivery Regions, Areas, and Local Service Offices of the DSD in the Western Cape Province.

Source: Department of Social Development Annual Performance Plan for the 2022/23 Financial Year.

1.2. PRELIMINARY LITERATURE REVIEW

1.2.1. Social workers' knowledge, attitudes, and skills provided to LGBT clients.

Research on the knowledge, attitudes, and skills of social work practitioners towards LGBT clients originated in the United Kingdom and the United States (Denato et al., 2018; Shaub and Dunk-West, 2017; Fredriksen-Goldsen et al., 2014; Chonody & Scott Smith, 2013). These studies found that social workers historically exhibited negative attitudes towards LGBT clients with limited engagement in LGBT affirmative and anti-oppressive practise (Mecklenburg, 2020; Kemper & Reynaga, 2015; Chonody & Scott Smith, 2013; Mullins, 2012; Ramirez, 2012). International contemporary research however found that social workers' attitudes, knowledge, and skills with LGBT clients in these countries are now more positive and affirming (Mecklenburg, 2020; Kemper & Reynaga, 2015; Ramirez, 2012; O'Pry, 2012; Zamora, 2011).

When research in the South African context is compared to international research, it is evident that there are limited studies that focused only on the exploration of the attitudes of social workers towards lesbian and gay clients (Addinall, 2002). One of these studies found that the attitudes of 19% of the respondents were homophobic in comparison with no heterosexist attitudes (Addinall, 2002). This study, however, focused only on social workers' attitudes towards lesbians and gay people, and excluded knowledge, attitudes, and skills towards other groups such as bisexual and transgender persons. Similarly, this study did not focus on the knowledge, attitudes, and skills of practitioners in service delivery to LGBT clients. The

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conclusions of the study however were based on data from 2002, which may not necessarily reflect current practise realities. A study focusing on the knowledge, attitudes, and skills of social workers in service delivery to LGBT clients in the current context is thus essential.

1.2.2. Factors influencing social workers practises with LGBT clients.

International research also focused on the factors that influence the practice of social workers with LGBT clients (Teh et al., 2018; Leitch, 2017; Denato et al., 2018). Other international research focused on factors such as the knowledge, attitudes, and skills of practitioners regarding LGBT clients (Leitch, 2017; Kemper & Reynaga, 2015; Ramirez, 2012; Chonody & Scott Smith, 2013; Pennington & Knight, 2011).

1.2.2.1. LGBT specific Knowledge

LGBT specific knowledge is the first factor that influences the practice of practitioners with LGBT people; hence, the IFSW (2014) expressed a need to broaden and enhance the knowledge base of social workers about the LGBT population. It refers to the knowledge, familiarity, and understanding of six (6) knowledge areas when working with LGBT clients (Teh et al., 2018; Leitch, 2017; Denato et al., 2017; Collazo et al., 2013). These knowledge areas include: i) the phases of gender identity and sexual orientation development; ii) the effects of heterosexual biases; iii) knowledge of norms and sub-cultures, iv) socio-cultural languages; v) ‘coming out’ stages, and vi) the various risks faced by the LGBT population (Teh et al., 2018; Leitch, 2017; Harper et al., 2013; McNair & Hegarty, 2010). Dissenting voices, however, holds that LGBT knowledge is more complex than illustrated above. The practitioner must also be aware of the effects of diversity in the community as well as the impact of discrimination, hate crimes, bullying and criminalisation on this population group (IFSW, 2014; King et al., 2007).

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Literature continues to focus on a relationship between the knowledge of practitioners and practise with LGBT clients irrespective of the critique, which stated the contrary. Literature advocates that practitioners with extensive LGBT knowledge have more diverse definitions, and nuanced understandings of the LGBT identity, demonstrate more confidence and positive attitudes during practice with LGBT clients (Alessi et al., 2015; Alderson et al., 2009; Leitch, 2017). Practitioners with a lack of knowledge about the LGBT community, however, demonstrates fewer positive behaviours towards LGBT clients, have a poor confidence in their ability to engage in LGBT affirmative practices, and are more prone to engage in harmful practises (Teh et al., 2018; Alderson et al., 2009; Leitch, 2017). It is, therefore, clear that LGBT knowledge informs practitioners attitudes, confidence, and practise behaviour with LGBT clients.

1.2.2.2. Attitudes

A second determinant and prerequisite for competent practise with LGBT clients is the attitude of practitioners (Mecklenburg, 2020; Denato et al., 2018; Leitch, 2017; Chonody & Scott Smith, 2013; Mullins, 2012). Practitioners with positive attitudes towards LGBT clients engage significantly more in LGBT affirmative social work practise and facilitate a satisfactory therapeutic experience for LGBT clients (Alessi et al. 2015; McCann & Sharek, 2014; Perez, 2007). On the contrary, practitioners with negative attitudes result in harmful outcomes during practice. Their attitudes have adverse implications on transference and countertransference, the client’s acceptance of challenging situations and contribute to the perpetuation of self-hatred, shame, and rejection (Crisp & McCave, 2007).

1.2.2.3. Skills

Skills, which encompasses the application of LGBT specific knowledge, are the third and final component of importance for effective social work practise with LGBT clients (Leitch, 2017). Multiple skills are a requirement to proficiently engage with LGBT clients. Some of these skills

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include the ability to create and maintain a therapeutic environment that is safe, inclusive, and without myths; the use of gender-neutral language and affirming concepts; assisting clients to cope with and address socio-cultural stressors, and with the disclosure of their identity and sexual orientation to their families (Teh et al., 2018; Harper et al., 2013; McNair & Hegarty, 2010; Willoughby et al., 2010). A study by Teh et al. (2018), however, found that practitioners lack these skills.

1.3. PROBLEM STATEMENT

Social work is a person-centred profession that is rooted in the values and ethics of non-discrimination, acceptance and respect for individuality, diversity, and inclusion (NASW, 2021; Murphy et al., 2017). LGBT individuals nevertheless experience differential treatment, marginalisation, and attitudes of bias from some social work practitioners irrespective of these values (Atteberry-Ash et al., 2019; Dessel & Rodenborg, 2017; Chonody & Scott Smith, 2013). These experiences oppose social work ethics, values, education, and necessitate a study to explore the manifestation of these elements in social work practice with LGBT individuals. It also further suggests that some social workers are not promoting a peaceful and inclusive society for this client group, and are not advocating for access to justice for LGBT people nor are they building effective, accountable and inclusive institutions at all levels.

The global northern contexts explored the knowledge, attitudes, and skills of social work practitioners with LGBT clients comprehensively (Leitch, 2017; Kemper & Reynaga, 2015; Chonody & Scott Smith, 2013; Ramirez, 2012; Pennington & Knight, 2011). There was on the contrary only one study which explored social work with lesbian and gay clients in the South African context, which did not focus on the knowledge, attitudes, and skills of social work practitioners with LGBT clients (Addinall, 2002). There is no research on the knowledge, attitudes, and skills of social workers with LGBT clients in the Cape Metropole. It is thus

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essential to explore and understand what knowledge, attitudes, and skills social work practitioners demonstrate in their service delivery with LGBT clients in the Cape Metropole.

1.4. THEORETICAL FRAMEWORK

This study is based on Tronto's (2013) political ethics of care theory as a theoretical framework. The theory focuses on interpersonal relationships and adopts a feminist philosophical perspective. In addition, it also proposes assessing care as a behaviour rather than an emotional state (Freitag, 2017). Tronto (1993:127) proposes four "ethical elements of care" which are: i) "attentiveness"; ii) "responsibility"; iii) "competence", and iv) "responsiveness". Attentiveness is regarded as a prerequisite for care and is described as a moral responsibility that recognise a need for care (Kim, 2016; Bozalek et al., 2014; Tronto, 2013). Responsibility relates to acceptance of accountability and sense of duty to address the identified need (Trott, 2020; Swartz et al., 2018; Bozalek et al., 2014). Competence refers to the competent performance of care and is based on whether the previously identified need has been successfully met by the caregiver (Taruvinga et al., 2021; Bozalek et al., 2014; Kovacs, 2013). This assumes that caregivers have the necessary skills, resources and knowledge to provide good care (Boyana, 2019; Achmat, 2015; Bozalek et al., 2014). Competence, therefore, focuses on the quality and proficiency of the care provided. Responsiveness focuses on the experience and reaction of care receivers to the care provided (Achmat, 2015; Bozalek et al., 2014). Trust, which Tronto (2013) recently introduced as the final element of good care, posits that care practises must be aligned with democratic values of justice, equality, and autonomy.

For the purposes of this study, these dimensions of care are related to the ability of social workers to be attentive, responsible and illustrate competence and democratic values during service delivery to LGBT clients. This theory thus seeks to protect care recipients (LGBT clients) from unequal caring relationships, abuse of power, and silencing (Taruvinga et al., 2021; Kovacs, 2013).

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1.5. RESEARCH QUESTION

The research question for this research, which resulted from a gap in research as explained in the previous text, was: What are the knowledge, attitudes, and skills that social workers demonstrate in service delivery with LGBT clients of the Department of Social Development (DSD), in the Cape Metropole area?

1.6. RESEARCH AIM AND OBJECTIVES

The aim of the study was to understand the knowledge, attitudes, and skills of social workers in service delivery with LGBT clients at DSD in the Cape Metropole.

From this aim, the following two (2) objectives emerged and guided the study:

i. To explore and describe the knowledge, attitudes, and skills social work practitioners demonstrate in their services delivery to LGBT clients at DSD in the Cape Metropole.

ii. To explore and describe strategies to empower social work practitioners with the knowledge, attitudes, and skills required for competent social work practise with LGBT clients at DSD in the Cape Metropole.

1.7. OVERVIEW OF THE STUDY'S RESEARCH METHODOLOGY

1.7.1. Research approach

The study followed a qualitative research approach, which Creswell (2014:04) described as a research approach that is used to explore and understand "the meaning that individuals or groups ascribe to a social or human problem." This thus suggests that this approach is humanistic in nature because it is based on the personal experiences, meanings, and perspectives of the research participants (Kirkman et al., 2012). Key characteristics of this approach includes data collection from multiple sources in their natural setting and the process focuses on the participant's meaning (Creswell, 2014:185; Sullivan & Sargeant, 2011). The

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researcher is also a “key instrument” in the research process and the reasoning strategy is inductive to present a holistic account from the participants’ perspective on the phenomenon (Creswell, 2014:185-186). Data is commonly collected through observation, open-ended or semi-structured interviews which elicit varied responses. These data collection methods thus garner thick and rich data that will contribute to insight into complex phenomena (Hammarberg et al., 2016; De Vos et al., 2011; Fouché & Schurink, 2011).

The qualitative research approach is well-suited for this study as it was aligned with the research question, aim, and objectives of the study. Hammarberg et al. (2016) confirm this because they reason that qualitative approaches are best suited and used to obtain insight into the experiences, meanings, and perspectives of the research participants. This approach can contribute to an in-depth understanding of social workers’ knowledge, attitudes, and skills with LGBT clients at DSD in the Cape Metropole.

1.7.2. Research design

Exploratory and descriptive research designs were selected to achieve the aim of this study, which was to explore and describe social work practitioners’ knowledge, attitudes, and skills with LGBT clients. Explorative designs are well suited in studies that aim to explore topics that are new and under researched (Rubin & Babbie, 2017:141). Descriptive designs are compatible with studies that seek to describe a phenomenon by presenting a comprehensive summary of the findings from the research in the ordinary language of the participants (Lambert & Lambert, 2012; Nassaji, 2015).

1.7.3. Research setting, population, and sampling

The research setting of this study was the Department of Social Development (DSD) in the Cape Metropole in the Western Cape Province. The population for the study, which Babbie (2016:117) describe as the group of people, entities, or organisations that the researcher seeks

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to understand, consisted of registered male and female social work practitioners that provided direct practise to LGBT clients and were employed at DSD in the Cape Metropole. The sample of the study was 20 participants, which was suitable for in-depth interviews and contributed to data saturation (Guest et al., 2020; Vasileiou et al., 2018). Convenience and snowball sampling techniques were used to recruit a gender diverse sample from across the three (3) service delivery regions of DSD in the Cape Metropole.

The researcher selected the participants in this study based on the inclusion criterion. The inclusion criteria for this study included male and female participants who were:

(i) Academically qualified and registered with the South African Council for Social Service Professionals as a social worker.

(ii) Employed at the Department of Social Development and stationed in the metro east, metro north, or metro south service delivery region of the Cape Metropole.

(iii) Participants must be able and willing to provide voluntary informed consent, whether verbal or written.

1.7.4. Data collection methods

The researcher used semi-structured, in-depth face-to-face qualitative interviews to obtain rich descriptive data from the twenty (20) social workers who willingly participated in the study. This study, therefore, did not experience sample attrition, which Pan and Zhan (2020:02) defines as the indefinite exit of recruited participants from the study prior to the completion of the study. The duration of the interviews were approximately sixty (60) minutes, were audio recorded with a digital audio recorder and conducted in the English and Afrikaans languages according to the preference of the participants. The interview schedule of the Lesbian Gay Bisexual and Transgender Competency Assessment Tool (LGBT-CAT) was used to facilitate these interviews. The LGBT-CAT is a data collection tool that measures LGBT affirmative

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social work practise through twelve (12) open-ended competency-based questions that are related to combined knowledge and skills of social workers in practise with LGBT clients on the micro, messo, and macro level (Leitch et al., 2023; Leitch et al., 2021). The interviews continued until data saturation was achieved at participant 20 (Saunders et al., 2018; Fusch & Ness, 2015).

Upon achieving data saturation, the interviews were verbatim transcribed. The interviews which were conducted in English were transcribed with the Microsoft transcription software. Contrastingly, the Afrikaans interviews were transcribed by the researcher and later translated to the English language.

1.7.5. Data analysis

The researcher used thematic analysis to analyse the data. Braun and Clark (2021:04) defines thematic data analysis as a method of qualitative analysis that involves creating, evaluating, and "interpreting a qualitative data set, which involves systematic processes of data coding to develop themes." The eight (8) steps of thematic data analysis that were proposed by Tesch were followed (Creswell, 2014). The researcher read the entire transcript to obtain a sense of the participants' responses in step 1 of the process. Thereafter, during step 2, the researcher formulated notes in the margins of each transcript, thus highlighting the themes that emerge from the text. The researcher then compared the identified themes and clustered similar themes together during step 3 of the process. This was followed by step 4 where the researcher developed abbreviated codes and assigned these to the list of themes. The list of themes was applied to the data by labelling certain data segments with the abbreviated codes during step 5. Thereafter, the researcher allocated the most descriptive words for the themes and categories to preliminary themes and categories during in step 6. Ensuing this, the researcher made a final decision on the abbreviation for each category and alphabetises the codes. The data material belonging to each category was assembled and a preliminary analysis was performed during

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step 7 and the researcher recoded the existing material where it appeared necessary during step 8 to complete the process of data analysis.

1.8. DATA VERIFICATION AND TRUSTWORTHINESS

Trustworthiness in qualitative research is ensured by "credibility, transferability, dependability, and confirmability" (Korstjens & Moser, 2017:121). Credibility encompasses the accurate interpretation and representation of the participants' views and meanings in the research findings (Nowell et al., 2017; Korstjens & Moser, 2017). To ensure credibility in this study, the researcher utilized verbatim quotes and persistent observation. Transferability refers to the applicability of the study to other contexts (Amankwaa, 2016; Nowell et al., 2017; Korstjens & Moser, 2017) and the researcher ensured this by providing a detailed description of the research setting, context, and demographic details of the research participants. Dependability focuses on the consistency during the study and requires a comprehensive account of the methodology and methods utilised in the study (Elo et al., 2014; Amankwaa, 2016; Nowell et al., 2017; Korstjens & Moser, 2017). The researcher provided a thorough description of the research methodology followed in this study in chapter four (4) of this thesis to ensure dependability of the study.

Confirmability relates to the objectivity of the data (Nowell et al., 2017; Korstjens & Moser, 2017). The researcher outlined the methodology, data collection methods, and analyses used to formulate the research findings to ensure confirmability. In addition, the researcher also utilized reflexivity which relates to self-reflection (Palaganas et al., 2017). The researcher engaged in self-reflection to minimise personal bias to ensure the authenticity of the participants' voices.

https://uwcscholar.uwc.ac.za/home

1.9. ETHICAL CONSIDERATIONS

Ethical approval to conduct the study was obtained from the Humanities and Social Sciences Research Ethics Committee (HSSREC) of the University of the Western Cape (UWC). In addition, the researcher also obtained permission from the Research Ethics Committee of DSD to access the participants and to conduct the research study at DSD in the Cape Metropole area. The twenty (20) participants in the study also provided written consent to participate in the study and that the interviews could be audio recorded. The researcher upheld the ethical principles of informed consent, anonymity, confidentiality, minimum risk for harm to participants and managed the research data to ensure these principles. In addition, he also adhered to all the Covid-19 protocols necessary for face-to-face contact during the COVID-19 pandemic and will provide feedback to the participants after the examination of this thesis. The researcher as a professional social worker, also adhered to the SACSSP (2012) code of ethics for social workers. Although the researcher did not predict any harm caused by the research, measures were put in place to reduce the possibility of harm as well as to respond to any harm because of the research process. These measures encompass: i) the researcher would terminate interviews when participants experience distress because of the interview questions and ii) the researcher contracted with the Hope House Counselling Centre to debrief participants if they were traumatised. The participants also had the option to seek assistance from a preferred resource or they could request the researcher to provide them with a written referral.

1.10. DEFINITION OF KEYWORDS

1.10.1. Attitude: An emotion or perception towards or about a fact, state or person that positively or negatively influences behaviour towards another (Chaiklin, 2011; Vargas-Sanchez et al., 2016).

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1.10.2. Bisexual (B): A person who is romantically and sexually attracted to persons of the same or opposite sex and gender (Bowes-Catton & Hayfield, 2015; Feinstein & Dyar, 2017).

1.10.3. Cisgender: A concept used to describe a person or a group of people with a "gender identity" that is congruent "with their sex assigned at birth" (Lady & Burnham, 2019:56; Lindqvist et al., 2021:334).

1.10.4. Cis-heteronormative presumption: An erroneous "assumption that all people are heterosexual," cisgender and live in the gender binary (Human Rights Campaign, 2020:1; Utamsingh et al, 2016:1).

1.10.5. Ethics of care: A five-phase model with corresponding moral elements to care, including attentiveness, responsibility, competence, responsiveness, and trust (Maio, 2017:52; Bozalek et al., 2014:449).

1.10.6. Gay (G): A man whose sexual, romantic, and intimate attractions and behaviours focus exclusively or mainly on members of the same sex and gender (Institute of Medicine (US) Committee on Lesbian, Gay, Bisexual, and Transgender Health Issues and Research Gaps and Opportunities, 2012; Lady & Burnham, 2019:5).

1.10.7. Gender concordant identity document: Scheim et al. (2020:198) defines this as a government issued identity document that reflects a name and gender marker that is consistent with a person's gender identity.

1.10.8. Gender identity: A person's lived experience and inherent perception of themselves as a man, woman, or as a gender non-binary person (Cosker-Rowland,2023:1). Newman (2012) concurs with this definition but further holds that this experience and perception of the self is both biological, psychological, and social. Furthermore, it is also different to sexual orientation (Burn, 2016)

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1.10.9. Lesbian (L): A woman who experience feelings that are intimate and romantic in nature for a woman, (or women), and/or who engages in an intimate relationship with a woman or women (Lynch & Sanger, 2016:07; Shree & Gayathri, 2022:1002)

1.10.10. LGBT Knowledge: refers to an understanding of i) the stages of sexual orientation and gender identity; ii) the effects of heterosexual biases; iii) knowledge of norms and sub-cultures, iv) socio-cultural languages; v) 'coming out' stages, and vi) the various risks faced by the LGBT population (Teh, et al., 2018; Leitch, 2017; Harper et al., 2013; McNair & Hegarty, 2010).

1.10.11. LGBT Affirmative Practice: An anti-oppressive and strength-based practise approach that embraces an affirming view of Lesbian, Gay, Bisexual, and Transgender identities, and relationships while addressing the negative influences that homophobia, biphobia, transphobia, and heterosexism have on the lives of LGBT clients (Rock et al., 2010; Crisp & McCave, 2007).

1.10.12. LGBT skills: The ability to create and maintain a safe inclusive therapeutic space that is free of prevailing myths and stereotypes; use of gender-neutral language and affirming terms; helping clients navigate socio-cultural sources of stress; and assisting clients with disclosure of their identity and sexual orientation to their families (Teh et al., 2018; Harper et al., 2013; McNair & Hegarty, 2010).

1.10.13. LGBT Training: Educational opportunities that assist professionals to explore their personal values and professional development regarding LGBT affirmative best practises, knowing key concepts and terminology, understanding the impact of stigma and discrimination as well as awareness on LGBT-specific challenges (Teh et al., 2018; Denato et al., 2018; Lindsay et al., 2019).

1.10.14. Mis-gender: The act of addressing or referring to a person in a gender that does not align with their gender identity (Mitchell et al., 2021). Nadal et al. (2014) describe this

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as a subtle distressing experience faced by transgender, intersex, and gender diverse people.

1.10.15. Service delivery: The delivery and/or provision of a range of comprehensive social services related to social welfare and community development that seeks to ensure the integration and sustainability of intervention efforts (Lombard & Kleijn, 2006; Republic of South Africa, 2005).

1.10.16. Sexual Orientation: is defined as a person's enduring, romantic, and sexual attraction to an individual and involves all subsequent behaviour or social association that might result from the attraction (American Psychological Association, 2015:862). Cook (2021:03) further holds that sexual orientation is determined before birth or perhaps early in life, by certain biological and environmental factors and is therefore a stable trait.

1.10.17. Social Worker: A person with the prescribed academic qualification(s) and registered with the South African Council for Social Service Professions as a social worker in terms of section 17 of the Social Service Professions Act 110 of 1978 (Republic of South Africa, 1978).

1.10.18. Transgender (T): A term that is used to describe people whose gender identity and gender expression is different to their sex assigned at birth by default of their primary sexual characteristics. It is also used to refer to people who challenge society's view of gender as fixed, unmoving, dichotomous, and inextricably linked to one's biological sex. This broad term encompasses cross-dressers, gender benders, transsexual people, genderqueers, people who are androgynous, and those who defy what society tells them is appropriate for their gender. Transgender people can be heterosexual, bisexual, homosexual or asexual (Lynch & Sanger, 2016; Lindqvist et al. 2021: 334).

https://uwcscholar.uwc.ac.za/home

1.11. STRUCTURE OF THE STUDY: CHAPTER OUTLINE

This dissertation consists of six (6) chapters. Each of these chapters are briefly identified and summarised below.

1.11.1. Chapter One – Introduction and Context of Study

In chapter one (1), the researcher provided an introduction and background to the study in the form of a summative discussion on the knowledge, attitudes, and skills of social workers with LGBT clients as well as the theoretical framework and methodological process relevant to this study. The research aim, research question, objectives, research setting and the research methodology, which were followed during the study, are also discussed. The researcher also introduced and defined the key concepts of the study.

1.11.2. Chapter Two – Literature review

Chapter two (2) consists of the literature review where the available literature on social workers knowledge, attitudes, and skills with LGBT clients are synthesised. The chapter presents a critical discussion on the literature and previous research studies on the attitudes of social workers towards LGBT people, and their LGBT specific knowledge base and skills. The chapter further identifies the LGBT specific knowledge, attitudes, and skills which are required from social workers during their practises with LGBT clients.

1.11.3. Chapter Three (3) – Theoretical framework

Chapter three (3) focuses on a critical discussion of the theoretical framework, which is Tronto's (2013) political ethics of care theory. The chapter also includes the application of this theoretical framework and the suitability for the study.

1.11.4. Chapter Four – Research Methodology

The research methodology and processes, which were followed during the study, are outlined, and discussed in chapter four. This chapter thus commences with a discussion of the qualitative

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research approach as the methodological approach followed during the study. A detailed discussion on the research design and research setting, as well as the population and sampling techniques used in the study follows. The chapter further includes the methods and processes which the researcher followed during data collection and analysis. The researcher also incorporates trustworthiness and reflexivity in qualitative research to ensure research rigor and the ethical principles, which the researcher followed during the study, in this chapter.

1.11.5. Chapter Five – Research findings and Discussion

This chapter presents the key findings of the study, which emanated from the data obtained from the participants. This chapter includes the demographic profile of the social workers as participants of the study and the findings according to four (4) main themes and seven (7) sub-themes that emerged from the data. The main themes and sub-themes are discussed with reference to the participants responses within the framework of literature control which includes previous studies, anti-oppressive theory, and Tronto's (1993, 2013) political ethics of care theory as the theoretical framework of this study.

1.11.6. Chapter Six – Summary, Recommendation and Conclusion

In this final chapter, the researcher provides the summary and conclusions of the study and recommendations based on the themes and sub-themes that were identified in Chapter 5. The researcher also includes justification that the aim and objectives of the study were achieved and proposes recommendations for social workers, social work practice at DSD in the Western Cape Province, social work education and future research in this chapter.

1.12. CONCLUSION

This chapter served as an introduction to the research study. The next chapter will present the literature review that underpins the study. This chapter will include a critical discussion of the available literature on social workers' attitudes towards LGBT people and the implications for

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practise with this client group. In addition, the next chapter will also review the literature on the LGBT specific knowledge base and skills of social workers and will identify the required LGBT specific knowledge, attitudes, and skill which are a requirement for social workers.

https://uwcscholar.uwc.ac.za/home

CHAPTER TWO

LITERATURE REVIEW

2.1. INTRODUCTION

This chapter focuses on the literature review of the study and is aligned to the aim and objectives of the study. The literature review comprises of three sections. The initial section synthesizes the international and African literature on the knowledge, attitudes, and skills of social workers concerning LGBT clients. The following section presents the subsequent practice implications of affirming and prejudicial attitudes by practitioners. The concluding section constitutes of a discussion on the required LGBT specific knowledge, attitudes, and skills to facilitate affirming and competent practice with this client group. The researcher utilized a narrative literature review to analyse and summarize the body of literature related to the research topic. This allowed the researcher to draw conclusions on the topic under investigation. A summary is provided as the conclusion for this chapter.

2.2. INTERNATIONAL LITERATURE ON SOCIAL WORKERS' ATTITUDES AND PRACTISES TOWARDS LGBT CLIENTS

2.2.1. Social Workers' Attitudes towards LGBT Clients

The attitudes of social workers towards LGBT individuals have been widely explored in the United States (US) (Chonody & Scott Smith, 2013; Gredig & Bartelsen-Raemy, 2020; Chonody & Yu, 2014). Initial studies on this phenomenon found consistently that a notable proportion of social workers had homophobic and heterosexist attitudes towards LGBT individuals (Chonody & Scott Smith, 2013; Gredig & Bartelsen-Raemy, 2020; Chonody & Yu, 2014). Recently conducted studies, however, indicated that there was a decline in these attitudes and more studies reported affirming attitudes amongst social workers (Chonody & Scott Smith, 2013; Kemper & Reynaga, 2015; Mecklenburg, 2020; Ramirez, 2012). A

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quantitative study with 140 social workers in the US by Zamora (2011) found that most of the participants displayed affirming attitudes and practised in an affirming manner with lesbian and gay clients. This concurred with the study of social workers by Ramirez (2012) who found that they displayed no homophobic or heterosexist attitudes. Kemper and Reynaga (2015) further echoed these findings when they reported that the social workers in their study demonstrated similar affirming attitudes towards child adoptions by LGBT individuals. This thus suggests that the attitudes of social workers towards this client group progressed in the US.

Global research, however, found that social workers illustrated prejudicial attitudes towards LGBT individuals irrespective of the findings in the US (Messinger et al., 2019; Teh et al., 2018; Lusenhop, 2013; Scherrer, 2013). A mixed-method study of Teh et al. (2018), which was based in Singapore, found that 41% of the 89 social workers in their study exhibited homophobic and biphobic attitudes in their services to LGB clients whilst 16% expressed discomfort with rendering services to this client population. Studies related to LGBT identified student social workers also reported similar attitudes from social workers. Messinger et al. (2019) explored the negative experiences of 1,018 LGBTQ student social workers at their field placements in the US and in Canada. From the study, the authors found a prevalence of homophobic and heterosexist attitudes by social work staff and supervisors (Messinger et al., 2019). This conclusion corresponded to that of Lusenhop (2013) who found in a previous study with a smaller sample that 50% of her twelve (12) LGBT participants experienced varying degrees of homophobic and transphobic attitudes from social work supervisors. However, 25% of the sample had positive experiences with social work supervisors (Lusenhop, 2013). From these studies, it is evident that social workers' attitudes towards LGBT people remain complex and polarised as both positive and negative attitudes are documented. Le and Yu's (2022b) study on the attitudes of 292 Vietnamese social workers towards lesbian and gay (LG) persons

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corroborate this as their sample of social workers reported both affirming and prejudicial attitudes towards this population, though the attitudes of the majority was affirming. These findings are contradictory to the professional expectation that social workers are obliged to maintain affirming attitudes and inhibit their negative attitudes in their practise.

2.2.2. Social Workers' Practices with LGBT Clients

A plethora of researchers have explored the behaviour of social workers during practise with LGBT clients in the US (Deloatch-Williams, 2020; Mecklenburg, 2020, Leitch, 2017; Mellom, 2013; Ruckle, 2013; Mullins, 2012). Certain studies explored the application of Gay Affirmative Practise (GAP) by social workers with clients identified as LGBT (Crisp, 2006; Mellom, 2013; Mullins, 2012; Ruckle, 2013). Crisp (2006) describes GAP as the most appropriate therapeutic approach for LGBT clients. This approach further affirms homosexuality and bisexuality as "an equally positive" and natural "human expression to the heterosexual identity" (Crisp, 2006:116). Two (2) studies focused on this phenomenon. In a study by Mellom (2013) the sample consisted of 49 bachelor level social workers whilst Ruckle (2013), in a separate study, included 18 clinical social workers. In both these studies respondents had to complete Crisp's (2006) Gay Affirmative Practise scale survey with a demographic questionnaire. The respective researchers found that the social workers used GAP with LGBT clients (Mellom, 2013; Ruckle, 2013). The findings of these studies illustrated similarities with the conclusions of the study by Mullins (2012). A conclusion is therefore that social workers are not only familiar with LGBT affirming therapeutic approaches but also actively applied it in their professional practise with LGBT clients in the US.

A recent advance in research in this context was a correlational quantitative study by Mecklenburg (2020) which assessed the suitability and inclusivity of social work services to LGBT clients. The focus of this study was to establish the correlation between the attitudes of social workers and their services to LGBT persons (Mecklenburg, 2020). The sample of the

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study was 116 social workers and the Social Workers' Attitude and Practises Assessment scale survey was utilized for data collection. The findings of the study consistently indicated that social workers had affirming attitudes and provided inclusive services to LGBT clients (Mecklenburg, 2020). These conclusions validate earlier assertions from the literature that social workers applied affirming practise approaches with LGBT clients in the US (Mellom, 2013; Ruckle, 2013; Crisp, 2006; Mullins, 2012). The study also correlated affirming attitudes towards LGBT people with the application of affirming practise approaches such as GAP. This thus suggest that the attitudes of social workers have an impact on their professional practise with LGBT clients.

Earlier studies on the professional practise of social workers with LGBT clients have been primarily quantitative (Mellom, 2013; Ruckle, 2013; Mullins, 2012; Mecklenburg, 2020). Recently however, limited qualitative research regarding social workers' engagement in GAP started. A recent explorative study by Deloatch-Williams (2020) with seven (7) social workers with a bachelor's and master's degree, focused on GAP with LGBT homeless youth in Connecticut in the US. Conclusions from this study indicated that social workers are engaged in GAP and concurred with previous quantitative studies (Mellom, 2013; Ruckle, 2013; Crisp, 2006; Mullins, 2012). The data further found that all the participants adhered to the GAP principles during practise with the LGBT homeless youth. The research participants, however, lacked professional training and insight into the coming out process for LGBT people. They also lacked the skills to support LGBT youth when they experience stress during discovering or disclosure of their identity (Deloatch-Williams, 2020). Thus, social workers must be familiar with the 'coming out' process and not only have knowledge of or the ability to apply GAP with LGBT people.

Contrary to the plethora of research on social workers' attitudes, knowledge and skills with LGBT persons in the global north, this scholarship area appears to be emerging in some

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countries the global east (Le & Yu, 2022a; Le & Yu, 2022b; Le et al., 2023; Kwok, 2021). A review of the literature in Vietnam (Le & Yu, 2022a; Le & Yu, 2022b; Le et al., 2023), Singapore (Teh et al., 2018) and Hong Kong (Kwok, 2021) suggests that this scholarship area only began to emerge in the year 2015. This thus suggests that there is a paucity of literature related to the attitudes, knowledge and skills of social workers with LGBT persons in these countries. Despite this paucity of the literature, the available studies indicates that social workers' attitudes towards LGBT people in these countries remain complex and polarised as both positive and negative attitudes were documented (Le & Yu, 2022b; Le et al., 2023; Teh et al., 2018). Likewise, it also suggests both the presence and absence of LGBT specific knowledge and skills amongst the respective samples of social workers in Singapore, Vietnam and Hong Kong (Le & Yu, 2022a; Le & Yu, 2022b; Le et al., 2023; Kwok, 2021).This thus suggests that social workers attitudes, knowledge and skills in service delivery with LGBT in these countries are similarly as polarised as in the global north.

2.3. AFRICAN RESEARCH ON SOCIAL WORKERS' ATTITUDES AND PRACTISES WITH LGBT CLIENTS

2.3.1. Social Workers' Attitudes and Practises with LGBT Clients

The literature search in the African context by the researcher indicated that there were only two significant studies in the past ten (10) years by Addinall (2002) and George and Ekoh, (2020) on the attitudes and practices of social workers with LGB clients. This suggest that minimal research on this topic has been done in Africa. Evidence however indicated that social workers in Nigeria and SA illustrated homophobic attitudes and were biased during practise with LGB clients (Addinall, 2002; George & Ekoh, 2020). George and Ekoh (2020) conducted an unprecedented, small-scale qualitative study with professional social workers in Nigeria to explore the views of twelve (12) Nigerian social workers on their practises with lesbian, gay, and bisexual clients. They found that some of the participants were prejudiced against LGB

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clients, as they perceived LGB persons as medically ill (George & Ekoh, 2020). Some participants also perceived same-sex and bisexual attractions as the result of adverse childhood experiences, unloving romantic experiences with people of a different sex, single gender schools, social media, and television programmes produced in the US amongst others (George & Ekoh, 2020). Three (3) participants, however, displayed unconditional positive regard and non-judgment towards LGB clients despite their opposing Nigerian cultural values (George & Ekoh, 2020).

It is evident from the research in Nigeria and consequent literature that biases and misconceptions towards LGB persons existed in many of the social workers. These judgmental and discriminatory biases and misconceptions contravene the ethics of social work (IFSW, 2014; NASW, 2021; South African Council for Social Service Professions, 2012). It also refutes empathic and quality services to LGB clients and causes psychological stress (Leitch, 2017). George and Ekoh (2020), however argue that these misconceptions and prejudices must be contextualised within the Nigerian context where homosexuality is criminalized. The cultural and religious beliefs of the participants also influenced and maintained their prejudices. This corresponded with the arguments of several prominent theorists (Franklin, 2000; Herek, 1990; Kimmel, 1997 as cited in Vincent et al., 2011) that cultural ideologies such as gender norms, culture, religion, and laws contribute to prejudiced beliefs, as well as the portrayal of such beliefs toward LGBT persons. The findings and arguments of George and Ekoh (2020) are therefore not exceptional. There are several limitations to the study even if it was unprecedented and provided valuable insight into social work practise with LGB clients in Nigeria. The qualitative study could not be generalized to all social workers in Nigeria because of the small purposive sample (Gheondea-Eladi, 2014; Polit & Beck, 2010). It can therefore not be concluded that all social workers in Nigeria have prejudices towards LGB persons. This was also apparent from the findings of the study, which indicated that a limited number of

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social workers in the sample illustrated unconditional positive regard towards LGB persons. Furthermore, the study did not focus on the practise behaviour and attitudes of social workers towards transgender individuals, nor did it identify the knowledge or skills of the participants on LGBT during practise. The knowledge, attitudes, and skills of social workers regarding LGBT clients in Nigeria therefore remains unknown.

In SA, similar prejudiced attitudes were found in a study with military social workers (Addinall, 2002). Twenty-one (21) military social workers completed a questionnaire related to their attitudes towards LG people, as well as their personal assessment of their professional competency with this client group in a dated study. The study found that 19% of the social workers were homophobic; however, the remaining 81% of the respondents displayed no homophobic attitudes. Furthermore, Addinall (2002) found that 62% of the respondents in the study considered themselves unequipped with knowledge, skills, and attitudes to render inclusive and competent services to lesbian and gay military personnel (Addinall, 2002). Only 38% of the respondents however indicated that they had the appropriate knowledge, skills, and attitudes to practise affirmingly with LG clients (Addinall, 2002). It is therefore evident from these results that homophobia and a lack of key knowledge, skills, and attitudes to provide affirming and competent services to this client group existed in the social work profession in the South African context.

The study had several limitations although it provided valuable insight on the attitudes, knowledge, and skills of some social workers within the South African context. The results of the study are dated based on data from 2002 and may not necessarily reflect current practise realities. In addition, this study also focused on the attitudes of social workers towards the lesbian and gay population and therefore excluded attitudes towards bisexual and transgender persons. Furthermore, the study did not explore the knowledge, skills, and attitudes of social workers towards bisexual and transgender persons. Consequently, there are limited research on

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the knowledge, attitudes, and skills of social workers with LGBT clients in the South African context. The present study was therefore a necessity.

2.4. FACTORS INFLUENCING SOCIAL WORKERS' PRACTISES WITH LGBT CLIENTS

Current international research focused on factors that influence the practise of social workers with LGBT clients (Teh et al., 2018; Leitch, 2017; Denato et al., 2018). These factors encompass the knowledge, attitudes, and skills of social workers (Leitch, 2017; Kemper & Reynaga, 2015; Ramirez, 2012; Chonody & Scott Smith, 2013). Alessi et al. (2015) echo these sentiments as they suggest that a unique set of knowledge, attitudes, and skills are needed to practise affirmingly and competently with LGBT clients. These factors will subsequently be discussed next.

2.4.1. SOCIAL WORKERS' LGBT SPECIFIC KNOWLEDGE

Competent social work practise with LGBT clients requires a strong and unique knowledge base (Leitch, 2017; Fredriksen-Goldsen et al., 2014; Springer & Roberts, 2017; Mallon, 2017). An immersion into new, specific, adequate, and factual knowledge about the LGBT community is required (Arguello, 2019; Denato et al., 2013; Pachankis & Goldfried, 2013). Studies (Mallon, 2017; Morrow & Messinger, 2006), found that there was a lack of adequate and reliable LGBT specific knowledge among social workers. Morrow and Messinger (2006) as cited in Ivchenko (2021) stated that this is because of the lack of sexual orientation and gender identity in the curriculum content of social work education programs. To mitigate these limitations, the IFSW (2014:10) identified a "need to expand the social work knowledge base … of professional social workers as they relate to LGBT people, their specific needs and the impact of discrimination, criminalisation and of hate crimes…". There is thus consensus that specific knowledge for social workers is required for a competent and inclusive practise with LGBT clients.

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Literature postulates that social workers' must be familiar with and understand six (6) knowledge areas (Collazo et al., 2013; Denato et al., 2014; Leitch, 2017; Teh et al., 2018). These knowledge areas include: i) the stages of sexual orientation and gender identity development (Collazo et al., 2013; Pachankis & Goldfried, 2013); ii) the effects of heterosexual biases (Teh et al., 2019; Fredriksen-Goldfried et al., 2014; Harper et al., 2013; iii) knowledge of norms and sub-cultures (Teh et al., 2018), iv) socio-cultural languages (Harper et al., 2013; Teh et al., 2018); v) 'coming out' stages (Deloatch-Williams, 2020; Scherrer, 2013), and vi) the various risks faced by the LGBT population related to their LGBT identity (Teh et al., 2018; Leitch, 2017; Harper et al., 2013; McNair & Hegarty, 2010). The necessity of these knowledge areas has been illustrated in studies (Alessi et al., 2015; Alderson et al., 2009; Leitch, 2017) which associated familiarity with this knowledge to more diverse definitions, nuanced interpretations of the LGBT identity, higher practise confidence with LGBT clients, and generally more affirming attitudes.

Dissenting voices, however, argue that LGBT specific knowledge is more complex than illustrated by these authors. King et al. (2007) argue that the LGBT community is not a homogenous group and social workers must note its diversity, demonstrate awareness, and adjust their practice accordingly. Likewise, Mallon (2017) and Cosis-Brown and Cocker (2011) argue that the proposed six (6) knowledge areas are too narrow because it excludes references to other knowledge requisites. This includes knowledge about: (i) LGBT identity formation, (ii) best practise approaches for social work practise with LGBT clients, (iii) the LGBT legal landscape, (iv) and social work values and ethics. The social work LGBT specific knowledge base must therefore entail more than the initially proposed six (6) knowledge areas. The four (4) knowledge prerequisites proposed by Mallon (2017) and Cosis-Brown and Cocker (2011) are therefore discussed in the next section.

https://uwcscholar.uwc.ac.za/home

2.4.1.1. Knowledge of LGBT identity development

Social workers must have an informed understanding of LGBT identity development to practise effectively with this client group (Dessel et al., 2017; Levy, 2009). This understanding must be derived from and informed by knowledge on non-heterocentric, and non-pathologized LGBT identity development theories (Cosis-Brown and Cocker, 2011; Fredriksen-Goldsen et al., 2014; Mallon, 2017). Social workers cannot rely on or apply earlier LGBT identity development theories in their practises with this client group because those theories are critiqued as being homophobic and rooted in pathology and heterosexist notions (Drescher, 2015; Haper et al., 2013; Hall et al., 2021). As such, social workers must abandon their understanding and use of earlier identity development theories and instead familiarise themselves with the vast body of literature related to LGBT identity formation. This may be challenging because there is limited social work literature related to LGBT identity development (Taruvinga & Mushayamunda, 2018; Levy, 2009), and social workers may not be familiar with these theories.

Though several theories have been postulated in respect of LGBT identity formation, the researcher suggests that social workers familiarise themselves with the theories developed by Cass (1979) and D'Augelli (1994a). These two (2) theories will be discussed in detail in the next section.

i) Cass's (1979) theory of LGB Identity Development

Cass's (1979) theory of LGB identity development is one of the most extensively cited and accepted theories on LGB identity formation (Dessel et al., 2017). This model is referred to as the **Model of Homosexual Identity Development**. The theory proposes that LGB individuals experience six (6) linear stages before reaching unconditional self-acceptance of their LGB identity (Crowson & Goulding, 2013; Ferdoush, 2016; Goodrich & Brammer, 2021). These

https://uwcscholar.uwc.ac.za/home

stages are grounded in the interpersonal congruency theory and include "identity confusion, identity comparison, identity tolerance, identity acceptance, identity pride, and identity synthesis" (Crowson & Goulding, 2013: A32; Ferdoush, 2016:01; Goodrich & Brammer, 2021:241; Kenneady & Oswalt, 2014:231-232). A brief overview of these stages is provided.

Stage 1: Identity Confusion

Identity confusion is the first stage of Cass's (1997) LGB identity formation model (Ferdoush, 2016:01). During this stage, an individual becomes aware that he or she may be LGB because he or she realises that his or her sexual attractions, romantic feelings, and thoughts are not exclusively heterosexual (Goodrich & Brammer, 2021; Kenneady & Oswalt, 2014). This awareness results in extreme inner turmoil, anxiety, and confusion as the previously held heterosexual identity comes into question (Ferdoush, 2016). The individual only exits these emotions and this stage through one of following two (2) ways: i) by reaching identity foreclosure which entails dismissing the awareness as incorrect and continue to live as a heterosexual person; ii) or by moving onto the next stage of identity comparison (Ferdoush, 2016; Goodrich & Brammer, 2021; Kenneady & Oswalt, 2014).

Stage 2: Identity Comparison

The person experiences a reduced sense of turmoil and temporarily accepts the likelihood of being LGB during this stage (Ferdoush, 2016). This, however, contributes to immense social alienation because the person abandons their sense of belonging with their heterosexual networks such as friends and families and is more aware of their difference in a heteronormative society (Ferdoush, 2016; Kenneady & Oswalt, 2014). The individual adopts one (1) of four (4) coping strategies to cope with and reduce their social alienation (Cass, 1979; Ritter & Terndrup, 2002). They initially privately accept that they may be LGB and begins to devalue the importance of others in their life but continue to present a heterosexual identity in public (Crowson & Goulding, 2013). Secondly, the individual may then reduce the relevance

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and importance of the LGB identity in their lives by dismissing it or redefining the non-heterosexual thoughts and feelings as a sole indication of bisexuality. Thirdly, the individual acknowledges that he or she is LGB but conceals it due to fear of negative reactions of others if their identity is public knowledge. The individual may adopt an asexual identity, relocate to another residential area, or change places of employment worship to conceal their identity (Cass, 1979; Ritter & Terndrup, 2002). Lastly, the person may restrict any LGB behaviour, as well as seek professional, psychosocial and or religious interventions to assist with such inhibitions to repress their LGB attractions. They may also pursue relations with people of a different sex. The individual will reach identity foreclosure and end the LGB identity formation process if these inhibition attempts are successful. However, if these attempts are unsuccessful, the individual may begin to experience immense self-hatred, internalised homophobia, and possibly engage in self-harm and suicidal behaviour (Cass, 1979; Degges-White et al., 2000; Ritter & Terndrup, 2002).

Stage 3: Identity Tolerance

Identity tolerance develops after the resolution of the identity comparison stage and demonstrates a greater tolerance and self-acknowledgement of the possibility of being LGB (Ferdoush, 2016). This stage alleviates the identity confusion from the previous stage but increases the sense of social alienation (Ritter & Terdrup, 2002). The individual initiates a relationship network and discloses his or her LGB identity with selected LGB individuals while exploring and experimenting with internal cognitions to deal with the current discovered social, emotional, sexual needs, and intensified social alienation. These experiences may contribute to less social alienation, better self-esteem and acceptance or alternatively decrease confidence, self-acceptance, and lead to an unwillingness to disclose the LGB identity (Crowson & Goulding, 2013). Positive experiences and LGB role models are therefore crucial at this stage.

Stage 4: Identity Acceptance

https://uwcscholar.uwc.ac.za/home

The individual has a greater understanding and acceptance of their LGB identity during this stage of the LGB identity process (Goodrich and Brammer, 2021). The perception of the self as a LGB person is positive and reflects more security than experienced during the earlier stages (Kenneady & Oswalt, 2014). Furthermore, the individual self-initiates increased contact with other LGB individuals and begin to immerse him or herself into LGB culture whilst in this stage (Goodrich & Brammer, 2021; Kenneady & Oswalt, 2014). The individual may also begin to disclose their LGB identity to selected significant others who are identified as heterosexual (Ritter & Terndrup, 2002). If such a disclosure is unsafe, the LGB individual may then opt to continue displaying a heterosexual identity in public and to significant others whilst secretly living and identifying comfortably as an LGB person (Ritter & Terndrup, 2002).

Stage 5: Identity Pride

At this stage, the LGB person is close to fully accepting their LGB identity (Goodrich & Brammer, 2021). The individual develops an awareness of the heterosexism and inequities experienced by LGB individuals within society (Cass, 1979). They may consequently become angry and full of resentment for heterosexual people and society at large (Ferdoush, 2016; Levy, 2009). The LGB person may also perceive society as a divided and competing group of heterosexuals and homosexuals, which subsequently triggers a strong commitment to the LGB community (Degges-White et al., 2000). This may lead to acts of activism and purposeful confrontation with heterosexist and homophobic persons or institutions (Ritter & Terndrup, 2002; Kenneady and Oswalt, 2014). The individual considers their LGB identity as their primary identity, subsequently abandon their previous strategies to conceal their LGB identity and begin to disclose their LGB identity to others albeit the outcome.

Stage 6: Identity Syntheses

Identity syntheses is the final stage of LGB identity process and develops from identity pride in stage (5) five (Cass, 1979). The identity development process is concluded during this stage

https://uwcscholar.uwc.ac.za/home

because the individual has reached complete acceptance of their LGB identity and can integrate it with other aspects of their identity (Ferdoush, 2016; Goodrich & Brammer, 2021). Furthermore, the LGB identity is no longer considered as the sole identity but rather seen as a normal part of the person (Cass, 1979; Ferdoush, 2016). The world is also no longer perceived as two separate groups and there is also increased contact and openness about the LGB identity with supportive heterosexuals (Ritter & Terndrup, 2002).

Social workers must be conscious of critiques of Cass (1979) theory on LGB identity development despite the historically progressive nature and widespread support of the theory. Goodrich and Brammer (2021) argue that the theory does not reflect or explain identity within the modern society or the complexity of maintaining multiple identities. Other critique is that the theory lacks fluidity and does not acknowledge the impact of environmental factors that is evident in its rigid, linear, and clinical explanation of LGB identity development (D'Augelli, 1994a; Evans et al., 2009; Goodrich & Brammer, 2019). These limitations therefore necessitate that social workers must be familiar with other LGB identity development theories to enhance their knowledge. One (1) such theory is D'Augelli (1994a) lifespan theory of LGB identity development which is discussed in the next section.

ii) D'Augelli (1994a) Lifespan model of LGB Identity Development

D'Augelli's (1994a) lifespan theory of LGB identity development was primarily developed as an alternative to Cass (1979) stage model of LGB identity formation. The author argues in this model that identity development occurs during a lifetime and not in sequential stages (Dentato et al., 2014). This model also posits that LGB identity development is a fluid, multi-dimensional, and context-based pathway to self-acceptance and disclosure (Denato et al., 2014). D'Augelli (1994a) proposed a six (6) point development process for LGB identity development based on this argument (Goodrich & Brammer, 2019; Evans et al., 2009;

https://uwcscholar.uwc.ac.za/home

D'Augelli, 1994b). These processes entail i) "exiting heterosexuality; ii) developing a personal LGB identity; iii) developing a LGB social identity; iv) becoming a LGB offspring; v) developing a LGB intimacy status; and vi) entering the LGB community" (Goodrich & Brammer, 2019:153-154; Patton et al., 2016:159). A small-scale study by Bilodeau (2005) found these processes to be explanatory of transgender identity development although they have initially been developed to explain LGB identity development. These identity processes will be discussed in the following section.

Identity Process 1: Exiting Heterosexual Identity

The individual becomes socially and personally aware that he or she may not be heterosexual as initially believed during this identity process. The individual understands his or her attractions and accordingly labels it upon this realisation (Evans et al., 2009; Patton et al., 2016). This is notably different from the first stage of Cass (1979), which describes the outcome of immense inner turmoil during this awareness. The individual exits his or her heterosexual identity and begins to disclose his or her new LGB identity to others during this realisation, which is significantly earlier than suggested by Cass (1979) (Dentato et al., 2014; Goodrich & Brammer, 2019). This disclosure is not only limited to the present but continues throughout the lifespan of the individual and is reinforced by the constant assumption of heterosexuality in a heteronormative society (D'Augelli, 1994b; Dentato et al., 2014).

Identity Process 2: Developing a Personal LGB Identity Status

The individual develops a "sense of personal socio-affectional stability that effectively summarises thoughts, feelings, and desires" during this identity process, (D'Augelli, 1994a:325). The individual consequently initiates contact with other LGB individuals who will subsequently familiarise the individual with LGB culture and behaviour (Patton et al., 2016). Whilst engaged in this process, the individual develops awareness of their internalised myths and stereotypes about the LGB identity and begins to challenge these accordingly (Evans et al.,

https://uwcscholar.uwc.ac.za/home

2009; Goodrich & Brammer, 2019). The individual thus begins to attain a personal LGB identity status through these self-initiated actions and collective experiences.

Identity Process 3: Developing a LGB Social Identity

The individual develops an LGB affirmative support network where they can safely express their identity and receive long-lasting validation during this process (Goodrich & Brammer, 2019). D'Augelli (1994a) argues that non-supportive networks will encourage LGB individuals to conceal their identity and are therefore discouraged. The author encourages consistent and long-term support networks because identity development is not a fast-paced process.

Identity Process 4: Becoming an LGB offspring

This identity process is characterised by disclosure of the LGB identity from the individual to his/her parents. Literature (D'Augelli, 1994b; Evans & D'Augelli, 1996; Goodrich & Brammer, 2019) describe this disclosure as the most challenging disclosure by LGB individuals. This is mainly enforced by the individual's expectation of parental rejection and a temporary or permanent breakdown in the parent-child relationship (Mills-Koonce et al., 2018; van Bergen et al., 2020). Some parents, however, responds more positively and is supportive of the LGB individual and the LGB individual begins to renegotiate his/her familial relationships after this disclosure, (D'Augelli, 1994b).

Identity Process 5: Developing a LGB Intimacy Status

This process is characterised by the individual's embarkment on intimate and romantic relations with same-sex and same-gender persons, as well as with people of a heterosexual orientation and different sex in the case of bisexuality (D'Augelli, 1994a; Goodrich & Brammer, 2019). This is a complex process as there is a lack of directions applicable to this population and LGB individuals are mostly invisible in society (Goodrich & Brammer, 2019; Patton et al., 2016). This forcefully leads to the formation of "personal, couple-specific, and

https://uwcscholar.uwc.ac.za/home

community norms, which should be more personally adaptive" (D'Augelli, 1994a:327; Goodrich & Brammer, 2019:154; Patton et al., 2016). This development process also includes entering and visiting LGBT-specific social spaces to meet potential partners (Patton et al., 2016; Evans et al., 2009). The researcher of the current study posits that within modern day society this may also include web-based and social media platforms such as Facebook, Instagram, Twitter, Tindr, Grindr, and Badoo.

Identity Process 6: Entering an LGB community

D'Augelli (1994a) posits that the individual develops a strong commitment to political and social action during this process. He/she is aware of the LGB identity and its associated challenges and commits to himself or herself to political activism (D'Augelli, 1994a; Evans et al., 2009; Goodrich & Brammer, 2019; Patton et al., 2016). This is similar to the political and social activism postulated by Cass (1979), which therefore, suggests that this may be an integral part of the LGB identity process. D'Augelli (1994a), however, cautions that some individuals only enter the LGB community partially while others will never do it (Evans et al., 2009; Goodrich & Brammer, 2019). Regardless, D'Augelli (1994b) does not pathologize these individuals.

It is evident that social workers must familiarise themselves with these theories because it affirms LGB people and contributes to better understanding of this phenomenon by non-LGBT social workers, which contribute to better support for LGB individuals. Social workers will also be able to theoretically identify and consider the LGB client's developmental stage with the associated risks and protective factors during assessments and interventions (Morrow & Messinger, 2006). It will also challenge the heterosexist opinions and myths of social workers about the causes of LGB identities. Despite these advances, these theories only relate to LGB identity development and, therefore, does not address the identity development of transgender

https://uwcscholar.uwc.ac.za/home

individuals. Therefore, social workers must familiarise themselves with additional theories on transgender identity development.

2.4.1.2. Knowledge of LGBT Affirming Practise Approaches

Several authors (Deloatch-Williams, 2020; Gates & Kelly, 2017; Ruckle, 2013; Mallon, 2017) posit that social workers must also be familiar with LGBT affirming practise models. These models are inherently non-discriminatory, anti-oppressive, strengths-based, and aspire to establish a safe therapeutic environment for this client group (Gates & Kelly, 2017; Deloatch-Williams, 2020). Gay Affirmative Practise (henceforth GAP) (Alessi et al., 2015; Deloatch-Williams, 2020; Gates & Kelly, 2017) is an example of LGBT affirming approaches and some authors recommend that these are the most effective for competent and inclusive practise with LGB clients (Alessi et al., 2015; Deloatch-Williams, 2020; Gates & Kelly, 2017; Mellom, 2013; Ruckle, 2013).This practise affirms the LGB identity as "an equally positive" and natural "human expression to the heterosexual identity" (Crisp, 2006:116). It encompasses a set of guidelines and principles that social workers must uphold to ensure inclusive and culturally competent practise with this client group (Crisp & McCave, 2007).

Marginalisation of this population and any anti-LGBT conduct and attitudes is pathological according to GAP (Kort, 2011). Social workers have therefore the obligation to explicitly challenge and question societal and internalised homophobia, biphobia and transphobia as well as to promote self-acceptance within the LGBT person in their practise (Zamora, 2011). LGBT specific knowledge, affirming attitudes, and multiple skills as characteristics of a GAP must reinforce social work practice. Social workers must also endorse the six (6) unique principles of GAP which are the following according to Deloatch-Williams (2020): i) refrain from assuming that a client is heterosexual; (ii) problematize homophobia and biphobia rather than the clients' sexual orientation or gender expression; (iii) accept a client's sexual orientation to facilitate a positive outcome to the therapeutic process; (iv) decrease internalized homophobia

https://uwcscholar.uwc.ac.za/home

and biphobia in the LGB client; (v) have theoretical knowledge and insight about sexual orientation development; and (vi) the practitioner identification of their own biases.

It is therefore expected that some researchers consider GAP as the most effective guide to competent and inclusive practise with gay, lesbian, and bisexual clients (Appleby & Anastas, 1998; Hunter & Hickerson, 2003; Mellom, 2013; Ruckle, 2013). Evidence from studies in the USA also found that some social workers utilized GAP in their practise with LGB clients (Deloatch-Williams, 2020; Mellom; 2013; Ruckle, 2013).

2.4.1.3. Knowledge of the Legal landscape pertaining to LGBT clients

Another crucial element of inclusive and competent social work practice with the LGBT population is knowledge on domestic law related to the legal status and rights of LGBT individuals (Pachankis & Goldfried, 2013). Such knowledge also focuses on the human rights of this client group's (Alessi et al., 2015) as well the professional and legal responsibilities of social workers when practicing with this client group (NASW, 2015; Ngwu & Iwuagwu, 2022; Nyembezi, 2020). This will also empower social workers with knowledge to assist these clients with issues emanating from their legal status and rights in a country (Alessi et al., 2015; Pachankis & Goldfried, 2013). These issues may include consensual sexual relations and marriages; parental rights and responsibilities, accessing and receiving basic services as well as with any applications for refugee status based on an LGBT identity (George & Ekoh, 2020; Pachankis & Goldfried, 2013).

The current state of the LGBT legal landscape is subject to considerable debate. It is argued by some authors (Mallon, 2017; Henderson & Almack, 2016; Cosis-Brown and Cocker, 2011; Pachankis & Goldfried, 2013) that there are considerable positive changes in the global LGBT legal landscape. Others, however, state that this progress is insignificant because 67 UN member countries, mostly in Africa, continue to criminalize LGBT individuals (Ivchenko,

https://uwcscholar.uwc.ac.za/home

2021; Jones, 2018; Pachankis & Goldfried, 2013). Jones (2018) corroborated this as she notes that two thirds of countries in Africa are currently criminalizing LGBT identities with harsh sentences such as prolonged imprisonment and the death penalty. This has dire implications for social work services to this client group (George & Ekoh, 2020). These authors observed that many of the participants in their study expressed an inability to render social work services to LGB clients due to the illegal status and criminalization of homosexuality in the country (Nigeria) of their study (George & Ekoh, 2020). In addition, some participants had conflicted thoughts on whether to report LGB clients to law enforcement agencies or to refer these clients to LGB affirming social work professionals (George & Ekoh, 2020). It is thus evident from this study that the LGBT legal landscape has significant direct implications for social work services with this client group because it will determine social workers' course of action such as advocating for legal reform or upholding and promoting LGBT affirming legislations.

In SA, various legislation exist that governs social work practice with the LGBT population in the country. The next section will briefly provide a synopsis of this legislation and relate it to social work services with this client group.

2.4.1.3.1. Legislative and Policy context of LGBT laws in SA

LGBT individuals is a protected group in the South African context because the Constitution of the Republic of South Africa (Republic of South Africa, 1996) prohibits discrimination based on sexual orientation and gender [identity]. This prohibition is enforced on both the "State" and "private citizens" and relate to both "direct and indirect" acts of discrimination (Republic of South Africa, 1996:6). Therefore, neither the South African Government nor ordinary people within the borders of South Africa may discriminate against this population. This prohibition is reinforced by the inherent right to human dignity to all South Africans, the democratic values of equality, freedom, and the supremacy of the Constitution (Republic of South Africa, 1996). Social workers employed at DSD may therefore not discriminate against

https://uwcscholar.uwc.ac.za/home

LGBT persons when rendering services on behalf of an organ of the State. They may also not discriminate as private citizens against this group and must centre their services to LGBT clients in the Constitution of the Republic of South Africa. Failure to do so constitutes a violation of the constitutional rights of this client group (Republic of South Africa, 2000). Social workers must however be familiar with the Constitution of the Republic of South Africa (Republic of South Africa,1996) and consequent implications of this legislation in their services to this client group.

Various anti-discriminatory legislation and policies have been developed in South Africa post the inception of the Constitution of the Republic of South Africa (Republic of South Africa, 1996). Some of these laws and policies include: i) the Promotion of Equality and Prevention of Unfair Discrimination Act 4 of 2000 (hereafter PEPUDA) (Republic of South Africa, 2000), ii) the Civil Union Act 14 of 2006 and its subsequent amendment Act 8 in 2020 (Republic of South Africa, 2006a; 2020), and iii), the Labour Laws Amendment Act 10 of 2018 (Republic of South Africa, 2018). Additional policies also include the National Strategic Plan for Gender-based Violence and Femicide (Republic of South Africa, 2019), and v) the National Intervention Strategy for Lesbian, Gay, Bisexual, Transgender, and Intersex (LGBTI) sector (Republic of South Africa, 2020). These legislations and policies have profoundly strengthened the legal status of LGBT persons in South Africa as it reiterates non-discrimination and human dignity. In addition, it also provides this population group with the right to marry, to take reproductive leave in the workplace, as well as to litigate acts of discrimination by the South African Government or ordinary citizens. Familiarity with these legislations and policies will familiarise and encourage social workers to engage with the legal status and rights of LGBT people in South Africa (Republic of South Africa, 2006a; Republic of South Africa, 2020; Republic of South Africa, 2005).

https://uwcscholar.uwc.ac.za/home

Social workers must also be familiar with the Alteration of Sex Description and Sex Status Act 49 of 2003, (hereafter Act 49 of 2003) (Republic of South Africa, 2003) to ensure an inclusive, affirming, and competent services to this client group. A person who identifies as transgender or who were born intersex can apply to the Department of Home Affairs to change their sex description in the national birth register (Republic of South Africa, 2003). The person's sex status will be changed in the national population register and a gender concordant birth certificate and identity document will be issued if the application is approved. However, to reach this stage, the aforementioned persons must upon application, submit a professional report that was compiled by a professional social worker or psychologist (Republic of South Africa, 2003). This report must predominantly corroborate if a transgender or intersex "applicant is living and has lived stably and satisfactorily for an unbroken period of at least two years, in the gender role corresponding to the sex description under which he or she seeks to be registered" (Republic of South Africa, 2003:4). Social workers are therefore a crucial part in the application process; hence, they must be familiar with this Act and the duty it bestows upon them.

Finally, social workers should also be familiar with the White Paper for Social Welfare (Republic of South Africa, 1997(a)). This policy is commonly described as the primary guiding policy for social welfare services in the post-Apartheid SA (Republic of South Africa, 2019b). It describes the "principles, guidelines, recommendations, proposed policies, and programmes for developmental social welfare in South Africa" (Republic of South Africa, 1997(a):1). It also prohibits the exclusion of the LGB population from social services based on mutual respect and commands social services to be tolerant, inclusive, non-discriminatory, equitable (Republic of South Africa, 1997(a)). Despite these advances, the White Paper for Social Welfare (Republic of South Africa, 1997(a)) seems inadequate as it frames the vulnerability of

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LGB individuals solely within the context of HIV/AIDS and does not include transgender persons.

2.4.1.3.2. Knowledge of Social Work Ethics and Conduct

Scholars consistently postulate that social work is a value-based profession (Chechak, 2015; Shannon, 2013; Thomas, 2016; Witkin, 1995). Social work values are characterised by a longstanding commitment to human rights, human worth, dignity, social justice, and service to the vulnerable amongst humanity (Witkin, 1995; Shannon, 2013). Corresponding ethical standards and responsibilities in social work practise guide these values with all clients (Strom-Gottfried, 2008; National Association of Social Work [NASW], 2021). Social workers are expected to be cognisant of and compliant with these values and responsibilities in their practises with clients, including the LGBT community, irrespective of their personal values (Lennon-Dearing & Delavega, 2015; Strom-Gottfried, 2008). Some social workers however continue to practise according to their personal values and possess homophobic, bi-phobic, transphobic, and heterosexist attitudes despite this mandate (George & Ekoh, 2020; Messinger et al., 2019; Lusenhop, 2013; Teh et al., 2018). These attitudes constitute professional misconduct because they reflect inadequate social work values and are non-compliant with social work ethics.

Social work values, ethical principles, and standards in South Africa are articulated in the Policy Guidelines for Course of Conduct, Code of Ethics and Rules for Social Workers (henceforth the Code of Ethics). The Code of Ethics, which was compiled by the South African Council for Social Service Professions (henceforth SACSSP), guides the professional conduct of social workers, provide guidance when they experience ethical challenges, and compel social workers to be culturally competent and not engage in unfair discrimination (SACSSP, 2012). These values, ethical principles and responsibilities of the social work profession is an important aspect in the knowledge base of social work but an in-depth discussion of these is

https://uwcscholar.uwc.ac.za/home

beyond the scope of this study. The researcher will focus on two (2) specific ethical responsibilities relevant to this study which are: i) non-discrimination and ii) cultural competence.

i. Non-discrimination

The researcher posits practitioner non-discrimination as the first ethical responsibility that social workers must be familiar with and apply in their practises with LGBT service-users. Specifically, they must be aware that practitioner discrimination, whether directly or indirectly, intentionally, or unintentionally, based on sexual orientation, gender identity and gender expression is prohibited in any form and across all practise levels with LGBT persons (Dessel et al., 2017; NASW, 2021; SACSSP, 2012). This is premised on the SACSSP's (2012:21) instruction that "social workers should not unfairly discriminate against a client on" the grounds of his/her sexual orientation or gender [identity]". Failure to comply with this mandate constitutes professional misconduct and disciplinary actions may be pursued against contravening social workers (Lennon-Dearing & Delavega, 2015; SACSSP, 2012). For this reason, social workers must be familiar and compliant with this requirement.

ii. Cultural Competence

Social workers are ethically expected to be culturally competent; hence, they must be familiar with this responsibility. Cultural competence relates to a social worker's nuanced ability to respond to all client groups in a respectful, affirming, and effective manner albeit the presence of diversity factors related to their background and social identities (NASW, 2015). In practise, it enables social workers to provide prejudice free and non-discriminatory services to diverse client groups (Nadan, 2014; NASW, 2015). Further, it is underpinned by specific knowledge, affirming attitudes, and skills, therefore, social workers are compelled to obtain these competencies (Ivchenko, 2021). Considering this, cultural competence appears particularly necessary for an effective, inclusive, and ethical practise with LGBT clients. Therefore, the

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ethical responsibility of cultural competence is particularly relevant to social workers practise with this client group. As such, social workers must be familiar and compliant with their ethical duty to be culturally competent.

Social workers in South Africa are employed across a variety of practise settings and the professional code of conduct of their employers may also have bearing on their practises with this client group. Notably, social workers employed at the DSD are public service employees (Republic of South Africa, 1994). Their professional conduct is thus further regulated by the Code of Conduct for the Public Service (Republic of South Africa, 1997(b)). The next section will briefly deal with the Code of Conduct for Public Service and suggest that social workers employed at DSD must be also familiar with the Code of Conduct for the Public Service in addition to the Code of Ethics by the SACSSP.

2.4.1.3.3. South African Code of Conduct for the Public Service

The Code of Conduct for the Public Service is a rule-based ethical code for public service employees in SA (Nagiah, 2012; Republic of South Africa, 2006(b)). This code encapsulates the values and principles that governs the public service [sector] as outlined in section 195 (1) of the Constitution (Republic of South Africa, 1996). These values and principles include a high standard of professional ethics, objective and fair services, accountability, transparency, and access to accurate information (Republic of South Africa, 1996). Social workers employed at the DSD are not just obligated to be familiar and compliant with the SACSSP Code of Ethics but also with the Code of Conduct for the Public Service [sector].

The Code of Conduct for the Public Service also focuses on the expectations relevant to public service employees regarding service-users. The expectation that public service employees must refrain from discrimination against service users on the grounds of gender [identity] or sexual orientation amongst others are relevant to this study. This professional expectation is reiterated

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with a practical example of the expected conduct in the Explanatory Manual on the Code of Conduct for the Public Service (Republic of South Africa, 2002:20):

"An employee may suspect that a member of the public requiring to be served is, for instance, gay. Even though this might be totally unacceptable from the employee's personal point of view, he or she is nevertheless expected to provide the same level of professional service that would be rendered to any other member of the public."

It is evident from this that social workers as public service employees at the DSD are expected to demonstrate a non-discriminatory conduct towards LGBT service users irrespective of their personal beliefs and values. This concurs with the fundamental ethical expectation outlined in several Codes of Ethics for social workers, which prescribe that social workers are not allowed to participate in, condone or advance any acts of discrimination on any grounds in their conduct (Australian Association of Social Workers [AASW], 2020; British Association of Social Workers [BASW], 2014; NASW, 2021; SACSSP, 2012). Another similarity between the former and the latter codes is the expectation that social workers employed by DSD must respect the dignity and constitutional rights of service users (Republic of South Africa, 2016:29). Public service employees (i.e., social workers at the DSD) can be charged with misconduct if they do not comply with these ethical requirements (Republic of South Africa, 2006c:25).

The researcher focused in the previous content on the LGBT specific knowledge required for competent and affirming social work practise with LGBT clients. The next section will identify and discuss the affirming attitudes required by social workers must hold when practising with LGBT clients.

https://uwcscholar.uwc.ac.za/home

2.4.2. SOCIAL WORKERS' LGBT AFFIRMING ATTITUDES

The attitude of social workers towards the LGBT community is the second important determinant in practise with this client group (Mecklenburg, 2020; Denato et al., 2017; Leitch, 2017; Chonody & Scott Smith, 2013; Mullins, 2012). Studies (George & Ekoh, 2020; Matarese et al., 2023; Mecklenburg, 2020; Ivchenko, 2021; Ruckle, 2013; Zamora, 2011) on the attitudes and services of social workers with LGBT individuals, have consistently found that the attitudes of social workers towards these individuals determine the application of LGBT affirming practises. Mecklenburg (2020) found in his study a sample of 116 social workers that most of them had affirming attitudes towards LGBT clients and practised inclusively with this client group. This concurred with previous larger studies of Ruckle (2013) and Zamora (2011) with 238 and 151 respondents that found that their respective respondents exhibited affirming attitudes and included affirming practise with LG persons. This was also evident in other studies with social workers (George & Ekoh, 2020; Ivchenko, 2021; Matarese et al., 2023), on the anti-LGBT attitudes with non-affirming, discriminatory, and non-inclusive practises. The attitudes of social workers towards LGBT people are therefore a predictor of their practises with this population. It is therefore apparent that affirming attitudes towards the LGBT community is a prerequisite for a competent and inclusive practise with this client group. The focus of the next section will be on the characteristics of affirming attitudes by social workers.

Social workers must display three (3) attitudes in their affirming and inclusive practises with this client group. The first attitude encompasses a non-judgmental attitude as mandated by the ethical guidelines of the social work profession (Ajibo, 2017; Winslade, 2013). A non-judgmental attitude by social workers is essential to build rapport and to provide optimal and supportive services to LGBT clients (Taruvinga & Mushayamunda, 2018). Secondly, social workers must display a non-heterosexist attitude in their services to LGBT people (Gredig & Bartelsen-Raemy, 2020). Dermer et al. (2010) suggest that an affirming attitude towards LGBT

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people is inherently non-heterosexist. Thirdly, social workers must not be inflicted with prejudices and possess homophobic, bi-phobic, or transphobic attitudes. Researchers (George & Ekoh, 2020; Messinger et al., 2019; Lusenhop, 2013; Teh et al., 2018) however found that some social workers still possess homophobic, bi-phobic, transphobic, and heterosexist attitudes. These non-affirming attitudes have significant behavioural and relational implications for practise by social workers with this client group. The next section will briefly discuss these implications.

2.4.2.1. Practise Implications of Prejudicial Attitudes towards LGBT clients

Anti-LGBT attitudes of social workers have adverse implications for their professional conduct and practises with this client group (Denato et al., 2017; DeLucia & Smith, 2021; Leitch, 2017; Scherrer, 2013). It may increase the use of harmful and ethically incongruent practises with these clients (Matarese et al., 2023; Leitch, 2017; Chonody & Yu, 2014). This will also contribute to ineffective assessments, inappropriate intervention goals, ineffective intervention strategies, or avoidance of service provision to this client group (George & Ekoh, 2020; Leitch, 2017; Swank & Raiz, 2010; Johns, 2009). Social workers will also lack empathy, minimize, or over-emphasize the client's expressed sexual orientation and/or gender identity, pathologize the LGBT identity, or even attempt to change their identity to a heterosexual identity (Crisp, 2006; DeLucia & Smith, 2021 Mecklenburg, 2020; Leitch, 2017). Such practise behaviours clearly reflect a negative disposition, an absence of cultural competency and is evidently not supported by anti-discriminatory or anti-oppressive social work practises such as GAP.

Qualitative research in psychology found similar practises and consistently linked anti-LGBT attitudes of therapists with harmful practise behaviours towards LGBT clients (Eady et al., 2010; DeLucia & Smith, 2021; MacKay et al., 2017). A study by Shelton and Delgado-Romero (2013) explored the psychotherapeutic experiences of 16 self-identified lesbian, gay, bisexual, and queer (henceforth LGBQ) clients. The researchers found that counsellors with anti-LGBQ

https://uwcscholar.uwc.ac.za/home

attitudes over-identified with LGBQ clients, made stereotypical assumptions about the LGBTQ identity, avoided, or minimized discussions about the client's LGBQ identity and would frequently warn these clients about the dangers of the LGBQ lifestyle (Shelton & Delgado-Romero, 2013). The researchers also further stated that these counsellors assumed that their clients' LGBQ identity caused all their presenting psychosocial issues and that their LGBQ identity would result in an inherent need for professional psychotherapeutic interventions (Shelton & Delgado-Romero, 2013). King and McKeown (2003) concur with these findings and found in a study with a bisexual sample of participants that some psychologists in the UK contributed to participants' mental health challenges towards their bisexuality. These therapists perceived and treated their clients solely in terms of their LGBT identity and as such, disregarded their well-being, over-emphasised and pathologized their LGBT identity. The therapists also neglected to focus their psychotherapeutic interventions on the Person in Environment (PIE) approach that guides social work practise.

An interesting observation was that the bias and detrimental practises were not only present in cisgender heterosexual social workers but also in LGBT social workers (Leitch, 2017). Leitch (2017) argued that LGBT social workers are equally susceptible to negative practises with LGBT clients which may be influenced by in-community bias, intersectional prejudices (i.e., bias based on race, nationality, ability) and the oversimplification of their own experiences. Pachankis and Golfried's (2013) concurred with Leitch (2017) as they affirmed that LGBT therapists are not immune to discriminatory practises because of their congruence with their LGBT identity, lived experiences, disclosure, level of internalised biases and potential comparisons. These issues may have a negative influence on the therapeutic relationship, and they may experience counter transference. Other attitudes by LGBT therapists included lack of empathy and flexibility with LGBT clients as well as over-identification with the client (Pachankis & Goldfried, 2013; Shelton & Delgado-Romero, 2013). LGBT social workers are

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therefore just as susceptible to biased practise behaviours irrespective of their shared identity with LGBT clients as cisgender heterosexual social workers with this client group are.

This prejudice, reinforced by the therapists' biased attitudes towards LGBT clients, have a negative impact on the clients. It may result in premature termination of the therapeutic relationship and avoidance of further treatment by clients although they need continuing services (DeLucia & Smith, 2021; MacKay et al., 2017). In addition, it may also result in negative perceptions about the competence of the social worker and the therapeutic relationship by these clients (Leitch, 2017; Morris et al., 2020; Shelton & Delgado-Romero, 2013). Other implications may also include adverse experiences of transference and countertransference as well as the perpetuation of self-hatred, shame, and rejection from the client (Johns, 2009). Such biased practises are not only inherently unethical and harmful but also deflects from the client's presenting issues leaving the latter unaddressed. Furthermore, it contravenes the person-centred nature of social work as such behaviour does not reflect the key tenets of this approach such as congruence, unconditional positive regard, and empathy. Such behaviour by practitioners do not only subject LGBT clients to differential treatment but also contribute to an inferior and harmful service that intensify their marginalization (George & Ekoh, 2020). These practise implications are premised on the assumption that the clients have disclosed their LGBT identity to the social worker and/or therapist. Thus, it is unknown if these implications would remain if the client concealed their LGBT identity from the social worker and/or therapists due to limited research on the topic.

2.4.2.2. Practise Implications of Affirming Attitudes towards LGBT clients

Limited research exists on the practise implications of affirming attitudes from practitioners towards LGBT clients in comparison with the abundance of literature on the negative outcomes resulting from practitioners' anti-LGBT attitudes (Leitch, 2017). Regardless, the existing literature indicated that affirming attitudes from practitioners towards LGBT clients have

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positive implications for their performance and professional conduct with this client group. Research indicated that positive attitudes about these clients increased a practitioner's use of gay affirmative practise (Alessi et al., 2015; Bowers et al., 2005; Perez, 2007) increased their self-efficacy, and contributed to more positive beliefs about the use of GAP (Alessi et al., 2015; Leitch, 2017)). McCan and Sharek (2014) concur with these sentiments as they assert that positive attitudes from practitioners about the LGBT community resulted in a satisfactory therapeutic experience for LGBT clients. It also contributed to a therapeutic relationship between these clients and the practitioner and is characterised by a non-judgemental attitude, trust, and unconditional positive regard (Tomicic et al., 2020). These observations, are however disputed as other research found that accepting attitudes did not necessarily translate to better engagement with LGBT affirmative social work practice (Crisp, 2006; Payne & Smith, 2011). Similarly, Jones (2000) as cited in Leitch (2017) argued that an absence of negative attitudes does not mean the presence of positive attitudes. Thus, it is for this reason that this study will not only examine practitioners' attitudes but also their knowledge and skills.

This section related to the attitudes of social workers about the LGBT community in their practice with these clients. In addition, it identified the required affirming attitudes of social workers about this service-user community. Thereafter, it discussed the behavioural, relational, and practice implications of both affirming and non-affirming attitudes towards this client group. The next and final section of this chapter will identify and discuss the required skills from social workers to enhance competent practise with LGBT clients.

2.4.3. SOCIAL WORKERS' LGBT AFFIRMING SKILLS

Social workers require a specific set of professional skills to practise affirmingly with LGBT clients (Alessi et al., 2015; Leitch, 2017; NASW, 2015; Teh et al., 2018). These skills encompass specific and purposeful behaviours demonstrated by social workers in the helping process (Karpetis, 2018). As such, the skills are individualized to the social worker and relate

https://uwcscholar.uwc.ac.za/home

to their goal-oriented conduct in the helping relationship. Several skills are a pre-requisite for an inclusive, affirming, and competent social work practice with this client group (Teh et al., 2018; Harper et al., 2013; McNair & Hegarty, 2010; Wall, 2013; Willoughby et al., 2010). Some of these skills included the ability to:

i) Create a safe and inclusive therapeutic environment (McNair & Hegarty, 2010; Wall, 2013); ii) use gender-neutral and affirming language, including the client's chosen pronouns and name (Harper et al., 2013; Wall, 2013); iii) maintain client confidentiality (Elze, 2014; Leitch, 2017; Dentato et al., 2018) as well as iv) the aptitude to facilitate the disclosure of an LGBT identity to significant others (Willoughby et al., 2010).

These skills are especially helpful to establish and maintain an LGBT affirming therapeutic environment, as well as to aptly intervene in a major area of relational vulnerability, such as the coming out as LGBT to significant others. Despite this, a study by Teh et al. (2018) found that social workers did not have these skills.

A further review of the literature identified two (2) additional skills, self-awareness, and mediation, which are necessary for practitioners to facilitate LGBT affirming and competent social work practise. These will be discussed in the next section.

2.4.3.1. Skill of Self-Awareness

Self-awareness is a necessary skill to facilitate a competent, ethical, and an affirming social work for LGBT clients (Ferreira & Ferreira, 2019; Frederiksen-Goldsen et al., 2014; Mecklenburg, 2020; NASW, 2015). Self-awareness refers to the professional ability of social workers to recognise and critically analyse both their personal and professional attitudes towards these clients (Frederiksen-Goldsen et al., 2014; Kaushik, 2017; Mecklenburg, 2020; NASW, 2015). It refers also to their understanding of how these attitudes subsequently influence their practises and professional conduct with this client group (Mecklenburg, 2020).

https://uwcscholar.uwc.ac.za/home

The skill of self-awareness familiarises social workers on their LGBT bias, lack of LGBT specific knowledge, and how to relate these to their practises with this client group. Lennon-Dearing and Delavega (2015) noted that failure to uphold and apply this skill is a violation of social work ethics and may result in social workers portraying their biases into their practises with this client group. This may subsequently lead to a discriminatory practise with harmful outcomes for these service users (Mecklenburg, 2020; Shelton & Delgado-Romero, 2013; Tomicic et al., 2020). Therefore, it appears that the skill of self-awareness is also a protective measure against harmful practises with this client group. Social workers are thus compelled to proficiently uphold and apply the skill of self-awareness in their practises with LGBT identifying clients.

2.4.3.2. Mediation Skills

Mediation as an essential skill for social workers to resolve some of the relational conflict in LGBT people (Mallon, 2017). This conflict may include parental conduct disputes, intimate parental contact disputes, intimate partner challenges as well as the disclosure of their LGBT identity to their significant others (Cosis-Brown and Cocker, 2011; Mallon, 2017). This assumes that mediation skills will enable social workers to competently reduce the relational tension and conflict, as well as foster and facilitate acceptance and support for the LGBT individual (Cosis-Brown and Cocker, 2011; Johns, 2009; Mallon, 2017). Research by Hudson (2018:31) in the UK found that "social workers play a key role in family mediation" between transgender individuals and their families. For this reason, social workers must be skilled in mediation even though research by Teh et al. (2018) stated that some social workers lack mediation skills to resolve the relational conflict experienced by LGBT people.

2.5. SUMMARY OF THE LITERATURE

This chapter presented the literature review of this study and synthesized the available literature on social workers knowledge, attitudes, and skills with LGBT clients. It specifically indicated

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that most of the literature on social workers' knowledge, attitudes, and skills has been produced in the global north whilst; minimal research on this topic has been done in Africa. This chapter therefore indicated some of the differences that exist between the attitudes of social workers in the global north in comparison with those based in the global south. It particularly suggested that social workers in the global south might have significantly more prejudiced attitudes towards LGBT clients than social workers based in the global north. In addition, this chapter also suggested that there are limited qualitative studies on the knowledge, attitudes, and skills of social workers with LGBT clients as most of the existing research are quantitative in nature. It further presented and discussed the affirming attitudes, LGBT specific knowledge and skills that social workers are obliged to demonstrate in their practises with this client group. The next chapter will present and discuss the theoretical framework of the study.

https://uwcscholar.uwc.ac.za/home

CHAPTER THREE

THEORETICAL FRAMEWORK

3.1. INTRODUCTION

The social work profession is regarded as a caring profession, with care as a fundamental characteristic in the value base of the profession (Hay, 2019). Studies in the US, Nigeria, and SA, however, suggested that care is absent from the practises of some social workers working with LGBT clients. This is inconsistent with the ethics of the social work profession and, therefore, necessitates a critical assessment of social worker practises with LGBT clients. Tronto (1993) developed a critical framework by which the quality of caring practises can be critically assessed in her political ethics of care theory. The current study used the political ethics of care theory as theoretical framework to explore and assess the knowledge, attitudes, and skills of social workers with LGBT clients. This chapter will, therefore, critically discuss the political ethics of care theory as a feminist theory and will commence with a brief overview of feminist theory as the foundation of the political ethics of care. An overview of the political ethics of care theory and definition of care will follow. The five (5) phases of care and its corresponding ethical elements will then be identified, discussed, and applied to the current study. The chapter will be concluded by a summary.

3.2. OVERVIEW OF FEMINIST THEORY

Feminist theories originated from the 18th century as an ideological attempt to end the marginal status of women in society (Allen, 2016; Dunn et al., 2017; Turner & Maschi, 2015). It has since then evolved to include other marginalised groups in society and developed many theoretical orientations (Kanenberg et al., 2020). These theoretical orientations include but are not limited to liberal feminisms (Bauer, 2021), radical feminists (Kanenberg et al., 2020), queer feminist theories (Carrol, 2012), intersectional feminist theories (Cho et al., 2013), and

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postmodern feminist theories (Kanenberg et al., 2020). These theories collectively attribute the exclusion of women and marginalised people from society to heteropatriarchy and argue that the latter favours white, heterosexual, and cisgender men in society (Allen, 2016; Dunn et al., 2017; Turner & Maschi, 2015). It also further argues that power is a central concept in heteropatriarchy and critically analyse it to understand, critique and challenge the collective experiences of women and marginalised people in society (Farr, 2019). This therefore suggests that feminist theories are theoretical and analytical frameworks that critically evaluate the social experiences of women and marginalised groups as well challenge the traditional understandings of power. Based on this, Tronto (1993) uses feminist theories as a foundation for the political ethics of care theory.

From the various theoretical orientations, the queer and intersectional orientations of feminist theory are the most relevant in the context of this study. Queer feminist theory challenges the assumptions about cis-heteronormativity and the primary constructs of gender and sex as queer feminist theorists regard this as the foundation for experiences of privilege and oppression (Gedro & Mizzi, 2014; Disch & Hawksworth, 2016). It further incites a critical understanding of the unequal social relations of power inflicted on marginalized people based on their sexual orientation and gender identity (Ubisi, 2021). Intersectional feminist discourses on the other hand analyses the order and preservation of oppression through social differences, such as gender, race, sexual orientation, social class, ability, nationality, and other aspects of identity (Kanenberg et al., 2019; Parker et al., 2019). These two (2) feminists' theories thus offer a revelatory analysis as it places the care needs of LGBT care receivers in the context of all their social markers and not just one.

3.3. OVERVIEW OF THE POLITICAL ETHICS OF CARE

The political ethics of care is a feminist, ethical, and political theory that was developed by the feminist scholar Joan Tronto (Tronto, 1993). It is one (1) of many contemporary care theories

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that emerged after Carol Gilligan introduced the ethics of care theory in 1982 as a response to traditional and patriarchal ethical theories at the time (Edwards, 2009; Herring, 2019; Held, 2006). Similarly, the political ethics of care theory emerged as Tronto's (1993) critique of earlier moral discourses, which offered an alternative moral argument that postulates care as a behaviour rather than an emotional state (Freitag, 2017), opposes the values of neoliberalism (Tronto, 2013; Robinson, 2015), and. located it in a political context beyond the moral boundaries imposed by earlier care theorists. These "moral boundaries" according to Tronto (1993:6) is the: i) "boundary between morality and politics" 'ii), the "moral point of view boundary," and iii) the "boundary between public and private life." The theory specifically stated that these three (3) moral boundaries have shaped care in earlier ethical discourses instead of the political context in which it occurred (Olthuis et al., 2014). It also suggested that they resulted from the subsequent exclusion of the "relatively powerless", such as women and marginalised groups, from public life (Tronto, 1993:20; Olthuis et al., 2014). The author, therefore, argues that these moral boundaries must be recreated, and care must be positioned in a political context to ensure the active participation of women and marginalised in public life. It is evident from this argument that the political ethics of care as a feminist theory is equally involved with the marginal status of vulnerable and powerless groups in society (Tronto, 2013). It is furthermore evident that a politicisation of care is necessary to ensure inclusive, equitable, and non-patriarchal practise and discourse of care (Held, 2006).

The political ethics of care, entrenched in feminism, rejects the patriarchal, racist, and classist conceptualization and distribution of care work in society (Tronto, 1993). Tronto (2010) and Sevenhuijsen (2018) argues that these collectively degraded care in society and maintained the power of the privileged. The aim of the political ethics of care is therefore to reconstruct care in society, to observe power imbalances at the structural and individual level meticulously, and to reduce these power imbalances (Olthuis et al., 2014; Tronto, 1993). Consistent with this, the

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theory proposes "a set of principles and actions" that must guide political and institutional systems as well as interpersonal caring relations (Groot et al., 2019:288). Care is also placed at the centre of politics in this theory and repositioning is necessary to expose the unequal power relations in societies, as well as, to ensure that care in the society benefits all (Tronto, 1993). This is premised on the author's view that care is politically shaped and maintained and is "affected by the power relations and inconsistencies about the nature of good care" (Tronto, 2010:160). Care must thus be politicised and democratised to identify and understand the political nature of care and its stratified power relations. Tronto (2013) further posits that care can only flourish when competent ethics of care is enmeshed in the political processes of democratic societies. What Tronto (2013) defines and considers as care will be discussed in the following content.

3.3.1. DEFINITION OF CARE

Care is a deeply relational activity that represents the "qualities necessary for people to live together well in a democratic society" (Tronto, 1993:61). She further describes it as an "ongoing collective action by a group of people with the intent to sustain, to restore their environment to function and live optimally within it" (Tronto, 2013:19). This conceptualization of care suggests that care is a constant, collective, and purposeful activity performed by all people in the environment. This is in sync with the global definition of social work and its principle of collective responsibility (International Federation of Social Work, 2014; Dhavaleshwar, 2016). This definition also locates care outside the historical and patriarchal notions of care as a gendered and classist act. It describes care instead as a social practise and disposition, thereby, suggesting that care cannot be achieved through good intentions alone. The definition also suggests that the well-being is of equal importance to all and not only to a selected few in society. This concurs with the mission statement by the SACSSP for social workers in the Code of Ethics which stated that "the primary mission of social workers is to

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enhance [the] human well-being … of all people …" (SACSSP, 2012:1). It is thus evident that there are many similarities between Tronto's (1993) definition of care and the social work profession. The principles of the political ethics of care and the ethics posited by the social work profession must therefore be practised concurrently. A disjuncture in ethics of care however exists in social workers' practises with LGBT clients as LGBT literature suggested that social work practise with this client group is discriminatory.

Simplican (2018) dissented from Tronto's (1993) definition of care and suggested that care has a maintenance and reparative quality. She argues that the definition is narrow, and oblivious to the unequal and social exclusionary nature of the current environment. The author thus argues that it is inherently problematic, counterproductive, and unethical to sustain and advance such an environment (Simplican, 2018). She suggests that care must be redefined as collective actions that disrupt and oppose inequality and social exclusion. These actions must reflect and "enhance democratic values of inclusion, equality, and freedom" (Simplican, 2018:298). These amendments evidently deviate from Tronto's (1993) definition of care as it conceptualizes it as a collective practise that is rooted in social justice, aligned with democratic ideals, and necessitate the disruption of unequal practises. These amendments align care with the definition of social work advocacy practise by Hoefer (2019:03) who describes advocacy as the: "Systematic and purposeful actions of social workers to defend, represent, or otherwise advance the cause of one or more clients at the individual, group, organisational or community level, in order to promote social justice."

It is evident that Simplican's (2018) dissent and proposed definition of care is relevant to advocacy practise by social workers with LGBT individuals. It is also relevant to the present study, as it requires that social workers must have specific skills, knowledge, attitudes to change unequal (i.e., cis-heteronormative) practises in society.

https://uwcscholar.uwc.ac.za/home

Despite the above description of care and its relevance to the social work profession, Tronto (2010) cautions that not all care is good care. She cautions that care can be harmful and problematic due to paternalism and parochialism (Tronto, 2010). Paternalism refers to care practises where caregivers incorrectly assume a position of superior knowledge on the needs of the care-receiver (Tronto, 1993). This implies that paternalism is premised on an assumption that the caregiver is superior on the needs of the care recipient. Tronto (1993) suggests that this assumption is rooted in the relational power imbalance of the caring relationship because it enables caregivers to forge their own understanding on the needs of the care recipient. Supporting literature concurs that paternalism seeks to maintain, reaffirm, and reinstate power differentials in the caring relationship (Murgic et al., 2015; Sánchez-Izquierdo et al., 2019; Sykes & Gachago, 2018). This suggests that paternalism may be an intentional misconstruing of care needs and that the actual need is ignored.

Qualitative studies in psychology related to the service experiences of LGBT clients with psychologists, suggest paternalism in practise (DeLucia & Smith, 2021; Sheldon & Delgado-Romero, 2013; Pachankis & Goldfried, 2013). Sheldon and Delgado-Romero (2013) provided evidence of this when they noted that cisgender-heterosexual counsellors often ignored the expressed needs of their LGBQ clients and identified the client's identity as pathology for intervention. This argument concurs with DeLucia and Smith (2021) which stated that bisexual participants had similar experiences with their respective mental health care service providers. It can then be concluded that paternalism prevents the provision of an LGBT affirming, value-driven and ethical service to LGBT people.

Tronto (1993) also cautions against parochialism where caregivers provide competent care only for those who are like them or close relatives (Robinson, 2018). This occurs at all levels of care to preserve the status quo and social inequalities (Noonan & Bristol, 2020; Tronto, 1993). Parochialism is a biased practise that seeks to marginalise those who are different from the

https://uwcscholar.uwc.ac.za/home

caregiver. It negates the democratic values of inclusion and equality as proposed by Simplican (2018). This also implies that parochialism may result in distant relations with dissimilar care receivers which contributes to a non-affirming service.

In the context of the above discussion, it appears necessary for social workers to be mindful of parochialism in their practises with LGBT clients. This will contribute to competent, ethical, and unbiased services exclusively to self-expressed or assumed cisgender-heterosexual clients. Self-expressed or assumed LGBT clients will then be subjected to poor, unethical, and non-affirming services solely based on their "otherness." It is therefore evident that parochialism poses a threat to competent, affirming, rights-based and ethical social work services to LGBT people. Protective measures are therefore necessary and necessitates the current study to explore social workers knowledge, attitudes, and skills in service delivery with LGBT clients.

Tronto (2013) developed five (5) interconnected phases of care with corresponding moral qualities to evaluate paternalism and parochialism in care practises. These will be discussed in the next section with reference to application to the current study.

3.3.2. THE FIVE (5) PHASES AND QUALITIES OF THE ETHICS OF CARE

Political ethics of care is a framework through which the quality of caring practises at the micro, messo, and macro level can be evaluated (Tronto, 1993). This author consequently developed five (5) separate yet interconnected phases and ethical elements of care to evaluate the adequacy and well-accomplished nature of the care provision (Tronto, 2013). These ethical elements were initially four (4) and included i) attentiveness, ii) responsibility, iii) competence, and iv) responsiveness (Engster & Hamington, 2015; Taruvinga et al., 2021; Tronto, 1993). Tronto (2013) added a fifth element, trust in more recent literature. Against this background, the five (5) ethical elements and their applicability to the study will be discussed in the following content.

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3.3.2.1. Attentiveness

Attentiveness is the first dimension of good care and is the ethical element of the “caring about” phase of care. It entails accurate recognition and acknowledgement that a need for care, which is important to meet, exists (Bozalek et al., 2014; Kim, 2016; Tronto, 2013). The care process commences with attentiveness, and it has a functional purpose within the political ethics of care. Sevenhuijsen (2018) states that caregivers must first acknowledge their personal thoughts, beliefs, and attitudes about the recognised need to meet this purpose adequately. This implies that caregivers must be attentive. Caregivers must also be empathetic and selfless, put their personal interests on hold and assume the perspective of the one in need (Thompson, 2018). Bozalek et al. (2014) cautions that the caregiver has failed in their moral duty if they are not attentive to the needs of the person and will therefore provide insufficient care. This may include misconstruing the presenting need, ignoring the expressed preferences of the care receiver, such as paternalistic care, or ignoring the identified need for care (Bozalek et al., 2014; Simplican, 2018). Tronto (1993) holds that such conduct is a deliberate means to preserve the status quo and inequalities. The implication is therefore that attentiveness is a moral duty which is required to disrupt the status quo and must involve the care receiver.

Attentiveness necessitates several caregiver skills which include empathy, communication, and observation skills, as well as the ability to acknowledge intersectionality, such as that people are socially, culturally, and economically different (Boyana, 2019; Achmat, 2015; Bozalek et al., 2014; Barnes, 2012). These skills are notably like those that are expected from social workers in their practises with clients (Moudatsou et al., 2020; Koprowska, 2020; Belchior-Rocha & Casquilho-Martins 2019).

Attentiveness will evaluate the ability of social work participants’ to adequately identify the specific psychosocial needs of LGBT clients in the context of this study. This will also include their ability to identify the intersections of the LGBT clients' needs. Furthermore, it will also

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determine the social workers' ability to recognise the specific service delivery needs of this client group and how these emanate from their LGBT-based and intersectional experiences. The latter will also evaluate if social workers recognise and acknowledge the need for an affirming and inclusive therapeutic relationship by LGBT service users. Attentiveness will also be used to evaluate the self-awareness of social workers regarding their LGBT specific knowledge base and skill set as well as their attitudes towards this client group.

Responsibility will be discussed as another ethical element of care in the next section.

3.3.2.2. Responsibility

The second ethical element of good care is responsibility, which Tronto (1993:106) describes as the moral quality during the 'taking care' phase of care, which also include the willingness of caregivers to deal with an identified need for care. Failure to accept responsibility, by deflecting or ignoring the need for care, results in no care and constitutes a moral failure of one's duty to care (van Nistelrooij & Visse, 2018). The reluctance and failure of social workers to provide an LGBT affirming service in their practise is an ethical dilemma in social work and may be the result of their homophobic, bi-phobic, heterosexist, and transphobic attitudes. Research by George and Ekoh (2020), Mecklenburg (2020), and Alesi et al. (2015) corroborate with this statement, as they consistently found that the attitudes of social workers towards LGBT people determine their commitment to inclusive and LGBT affirming practises. Their cultural values, conservative religious opinions on gender and sexual orientation, as well as a lack of LGBT specific knowledge and skills may also contribute to their failure to assume responsibility. It is therefore evident that the LGBT attitudes, knowledge, and skills of social workers may determine whether they will apply Tronto's second principle of good care.

There is a contrast between the responsibility to care and the obligation imposed by formal rules (Thompson, 2018). The ethics of care theory specified that caregivers care due to a pre-

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existing relationship and not because it is formally expected (Bozalek et al., 2014; Dison, 2018; Tronto, 1993). Non-discriminatory and culturally appropriate services to LGBT service users by social workers in the current study are therefore not imposed by legal and ethical obligations. The services develop rather spontaneously from a pre-existing mutual relationship and a sincere willingness to render non-discriminatory and affirming services to this client group. This position, however, contradicts the rights-based, deontological, and obligatory nature of the social work profession, which enforce a legal responsibility upon social workers to provide non-discriminatory services to all service-users. Social workers are therefore compelled to render LGBT affirming services and provide inclusive and non-discriminatory services to LGBT clients. These services are thus not dependent on their discretion and sheer willingness as suggested by the political ethics of care theory.

Responsibility in the present study will evaluate the willingness of social workers to assume their professional responsibility regarding LGBT clients when the previous arguments are considered. This includes their willingness to provide safe, inclusive, non-discriminatory, and affirming services to this client group across all three (3) methods of social work practise. This will also reveal their willingness to explore and engage in matters of sexual orientation and gender identity in their practise in this study.

3.3.2.3. Competence

Competence is the ethical element of care and is associated with the "caregiving" phase of care. It refers to the management and quality of care activities to meet the care needs of care receivers (Bozalek et al., 2014; Taruvinga et al., 2021). Competence can also be described as an inherent requirement for good care as Tronto (1993:133) has stated that failure "… to provide good care, means that … the need for care" remains. Competence also assumes that caregivers have the required resources and apply the required knowledge and skills in their care (Boyana, 2019;

https://uwcscholar.uwc.ac.za/home

Achmat, 2015; Bozalek et al., 2014; Zembylas et al., 2014). Caregiver's knowledge and skills are therefore a prerequisite in provision of competent care.

In the social work profession social workers are expected to demonstrate two (2) types of competencies. One is "the ability to integrate and apply social work knowledge, values, and skills to practise situations in a purposeful, intentional, and professional manner to promote human and community well- being" (Leeuen et al., 2015:118). The second competency, which is also of interest to the present study, is cultural competence. Cultural is the ability to practise effectively and respectfully with clients from diverse backgrounds (Käkela, 2020; Melendres, 2022; NASW, 2015). It comprises a combination of behaviours and attitudes that are enriched by and originated from cross cultural knowledge, skills, and the ability to render services to diverse client groups (NASW, 2015). The NASW (2015:4-5) define these three concepts as follows:

i. Cross Cultural Knowledge refers to a "specialised knowledge and understanding that is inclusive of, but not limited to, the history… and expressions such as race and ethnicity; … sexual orientation; gender identity or expression…."

ii. Cross Cultural Skills involves "a broad range of skills (micro, messo, and macro) and techniques that demonstrate an understanding of and respect for the importance of culture in practise, policy, and research."

iii. Service Delivery entails "being knowledgeable about and skilful in the use of services, resources, and institutions and be[ing] available to serve multicultural communities … Being able to make culturally appropriate referrals within both formal and informal networks and shall be cognisant of, and work to address, service gaps affecting specific cultural groups."

From the above definitions, it is evident that practise, which demonstrates cultural competence, is more sensitive to and cognisant of a client group's specific cultural identity, associated needs,

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and experiences. The inclusion of cultural competence is significant for the present study when the above is considered.

Competence in the present study will evaluate the application of the LGBT specific knowledge in the services of social workers to LGBT clients. The evaluation of the specific social work knowledge will include knowledge of the following: i) sexual orientation and gender identity development theories; ii) social issues affecting and/or preventing LGBT persons from living and functioning efficiently in their environment; iii) best practise approaches to facilitate inclusive and responsive practise; iv) appropriate referral resources v) the coming out stages and vi) the strategies to prevent or limit the influence of their bias during their practise with this client group (Teh et al., 2018; Leitch, 2017; Harper et al., 2013; McNair & Hegarty, 2010).

Competence will further evaluate the myriad of skills that social workers apply when engaging the LGBT client group. These skills will refer to those that the social workers use to i) identify clients on the LGBT spectrum; ii) build rapport with LGBT clients; iii) find referral resources to support service delivery; iv) apply LGBT specific knowledge in practise, and v) practise ethically, and without bias with LGBT clients. It will also include self-awareness and empathy of social workers with this client group. The attitudes of social workers towards LGBT clients and their ethical mandate to provide LGBT affirming services will conclude competence in the present study.

These competencies are absent in many social workers despite the above-mentioned expectation for competence. The literature suggests that key contributing factors of this may be homophobic, heterosexist, and transphobic attitudes, as well as the social workers' lack of professional knowledge about this client group (Austin et al., 2016; Chonody & Scott Smith, 2013; Ivchenko, 2021; Chonody & Yu, 2014). These arguments are supported by studies in the US, which indicated that social work curricula exclude LGBT content (Craig et al., 2017;

https://uwcscholar.uwc.ac.za/home

Chonody & Yu, 2014; Mecklenburg, 2020). Social workers are consequently not provided with a LGBT specific knowledge base during their training and will practise without the required cultural competencies. This will result in an insufficient critical understanding of sexual orientation and gender identity in their practise, as queer and sexuality theories are also limited in social work literature (Morton et al., 2013; Kara, 2020). The myths, stereotypes, and anti-LGBT attitudes of social workers also remain unchallenged in the absence of these theories. It is therefore clear that a notable portion of social workers may still have homophobic, heterosexist, and transphobic attitudes.

3.3.2.4. Responsiveness

The fourth moral element of good care is responsiveness (Tronto, 2013). This quality relates to the experiences and reactions of care receivers towards the care (Achmat, 2015; Bozalek et al., 2014). It is further located in the 'care receiving' phase of care and evaluates and monitors the care provided to service users (Achmat, 2015). It also permits, encourages, and facilitates the ability of care receivers to express their experiences about the received care (Tronto, 2013). Responsiveness in this context is a monitoring and evaluation tool and acknowledges care receivers as active participants in the care process. Responsiveness assumes that mutuality and open communication exist within the caring process and that care receivers can honestly and voluntarily express whether their need has been met. The emergence and presence of new unmet needs suggest that the previously identified need has been successfully met according to Tronto (2013).

Responsiveness includes various risks, such as abuse of power, silence of care recipients, and dependency by care recipients (Taruvinga et al., 2021). Caregivers must be intensely aware and attentive to the risks of unequal power dynamics in care relationships (Kovacs, 2013). Responsiveness was applied to this study against this background as outlined below.

https://uwcscholar.uwc.ac.za/home

LGBT clients, guided by the purpose of this study, were excluded as participants from the study. The knowledge, attitudes, and skills of LGBT clients as well as their overall experiences as service-users, are therefore unfamiliar to the researcher. The study incorporated responsiveness as a monitoring and evaluation tool to achieve the purpose of the study. This is supported by Keifer (2014) which stated that evaluation of practise is an essential characteristic of social work practise. Responsiveness in this study, therefore focused on the ability of social workers to design an inclusive LGBT satisfaction survey form to obtain feedback from LGBT clients and to evaluate the LGBT affirming nature of their services.

Responsiveness previously concluded the care process, but Tronto (2013) added trust as a fifth and final quality of good care. The moral quality of trust will be discussed in the next section.

3.3.2.5. Trust

Trust is Tronto's (2013) fifth and final ethical element of good care. The author located it in a new phase of care: 'caring with.' She posits that caring needs and the conditions under which these needs are met must be congruent with democratic values of "justice, equality, and freedom for all" (Tronto, 2013:23). It is evident that the 'caring with' phase of care is concerned with the evaluation of the consistency between care, values, and commitments of a democratic society.

Tronto (2013) argues that trust is the supreme moral quality of the caring process and a prerequisite for ethics of care. She concurs with the argument of Sevenhuijsen (2018) that trust is the foundation of all good care and the caring relationship. In her argument, Sevenhuijen (2018) specifically cautioned that an absence of trust not only fragments the preceding and interconnected four phases of care but also diminishes the quality of the care. Trust is therefore a necessity to ensure integrity and quality of the care. Trust from care receivers is imperative when the inherent characteristics of vulnerability, dependency, otherness, and power

https://uwcscholar.uwc.ac.za/home

imbalances within the caring process are considered. Specific conditions must be established to develop this trust and these conditions are created when dependence on caring practises develop (Zembylas et al., 2014) Tronto (2013) suggests that the principles of plurality, communication, respect, and solidarity can assist in this regard.

The researcher, in the context of the above discussion, posits that the moral quality of trust is relevant to the practise of social workers with LGBT clients. It is a requirement to encourage LGBT people to disclose their LGBT identity and associated psychosocial experiences to the social worker. It is also necessary that LGBT clients trust that the social worker focuses on their well-being. This study will therefore evaluate the social workers' ability to create conditions of trust and solidarity in their practise with LGBT clients. These moral qualities conclude the application of Tronto's framework to this study.

3.4. CONCLUSION

This chapter outlined and discussed the political ethics of care theory as the theoretical framework of the study. It purposely provided a foundation to comprehend the topic and contextualize the findings of the study. The researcher will discuss the research methodology applied in this study in chapter four.

https://uwcscholar.uwc.ac.za/home

CHAPTER FOUR

RESEARCH METHODOLOGY

4.1. INTRODUCTION

The aim of the study was to understand the knowledge, attitudes, and skills of social workers in service delivery with LGBT clients at DSD in the Cape Metropole.

The following research question informed this study: What are the knowledge, attitudes, and skills which social workers demonstrate in service delivery with LGBT clients of the Department of Social Development (DSD), in the Cape Metropole area?

To answer the research question, two objectives were subsequently formulated. These were:

i. To explore and describe the knowledge, attitudes, and skills social work practitioners demonstrate in their services delivery to LGBT clients at DSD in the Cape Metropole.

ii. To explore and describe strategies to empower social work practitioners with the knowledge, attitudes, and skills required for competent social work practise with LGBT clients at DSD in the Cape Metropole.

The researcher will be cognisant of the above when he outlines the application of the research methodological process in this chapter. The research approach will be discussed in detail followed by the research design. The population, research setting and sampling strategy will then be presented. This will be followed by a discussion on the data collection and data analysis methods that were used in this study. The researcher will also describe the steps which were followed to ensure qualitative data verification. The chapter will also include the ethical procedures the researcher adhered to and reflexivity. The chapter will be concluded with a conclusion paragraph.

https://uwcscholar.uwc.ac.za/home

4.2. RESEARCH APPROACH

The research approach is a detailed plan of the research which determines the assumptions, methods of data collection, analysis, and interpretation of a study (Creswell & Creswell, 2017:04). Researchers can apply three (3) research approaches which are quantitative, qualitative, and mixed method research (Borgstede & Scholz, 2021; Creswell, 2014). This study used a qualitative research approach. An overview of the qualitative approach will be provided below, followed by the researcher's rationale to contextualize, and motivate this choice of the research approach,

4.2.1. Qualitative Research Approach

Creswell and Poth (2018:42) describe the qualitative research approach as an interpretive study that focused on the meaning that people assign to a social phenomenon. In addition, there are also nine (9) characteristics of qualitative research, which are tabulated in the table below.

Table 4.1: Characteristics of qualitative research

1) The research process focusses on the ***multiple meanings of participants*** in the phenomenon**.**
2) The research study occurs in the sample's ***natural setting.***
3) The research is ***context dependent*** as it is situated in the participants' context where the researcher can understand the contextual features and how these influence the participants' experiences.
4) M***ultiple sources*** such as verbal, written, and behavioural communication, rather than a single source are used for data collection.
5) The ***researcher is the key instrument*** in the research process as he/she collects and analyses the data himself.
6) **I*nductive and deductive data analysis*** rather than statistical analysis is used to attain the research findings.
7) The research process is ***emergent***, which suggests that both the research process and the researcher are flexible.

https://uwcscholar.uwc.ac.za/home

8) The research process is concerned with presenting a ***holistic account*** of the research findings rather than numerical interpretations.

9) Researchers engage in ***reflexivity*** by considering and conveying their background, detailing how this influences their interpretation of the data and what they have to gain from it.

The qualitative research approach is person-centred because it focuses on the identification and understanding of the personal experiences, meanings, and perspectives of the research participants (Kirkman et al., 2012). Data collection methods focus on primary, first-hand, and textual data which are collected by observation as well as unstructured and semi-structured in-depth interviews with both individuals and groups (Creswell, 2014; Sullivan & Sargeant, 2011). It is also explorative in nature as it seeks to obtain and provide a true, complex, and comprehensive understanding of a social phenomenon under study (Creswell & Creswell, 2017). This suggests that this approach is a useful method when little is known about a social phenomenon. It is also evident that this approach is distinctly different from quantitative and mix-method research approaches (Creswell, 2014). Moreover, it also allows researchers to produce findings and conclusions from the personal narratives of the research participants.

4.2.2. Rationale for selecting the qualitative research approach

The researcher selected to follow a qualitative research approach in this study when the aim, nature of this study and the distinct advantages of a qualitative research approach were considered. These advantages specifically enabled the researcher to obtain in-depth first-hand data from the social workers at DSD on their knowledge, attitudes, and skills with LGBT clients in the Cape Metropole (Creswell & Creswell, 2017; Fouché & de Vos, 2011; Taherdoost, 2022). There is limited research on the knowledge, attitudes, and skills of social workers with LGBT clients at DSD in the Cape Metropole and this approach also permitted the researcher to explore these (Taherdoost, 2022). It also enabled the researcher to present a comprehensive

https://uwcscholar.uwc.ac.za/home

and holistic account of the knowledge, attitudes, and skills that social workers at DSD in the Cape Metropole demonstrate during their service delivery with LGBT clients. It is therefore evident that a qualitative research approach was the most appropriate for this research study.

The use of this approach by the researcher is, however, inconsistent with the research approaches followed in this scholarship context as most studies conducted on social workers knowledge, attitudes, and skills (Chonody & Scott Smith, 2013; Gredig & Bartelsen-Raemy, 2020; Mecklenburg, 2020; Ramirez, 2012; Ruckle, 2013; Chonody & Yu, 2014; Zamora, 2011) have been predominantly quantitative in nature. Some recent studies on this scholarship area in the US and Nigeria has, however, began to use a qualitative research approach (Deloatch-Williams, 2020; George & Ekoh, 2020). This thus suggests that the use of this approach during this study is consistent with the research approaches used in some recent international studies.

4.3. RESEARCH DESIGN

Gillilan (2014: 83) defines a research design as the "architectural design of a research project." This definition concurs with Creswell (2014) and Punch (2013) which assert that a research design is the foundational outline for the execution of the research process. The literature identifies multiple research designs and suggest that it is closely associated with the three (3) research approaches namely quantitative, mixed method, and qualitative research approaches (Babbie, 2016; Creswell, 2014; Kumar, 2014). Creswell and Creswell (2017) affirm this as they note that quantitative designs include experimental and survey research designs whilst mixed-method designs are explanatory, exploratory, transformative, embedded, and convergent in nature. Qualitative research designs are exploratory, descriptive, and contextual and utilize various strategies of inquiry such as narrative, phenomenology, grounded theory, ethnography, and case studies (Babbie, 2016; Creswell & Creswell, 2017; Kumar, 2014). An exploratory-descriptive research design was selected for this study when the researcher considered the qualitative nature of the current study.

https://uwcscholar.uwc.ac.za/home

An exploratory-descriptive research design is necessary if there is limited knowledge in the intended research area (Hunter et al., 2019). Rubin and Babbie (2017) concur with this as they suggest that explorative research designs are appropriate for studies that aspire to explore topics that are new and under researched. Additional supportive literature by Lambert and Lambert (2012), Nassaji (2015), Pelzang and Hutchinson (2018) concur with these sentiments. These authors collectively argue that an exploratory-descriptive research design is appropriate for studies that describe a phenomenon and its characteristics through a comprehensive summary in everyday terms. It was evident that an exploratory-descriptive research design is the most appropriate design for the current study when the above arguments and the limited nature of the literature on the knowledge, attitudes, and skills of social work practitioners with LGBT clients in the South African context were considered. This also concurs with the aim of the study, which aspired to explore and describe the knowledge, attitudes, and skills of social work practitioners at DSD in the Cape Metropole with LGBT clients. The use of this research design, therefore, ensured that the aim of the study could be accomplished and that the social work participants contributed to the development of new knowledge in this scholarship area (Reid-Searl & Happell, 2012).

4.4. RESEARCH POPULATION, SETTING AND SAMPLING

4.4.1. Research Population

The population for a study is the group of people, entities, or organizations that the researcher seeks to understand (Babbie, 2016:117). The population also includes those that the research is predominantly concerned about and to whom the study's findings "may be transferred" (Casteel & Bridier, 2021: 343; Punch, 2013). The research population of this study comprised of registered social workers employed by DSD in the Western Cape Government. It consisted of social work practitioners employed at the local service offices of DSD in suburb areas across the three (3) service delivery regions in Cape Town, which are metro north, south, and east.

https://uwcscholar.uwc.ac.za/home

4.4.2. Research Setting

A comprehensive overview of the research setting is imperative in qualitative research (Creswell, 2014: 192). Snowdon et al. (2014:55) suggest that this is important because it describes and contextualizes the location, experiences, and construction of the phenomenon in the study. It also describes the natural setting from which the qualitative data originated. This section will, therefore, describe the research setting of this study, which consisted of selected local offices of the DSD in Cape Town.

4.4.2.1. Descriptive Overview of the DSD in the Western Cape Province

The DSD in the Western Cape Province, as described in chapter one, is a social service organization which is a division of the Western Cape Provincial Government structure. DSD is the employer with the most social workers in the Western Cape Province as it consists of nine hundred and forty-seven (947) social workers (Republic of South Africa 2022a:118). There are twenty-one (21) local service offices based in the Cape Metropole, which provide generic developmental social welfare and community development services to a significant proportion of people in Cape Town (Republic of South Africa, 2022b: 29). DSD is therefore the most suitable organization with social workers for this study.

Only twelve (12) of the twenty-one (21) local service offices of DSD in the Cape Metropole were used to recruit social work participants in this study. Approval was first obtained from the HSSREC of the UWC and the REC of DSD in the Western Cape province before the research commenced. The researcher spent five (5) weekdays at the selected twelve (12) local service offices of the DSD when the research was approved. This included two (2) days at the selected offices in the metro north service delivery region, one (1) day at some offices in the Metro east region, and three (3) days in the metro south. Table 4.2 tabulate these selected local service offices and the service delivery regions where they are situated.

https://uwcscholar.uwc.ac.za/home

Table 4.2: Participating local service offices of the DSD.

Metro North	Metro East	Metro South
1) Bellville	1) Khayelitsha	1) Gugulethu
2) Delft	2) Eerste River	2) Mitchells Plain
3) Elsies River	3) Kraaifontein	3) Wynberg
4) Cape Town city		4) Grassy Park
		5) Retreat

Source: https://www.westerncape.gov.za/directories/facilities/1232

It is evident from the table above that most of the local services offices of DSD in the Cape Metropole participated in this study. Most of the participating local service offices were situated in metro south and north. These represented the different levels of interests by the social workers to participate in the study and were also representative of the number of offices located in the service delivery regions because metro north and south have more local service offices than the metro east.

4.4.2.2. Sampling Techniques

Sampling in research refers to the methods that the researcher used to select participants for the study from the research population (Jones et al., 2013; Polit & Beck 2010:743). Sampling methods can be quantitative or qualitative in nature and are guided by the research purpose, approach, and design (Creswell & Creswell, 2017). This study used non-probability sampling to obtain a comprehensive description and understanding of the social workers attitudes, knowledge, and skills in service delivery with LGBT clients of the DSD in the Cape Metropole (Burger & Silima, 2006). This sampling method is commonly used in qualitative research and selects participants based on their disposition to participate in the study and not based on random selection (Creswell & Creswell, 2017). Researchers may use one of the following non-

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probability sampling techniques: i) convenience sampling, ii) judgment sampling, iii) purposive sampling, and iv) snowball sampling (Casteel & Bridier, 2021; Kim, 2022; Showkat & Parveen, 2017). The researcher selected convenient and snowball sampling to recruit 20 participants for this study. A brief description of these sampling techniques, the researcher's motivation, inclusion criteria used, and the process will next be discussed.

4.4.2.3. Convenience sampling

Convenience sampling was the initial sampling technique used to recruit participants at selected local DSD service offices in the Cape Metropole in this study. It was the most appropriate sampling for this study because it provided a diverse research sample as required for this study (Jager et al., 2017; Mirick et al., 2017). It also allowed the researcher to collect data from participants who agreed to participate in the study, were conveniently accessible, and approachable (Casteel & Bridier, 2021; 2013; Scholtz, 2021). The researcher recruited eleven (11) racially diverse female social work practitioners and one (1) male social worker. The researcher then changed to snowball sampling to ensure that the sample was more gender diverse as initially envisioned. Snowball sampling which will next be discussed.

4.4.2.4. Snowball sampling

Snowball sampling is best suited to reach populations that are obscured or hard-to-reach (Casteel & Bridier, 2021:349). It was therefore appropriate to use this technique to recruit eligible male social work participants who were initially significantly more difficult to recruit than female social workers at local services of the DSD in the Cape Metropole. The literature on the gender profile of social workers in South Africa suggests that female social workers outnumber the amount of male social workers in the country, therefore, the gender ratio of the social work profession may have contributed to this (Earle, 2008; Khunou et al., 2012; Naidoo & Kasiram, 2006). The initial lack of interest in the research by the male social workers might be because they were uncomfortable with the research topic, lacked LGBT specific knowledge

https://uwcscholar.uwc.ac.za/home

and skills or had anti-LGBT attitudes. Quantitative studies on the attitudes of social workers and social work students towards LGBT individuals concurred with this because these consistently revealed that male participants displayed significant more negative attitudes towards this population than female participants (Kemper & Reynaga, 2015; Matthews et al., 2019).

The researcher used snowball sampling by requesting the twelve (12) recruited participants to assist by advertising the study among the male social workers and to motivate them to participate in the study. Sharma (2017:752) proposes that a researcher uses existing study participants to recruit additional eligible research participants for snowball sampling. The researcher additionally requested assistance from a well-known staff member at the head office of DSD. This resulted in the recruitment of eight (8) eligible male social work practitioners across the three (3) service delivery regions. Twenty (20) social workers consequently participated in this study.

4.4.2.5. Inclusion criteria

The participants in this study were selected based on an inclusion criterion developed by the researcher. Inclusion and exclusion criteria are a standard and necessary practise in research (Patino & Ferreira, 2018). Inclusion criteria include key features essential for the sample and is a consistent, reliable, uniform, and objective manner to determine the sample (Patino & Ferreira, 2018). The following inclusion criteria were used:

1. Social workers who were academically qualified and registered with the South African Council for Social Services Professions as a social worker.
2. Social workers that were employed by the Western Cape Government's Department of Social Development and who are stationed in the metro east, metro north, or metro south region of the Cape Metropole.

https://uwcscholar.uwc.ac.za/home

3. Social workers who were able and willing to provide voluntary informed consent to participate in the study, whether verbal or written.

4.4.2.6. Sampling Procedure

The researcher followed a recruitment process directed by the abovementioned sampling techniques and inclusion criteria for the sample of the study. This process encompassed the following steps:

a) The researcher first obtained ethical clearance from the Humanities and Social Sciences Research Ethics Committee (HSSREC) of the University of the Western Cape (UWC) (see Annexure A).

b) A formal request to recruit social workers employed at DSD in the Cape Metropole as participants for the study was subsequently submitted to the Research Ethics Committee (henceforth the REC) of DSD in the Western Cape Province (see Annexure I). Written permission was subsequently obtained in May 2022 (see Annexure B).

c) The researcher sent a formal email to the respective directors of the three (3) service delivery regions in the Cape Metropole. These emails introduced the researcher, informed the directors of the study, and requested their permission to enter the selected local service offices in their regions to commence with the recruitment process. In addition, the researcher also requested that the information sheets on the study, which were in all three (3) languages of the Western Cape province, be shared with the social work managers, social work supervisors and social work practitioners in the local service offices from which the researcher wanted to recruit participants. The ethics approval letter obtained from the REC of DSD and the multilingual information sheets of the study were attached as supporting documents to the emails.

d) Upon receiving the researcher's email, each regional director identified a senior employee in the regional office to coordinate with the researcher, social work managers,

https://uwcscholar.uwc.ac.za/home

social work supervisors, and social work practitioners in their specific regions. These coordinators sent a formal communication about the study to the social work managers of the selected local service offices requesting that the communication be shared with their subordinate staff in the specific local service offices. The social work managers in turn forwarded the communication and information sheets to the social work supervisors in the selected local offices. The social work supervisors subsequently forwarded the received email to their social work supervisees and encouraged them to participate. Some social work supervisors requested in this email that the interested social work practitioners contacted the researcher directly whilst other social work supervisors asked that the social work practitioners to communicate via them. Five (5) days later, two (2) of the three (3) service delivery regions forwarded the names of the social workers who indicated their willingness to participate in the study.

e) The researcher telephonically contacted the interested social workers to initiate contact and establish rapport, verified their eligibility to participate in the study, as well as discussed, a mutually agreed upon date, time, and place to conduct the face-to-face interview. The consent form as well written confirmation of the agreed date, time, and venue were thereafter sent to the interested social workers.

f) The researcher emailed the remaining service delivery region fourteen (14) days later, to inquire about the willingness of social work practitioners in the region to participate in the study. The researcher was informed that none of the social workers in the selected local service offices indicated an interest to participate in the study.

g) The researcher visited these local service offices sixteen (16) days later to engage with the social work practitioners in person and to convince them to participate in the study. It was evident during these conversations that the social workers misinterpreted the inclusion criteria for the study. The social workers assumed that they must have prior

https://uwcscholar.uwc.ac.za/home

service delivery experience with LGBT clients during service delivery or that they, as social work practitioners, must identify as an LGBT individual to participate in the study. The misinterpretation therefore contributed to resistance to participate in the study. The researcher subsequently clarified this by discussing the inclusion criteria at length with social workers at the selected local offices. Several social workers subsequently indicated their willingness to participate in the study and signed the consent form and was interviewed.

h) The researcher noted from the initial recruited social workers, that the study sample was not gender diverse as it only consisted of one (1) male social worker. He subsequently discussed this with his supervisors and was advised to utilise snowball sampling to recruit more male social workers. The researcher thus used snowball-sampling techniques as described in section 4.4.2.5. This concluded the sampling process and the data collection process followed.

4.5. DATA COLLECTION

4.5.1. Data Collection Method

The research methodology and design of the study determine the data collection methods and processes of a study (Creswell & Poth, 2018). These methods may include semi-structured and focus group interviews, observations, documents, and audio-visual materials in qualitative and exploratory-descriptive research (Creswell & Poth, 2018:43). These methods are different to those used in quantitative studies, which utilized close-ended questionnaires, rating, and measurement scales as well as surveys (Creswell, 2014). The researcher used semi-structured, individual, face-to-face interviews to collect data from the recruited participants due to the qualitative, exploratory, and descriptive nature of this research study. These face-to-face interviews occurred after the suspension of the state of disaster and the repeal of most of the

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COVID-19 regulations on 04 April 2022 (Republic of South Africa, 2022c). Figure 4.1 below presents a graphic illustration of the suspension of the state of disaster.

Figure 4.1: Infographic on the suspension of the State of Disaster.

Source: https://sacoronavirus.co.za/2022/04/04/statement-by-president-cyril-ramaphosa-on-the-termination-of-the-national-state-of-disaster-in-response-to-the-covid-19-pandemic-04-april-2022/

The researcher maintained the temporary transitional measures, i.e., COVID-19 safety protocols during the data collection process. A comprehensive discussion of the researcher's compliance with the COVID-19 safety protocols during the data collection process will be provided in the ethics sections of this chapter. The focus of the next section will therefore be on the data collection process.

4.5.2. Pilot Study

The researcher conducted a pilot study with one (1) social worker who portrayed the above outlined inclusion criteria prior to data collection with all the recruited participants. All the COVID-19 safety protocols, which are identified in section 4.9.1, were used during the pilot

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study. The LGBT Competency Assessment Tool (henceforth LGBT-CAT) was used as interview schedule to facilitate the interview process and to collect data. The pilot study was beneficial as it assisted the researcher to evaluate the interview schedule, his interviewing style, and to test the data collection tool (Strydom, 2011). It was also valuable to determine if the research aim and objectives of the study will be achieved (Padgett, 2016).

It was clear upon completion of the pilot study and engagement with the participant, that the interview schedule and data collection tool was suitable for this study and no research questions were therefore changed. The researcher, however, received feedback that his facial and verbal expressions during the verbal responses of the participant influenced some of the answers. This feedback from the participant suggested that he used the researcher's facial and verbal expressions to measure the perceived accuracy of his answers. This subsequently resulted that the participant focused on the perceived accuracy rather than an authentic account of his view. The researcher was more conscious about his non-verbal communication and behaviour such as facial expressions, during the data collection process after this feedback. He also recognized the impact of this on the accuracy of the data. This ensured that the researcher was more conscientious of this and did not repeat this during the data collection process.

4.5.3. Data collection from the sample of social workers

The researcher commenced with interviewing of the recruited participants after the pilot study. Most of these interviews were conducted at the local service offices of the participants at their request and with the permission of the social work supervisors. The interviews were conducted in a designated and paid space at the Bellville Public Library in Bellville, Cape Town when the researcher could not be accommodated at the local service office of the participant. All COVID-19 safety protocols as outlined in section 4.9.1. of this chapter were adhered to during the interviews. Participants were asked to indicate their language preference, English, Afrikaans, or isiXhosa, at the beginning of the interview. Most participants (12) selected to be

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interviewed in the English language while the remaining participants (8) requested to be interviewed in Afrikaans. Participants were required to provide their names, surnames, and signatures on the consent forms as well as their age, gender, and their service delivery area in the beginning of the interview. The researcher observed that the participants were primarily Coloured and Black social workers although an invitation was extended to social workers of all racial groups employed by DSD in the Cape Metropole for participation in the study. Permission was obtained to audio record the interviews, which all participants consented too. A corresponding alpha numerical code was assigned to these consent forms along with the subsequent audio recordings and transcripts. These documents were filed and protected in the manner described in section 4.9.6 of this thesis, which included in a password protected file on the researcher's personal computer and in his UWC google drive in the same manner as the interview transcripts.

This study utilised in-depth interviews to collect data from the participants, which are consistent with the data collection methods used in qualitative studies (Creswell & Poth, 2018). The interview schedule of the LGBT-CAT was used to facilitate the interview process and to collect data. The LGBT-CAT is a newly developed data collection tool that measures LGBT affirmative practice in social workers (Leitch et al., 2023; Leitch et al., 2021). The LGBT-CAT addresses the limitations of existing LGBT affirming practise measurement tools and was developed after a literature review on the required competencies for an LGBT affirmative clinical practise by the authors (Leitch et al., 2021; Messinger & Woodford, 2012). These limitations in existing LGBT affirming practise measurement tools include the following according to Leitch et al. (2021): i) there were socially desirable responses by participants and ii) the measurement tools that assess social work practitioners' practise with transgender clients were absent. The LGBT-CAT interview schedule consists of twelve (12) open-ended competency-based questions that focus on the combined knowledge and skills that social work

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practitioners apply in their practise with LGBT clients across all three (3) levels of social work practise (Messinger & Woodford, 2012). The researcher therefore included the twelve (12) competency-based questions with participants which related their practise with LGBT clients as outlined on the interview schedule of the LGBT-CAT during the data collection.

Some of the participants provided vague and abstract responses whilst others wanted practical examples to better understand the questions during their responses to the twelve (12) competency-based questions of the LGBT-CAT interview schedule. The researcher then probed extensively and clarified some of the questions which could potentially result in the presentation of leading questions and, therefore, could contaminate the findings of the study (Nieuwenhuis, 2016). The researcher posed the questions in different ways to avoid such an adverse outcome. This included that the researcher used non-existent case examples (i.e., vignettes and case studies) to pose the questions, using synonyms and lay terms, as well as posing the question in Afrikaans if that was the home language of the participant. The researcher managed to obtain clarity from the participants' responses by using these techniques as well as by demonstrating patience, compassion, and a non-judgemental attitude. The interviews lasted therefore between 50 to 60 minutes.

4.6. DATA ANALYSIS

Volumes of raw data are reduced during the qualitative data analysis process to make sense of the data and to identify significant patterns (Schurink et al., 2011). Various methods are used during the process and thematic data analysis, which was used in this study, is one of the methods (Wagner et al., 2012). Thematic analysis is a method of qualitative analysis that involves creating, evaluating, and "interpreting a qualitative data set, which involves systematic processes of data coding to develop themes" (Braun & Clark, 2021:04).

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The researcher first organised and prepared the data before embarking on the analysis process during this study. This included verbatim transcribing of all the English audio-recorded interviews by using the Microsoft transcribe software. The Afrikaans interviews were transcribed by the researcher as the Microsoft software does not recognise the Afrikaans language and, therefore, does not offer transcribing services for the Afrikaans language. The Afrikaans transcripts was then translated into the English language. The researcher compiled and analysed the demographic profiles of the social workers who participated in this study after completion of the transcriptions. The researcher perused relevant literature to critically analyse the demographic profiles of the participants, which included those related to the gender ratio and profile of social workers globally and in the Western Cape Province. The thematic data analysis was then executed by following the eight (8) steps recommended by Tesch (1990 as cited in Creswell, 2014). These eight (8) steps included the following:

In **step 1**, the researcher read the transcripts multiple times to familiarise himself with the content of the transcriptions as well as to identify potential codes. This involved reading the individual transcripts line by line repeatedly across several days. The intention of the researcher at this stage was to look for underlying meanings and significant perceptions held by the participants. This also contributed to place the transcripts in order of relevance to prioritise those that the researcher thought contained the most valuable information.

The researcher constructed notes in the margins of each transcript to highlight the codes and themes that emerge from the text during **step 2**. These notes were electronically compiled in Microsoft Word with the following two (2) questions in mind: 1) What is this response about? 2) What is the participant talking about or trying to communicate? The researcher further colour coded the participants' narratives to identify similarities, contrasts, repetitions, and subsequently, patterns.

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In **step 3**, the researcher compiled a long list of the codes from the text and clustered similar codes in the individual and collective transcripts together. He also colour coded the notes in the margin and highlighted the words of the participants.

The researcher abbreviated all themes and created a code name for each during **step 4**. He subsequently applied the list of codes and themes to the data where he wrote the themes next to the appropriate segments of the transcripts. The researcher then compiled a preliminary organizing scheme to explore and test new emerging categories and codes.

In **step 5**, the researcher developed individual themes with descriptive words that are appropriate for each theme, the associated subthemes, and categories. Relationships were indicated by drawing lines between the respective categories.

The researcher finally decided which abbreviations to assign to each category as well as to alphabetise the respective abbreviations in **step 6**.

The researcher assembled all the data material belonging to each theme in **step 7**. The researcher then did a preliminary analysis with a discussion which were frequently shared with his supervisors to ensure that the themes and subthemes corresponded to what the participants were saying.

Step 8 comprised of renaming and changing of certain codes to accurately align the descriptive representation of those that fall within that category.

The above-described procedures were applied to manage the large amount of data collected during the data collection phase. It was, therefore, useful in organizing the data. This process was not chronological as it necessitated reviewing between the steps as themes, sub-themes and categories were changed to align them with the literature review and theoretical framework of this study. Additional literature was also explored during this process to compare the

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findings of this study with the available literature and to enhance the critical analysis of the researcher.

4.7. DATA VERIFICATION AND TRUSTWORTHINESS

Qualitative data verification refers to the methods used by the researcher during the research process to ensure the trustworthiness of the study (Morse et al., 2002). Korstjens and Moser (2017:121) posit that trustworthiness can only be achieved through "***credibility, transferability***, ***dependability***, and ***confirmability***" as these are the qualifying criteria used in qualitative research. Carey and Asbury (2012) argue that the research report will make a good and emotional story rather than a scientific, reliable, and rigorous endeavour in the absence of these criteria in research. Trustworthiness is therefore imperative for this qualitative research study to ensure that it is scientific, and the researcher used the following techniques to ensure trustworthiness.

4.7.1. Credibility

Credibility refers to the accurate interpretation and representation of the participants' views and meanings in the research findings (Nowell et al., 2017; Korstjens & Moser, 2017). It ensures that the intended phenomenon has indeed been studied and that the findings are not fabricated or contaminated (Moela, 2020). Credibility therefore ensures the integrity of the research findings. Researchers can use seven (7) techniques to ensure credibility which include: i) prolonged engagement, ii) persistent observation, iii) triangulation, iv) negative case analysis, v) member checking, vi) peer-debriefing, and vii) referential adequacy (Amankwaa, 2016; Korstjens & Moser, 2017).

The researcher ensured the credibility of the current study by using two (2) techniques. Firstly, the researcher used verbatim quotes from the verbatim transcripts of the participants to accurately present their interpretations in their own words. The use of this technique is aligned

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with the suggestion by Feldermann and Hiebl (2020) that direct quotes enhance the credibility of qualitative studies. The researcher also used the technique of persistent observation, which Korstjens and Moser (2017:121) defines as a strategy where the researcher identifies "those characteristics and elements that are most relevant to the problem under study and focussing on it in detail." The researcher therefore engages with the data to prioritise and present only the relevant information. The researcher applied persistent observation during the data analysis process when he used the eight (8) steps of qualitative, thematic data analysis as prescribed by Tesch (in De Vos, 1998:343-344). During this process, the researcher read the participants transcripts multiple times, developed appropriate codes to examine the characteristics of the data, analysed it, theorised it and appropriately recoded, and re-labelled the codes.

The researcher was able to apply this strategy in this study as he ensured that all the audio recordings were verbatim transcribed to ensure the true reflection of the participants' responses and audible emotions. This included all the Afrikaans verbatim transcripts that the researcher translated to the English language because he is fluent in both these languages.

4.7.2. Transferability

Transferability is the second criterion used to ensure trustworthiness (Cypress, 2017). It refers to the applicability of the study and its findings to other contexts (Amankwaa, 2016; Nowell et al., 2017; Korstjens & Moser, 2017). This suggests that trustworthy research can be transferable to other and similar contexts. Transferability was ensured by a detailed description of the research context, the research methodology used during the research, and a representation of the demographic profile of the participants (Amankwa, 2016). The researcher included direct quotations of participants to substantiate and support the reported research findings and provided a detailed discussion of the research process as means to ensure transferability of this study. Amankwaa (2016) considers this as the researcher telling a story to the reader.

https://uwcscholar.uwc.ac.za/home

4.7.3. Dependability

The third criterion used to ensure trustworthiness is dependability. This criterion focuses on the consistency of a study, thus requires a comprehensive account of the methodology and methods utilized in a study (Elo et al., 2014; Amankwaa, 2016; Nowell et al., 2017; Korstjens & Moser, 2017). Lietz and Zayas (2010) argue that this will ensure that another person can follow and critique the research process. The researcher provided a detailed description of the research methodology used in the study to ensure dependability of this study. The researcher also saved the completed consent forms, the audio recorded and transcribed interviews as well as demographic information of the participants. Furthermore, the researcher also consulted with his supervisors and other postgraduate students who utilized qualitative research to ensure that the qualitative processes, which he followed in this study, were accurate.

4.7.4. Confirmability

Confirmability is the final component of trustworthiness and relates to the objectivity of the presented data and pursues to eliminate the researcher's bias and contamination of the research findings (Nowell et al., 2017; Korstjens & Moser, 2017). This according to Korstjens and Moser (2017) is only achieved when credibility, transferability, and dependability are present in the study. The researcher ensured confirmability by providing a comprehensive summary of the research methodology, data collection methods, and analyses used in this study. This presented a comprehensive understanding of the sample's knowledge, attitudes, and skills in service delivery with LGBT clients in the Cape Metropole. In addition, the researcher also submitted his interpretation of the data to his supervisors for perusal and corrective feedback as a further means to ensure confirmability. These two (2) strategies were supplemented with the researcher' engagement in reflexivity, which Mays and Pope (2000:50) suggests relates to the researcher's "sensitivity to the ways" that he, including his biases, assumptions and experiences have "shaped the collected data." Therefore, in his reflexivity the researcher

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considered and openly acknowledged his personal biases pertaining to the study as a social worker, and a self-identified member of the LGBT community during his reflexivity (Lietz & Zayas, 2010). His reflexivity will be presented in the next section.

4.7.5. Reflexivity

The research topic is both personal and professional to the researcher as he is an openly gay man and a professional social worker employed by DSD in the Western Cape Province. These two (2) identities, accompanied with the associated socio-cultural experiences, and the limited literature on this topic in South Africa, therefore, informed the researcher's interest in this topic. It also informed the researcher's preconception that social workers at the DSD might lack the necessary knowledge, accepting attitudes, and skills to practise affirmingly with LGBT clients. This further resulted in the researcher initially anticipating that the current study will attempt to expose the 'hidden' homophobia, biphobia, transphobia, and the lack of LGBT knowledge and skills in the social work profession in South Africa.

The researcher was confronted with this bias during the proposal writing phase when his supervisors identified this bias and constantly reminded him of his tone, generalisations, his responsibility to be neutral as a researcher, and the importance to be guided by the literature. The researcher was conscious of his potential bias, as well as activated objectivity to reduce his bias and the potential impact on the research after the feedback from his supervisors. The feedback and guidance from the supervisors during the proposal phase also resulted in the selection of the objective predetermined sampling criteria for this study. This ensured that the researcher recruited participants objectively rather than seeking out participants who will confirm his bias.

The comprehensive literature review by the researcher on this scholarship area further managed and reduced the researcher's bias. The literature review assisted the researcher to distance

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himself emotionally from the topic as he started to understand and familiarise himself with the existing literature and the potential of the current study to strengthen the existing body of literature rather than it being an expose. The literature review provided the researcher with critical analysis and empathy that validated the potential lack of LGBT knowledge, attitudes, and skills which social workers may have. It also contributed that the researcher perceiving this study as a means to empower his professional peers with additional knowledge and skills and improving the service experiences of LGBT clients.

The supervisors of the researcher reminded him prior to the data collection phase to be vigilant about the verbal and non-verbal way he asks questions during the interviews. He was further reminded to refrain from asking a question multiple times if not satisfied with the participant's initial answer. The importance of being neutral in his responses and non-verbal behaviour during the interview process was also highlighted. The researcher was also reminded of the social work values relevant to the study such as unconditional positive regard, acceptance, and a non-judgmental attitude. The researcher therefore had to be cognisant to demonstrate these to the research participants albeit their answers and attitudes. This grounded the researcher and assisted with his objectivity as it highlighted that he, as a researcher, had to adhere to the social work values and apply these during interviews and engagements with the research participants. The researcher also applied this knowledge in his pilot study.

The researcher was again aware during the data collection phase of his initial bias, his previous perception of this study as an expose, and the influence of these on his interview style and rapport with the participants. He was also aware of the influence of his knowledge as a researcher and his identity as a gay male and social worker, on the participants. Therefore, he acknowledged and discussed these at the outset of each research interview with the participants to minimise the impact of these on the data. This was premised on the suggestions of Mays and Pope (2000:50) who proclaimed that the relationship between the researcher and the

https://uwcscholar.uwc.ac.za/home

participants enhances the credibility of the findings and that the distance between the researcher and the participants could influence the findings.

The researcher engaged additionally in peer debriefing with fellow postgraduate students to reduce the bias in the data collection process. During these debriefing sessions, the researcher reflected and honestly acknowledged how particular interviews affected his feelings as a gay male (i.e., angry, shocked, disappointed) and as a social worker (embarrassed). The researcher also considered and discussed how specific interviews affected his feelings and attitude towards the particular social workers during these sessions. This assisted the researcher with acknowledgment, processing, and acceptance rather than denying or rejecting his emotions or being embarrassed by it. It further assisted the researcher not to transfer these emotions to other interviews or the data analysis process. The researcher also postponed the data analysis after the data collection because of these influences to ensure that he was not biased during the process.

The researcher experienced self-doubt during the data analysis phase because he constantly questioned his competence in data analysis as well as grappled to accept his interpretation of the data such as the themes. The researcher particularly questioned the accuracy and objectivity of his findings as he feared that the REC of the DSD might reject the findings, that he might have been to critical, subjective, and therefore, compile an analysis that confirmed his initial bias. The researcher consequently performed the analysis multiple times to determine the accuracy of his current analysis or to determine if he ignored something, which resulted in a brief period of not submitting drafts to his supervisors. He also read extensively to compare his analysis with similar studies from researchers. These activities along with the latter input of his supervisors, eventually contributed to certainty and acceptance of the results from the data analysis.

https://uwcscholar.uwc.ac.za/home

The researcher had compassion towards the social workers because it was evident from the data analysis that the organisational systems such as their social work agencies, universities of study, cis-heteronormative world within which they function, influenced their practises with LGBT clients. This also created the impression on the researcher that social workers remain products of cis-heteronormative environments and that this might be due to institutional heteronormativity and the absence of educational and training opportunities, which capacitate them with knowledge, attitudes, and skills. Moreover, he also realised that social workers require support to practice affirmingly with LGBT clients.

4.8. ETHICAL CONSIDERATIONS

This study obtained information from human beings and had to consider various ethical concerns (Strydom, 2011). Ethical considerations are necessary because it conscientizes researchers about what is globally considered proper and improper conduct in research (Babbie, 2016:67). The researcher obtained ethical clearance from the Humanities and Social Sciences Research Ethics Committee (HSSREC) of the University of the Western Cape (UWC) (see Annexure A). The researcher also requested and received written permission from the REC of DSD in the Western Cape Province to recruit and interview DSD social work practitioners (see Appendix B and I). These ethical approvals were obtained prior to the recruitment and interviewing of participants.

The researcher upheld the terms and conditions of his ethical clearance as stipulated on the respective ethical clearance letters of the HSSREC of the UWC and the REC of DSD during the recruitment and data collection process of this study. The researcher also applied the seven (6) ethical principles as proposed by Babbie (2016) which include: i) informed consent, ii) confidentiality and anonymity, iii) minimizing the risk for harm, iv) the researcher's ethical conduct in the research process, v) research data management (henceforth RDM), and vi) providing feedback to the participants. In addition, the researcher also complied with all the

https://uwcscholar.uwc.ac.za/home

COVID-19 safety protocols as data collection occurred during the COVID-19 pandemic. Each of these principles and the researcher's application of these during the study will be discussed in the following section.

4.8.1. Compliance with COVID-19 Safety Protocols

This study was conducted during the COVID-19 pandemic, which presented unprecedented challenges to researchers' adherence to ethical research protocols (De Vries et al.,2020). This prompted a global review and restructuring of existing research protocols in order to maintain both the longstanding ethical protocols and the conditions posed by the COVID-19 pandemic (De Vries et al.,2020; Perez et al., 2020). Similar conditions existed in this study as the researcher was legally and ethically compelled to adhere to all COVID-19 safety protocols as prescribed by the World Health Organisation (2020) (henceforth WHO) and the South African government. This included screening all the participants for COVID-19 related symptoms, which was done verbally, prior to the research interview. All the participants denied that they had COVID-19 related symptoms and the research interviews proceeded. Social distancing of 1.5-meter between the researcher and the participants were applied during the interview process. Participants had their own facemasks that covered their nose and mouth; therefore, no disposable face masks were provided to the participants. Hand sanitiser was however provided to the participants to sanitise their hands and the pens to prevent COVID-19 infection when they completed the paper-based consent form. In addition to this, the interview venues were also sanitized by the building and/or office cleaning personnel. This did not only ensure the safety of all involved in the data collection but also compliance with the law. Figure 4.2 below provides an infographic of the COVID-19 safety protocols that remained in place post the suspension of the State of Disaster.

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Figure 4.2: Infographic of the Covid-19 Safety Protocols applicable after the suspension of the State of Disaster

Source: https://sacoronavirus.co.za/2022/04/04/statement-by-president-cyril-ramaphosa-on-the-termination-of-the-national-state-of-disaster-in-response-to-the-covid-19-pandemic-04-april-2022/

4.8.2. Informed consent

Informed consent (see Annexures C and D) was obtained from the participants prior to data collection as proposed by Strydom (2011). Xu et al. (2020:02) describes informed consent as the “cornerstone of research ethics.” The authors also further state that informed consent is a “voluntary choice” by the person to participate in research “based on sufficient information and an adequate understanding of both the proposed research and the implications of participating in it.” Researchers must therefore provide the participants with detailed information so that they have a clear understanding about the study, potential risks, issues of confidentiality, and anonymity as an indication of the requirements of their participation. The researcher complied with this in this study as he provided all the participants with an information sheet that outlined these stipulations in detail. The information sheets were in all

https://uwcscholar.uwc.ac.za/home

three (3) official languages of the Western Cape Province, Afrikaans, English, isiXhosa. The participants could, therefore, request an information sheet that was written in their mother tongue.

The participants could pose questions to the researcher after reading the information sheets, to obtain clarity if anything were not clear. However, no questions were posed to the researcher. This suggested that participants had a clear understanding of the study, the potential risks, protection of their identity as well as the conditions during their participation. The researcher reiterated that participation was voluntary, and that their anonymity will be maintained in the final research report before commencing with the research interviews. The participants therefore comprehended and accepted the ethical considerations and guidelines for participation in the study.

4.8.3. Confidentiality and Anonymity

The principles of confidentiality and anonymity were followed during this study. These principles are essential in qualitative research because it ensured that participants felt safe enough to be truthful in their responses and to disclose their personal information (Gibson et al., 2013). It is therefore imperative that researchers communicate and demonstrate their commitment to confidentiality and anonymity from the onset of their engagements with participants. In addition, the researcher must also decisively communicate to participants that they will not disclose their identifiable information without their written and informed permission (Wiles et al., 2008:417). This concurs with the consent requirement outlined in the Protection of Personal Information Act 4 of 2013 as amended in South Africa (Republic of South Africa, 2013) which mandates that informed consent must be obtained prior to disclosure of a person's personal information.

https://uwcscholar.uwc.ac.za/home

The researcher being cognisant of this requirement, informed the participants in the information sheet of the study that their private and personal information will not be disclosed in the final research report or any publications that may emanate from the research project. They were also assured of confidentiality in the findings report of the research. This commitment was reiterated to the participants at the beginning of the data collection process. The participants could therefore participate in this study without the fear that their personal information and participation in this study will be disclosed to others.

The researcher also endorsed the principles of confidentiality and anonymity during the data analysis process. The researcher assigned pseudonyms to the participants' audio recordings, transcriptions, and their consent forms to eliminate their direct or indirect identification. In doing this, the researcher complied with the Research Data Management (henceforth RDM) policy of the University of the Western Cape (2021:4), which mandates that the "identifiable personal data" must "be anonymised or de-identified." These pseudonyms were also used in the findings report.

4.8.4. Minimising Risk for Potential Harm

Researchers are globally expected to adhere to the principle of non-maleficence and to minimise the risks of harm and discomfort to participants in their studies (Israel, 2014). Barrow et al. (2022:4) concur with this and argue, "researchers must implement specific protections to minimize all forms of harm and discomfort" to their participants. The researcher therefore introduced the following protection measures in this study to adhere to the principle of non-maleficence.

The researcher considered the aim and objectives of the research and realized that participants could potentially experience the risk of experiencing feelings of embarrassment, discomfort, anger, or trauma. These adverse emotions may emanate from the participants' potential lack of

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LGBT specific knowledge, anti-LGBT attitudes and opinions, unresolved issues with their own gender identity and sexual orientation, or the ideological perception that LGBT issues are irrelevant to the social work profession. The researcher communicated to the participants that he was willing to terminate the research interview if it is evident that the participants experience any adverse emotions. The researcher also partnered with the Hope House Counselling Centre to provide voluntary, brief, free, and professional debriefing, and counselling services to all the traumatised participants. This partnership was arranged prior to the data collection process and services could be accessed virtually or in-person. The participants were provided with the address, and contact details of all the branches of the Hope House Counselling Centre during the data collection process. The option to self-initiate contact with the organisation or a written referral by the researcher was also offered to the participants. However, none of the participants selected the latter option or voluntarily disclosed that they want to use the debriefing service. The availability of the debriefing service therefore ensured that the researcher addressed the potential risk for harm to the participants.

4.8.5. Researcher's Ethical conduct in the research process

The researcher upheld the professional Code of Ethics for social workers as outlined in the SACSSP (2012) Code of Ethics throughout this study. The researcher respected the worth, human rights and dignity of participants, maintained confidentiality, and cared for their well-being. He also maintained the ethical standards and guidelines for social workers engaged in research (SACSSP, 2012:9-11). This included obtaining informed consent as discussed above, maintaining confidentiality and anonymity, as well as affirming and upholding the participants' right to self-determination, which includes voluntary participation and/or withdrawal from the study. The researcher also complied with the Social Service Professions Act 110 of 1978 as amended (Republic of South Africa, 1978) which dictated that only academically qualified and

https://uwcscholar.uwc.ac.za/home

SACSSP registered social workers with valid practise licenses for the 2022/23 financial year could participate in this study.

4.8.6. Research Data Management

Research data management (RDM) is an essential part of the research process because it ensures the integrity of the research data (Kanza & Knight, 2022). This refers to the organising, storing, sharing, and preservation of the data obtained during the data collection process (Cox & Verbaan, 2018). Kanza and Knight (2022) further hold that RDM begins with a Data Management Plan (henceforth DMP) which must outline how this will realize. The researcher complied with this because he developed a data management plan at the onset of the study, which outlined how the research data will be managed. The DMP entailed the following:

4.8.6.1. Organising the Research Data

The researcher created a password protected folder on his personal computer where he centrally stored all the research data. Inside the folder, he created three (3) separate password protected folders that resembled the different service delivery regions from which he collected data. In each of these folders, he created three (3) additional password protected folders which he clearly and appropriately titled by the content to be uploaded such as interview transcriptions, audio recordings, and consent forms. The researcher subsequently placed the data obtained in these three (3) titled password protected folders, according to the service delivery region. As indicated earlier, participants were assigned alpha numerical codes to ensure anonymity. This folder was subsequently uploaded on the researcher's UWC google drive. This practise ensured that the researcher's data was well organised. Data storage will be discussed in the following section.

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4.8.6.2. Data Storage

Dykes (2014:227) argues that "storage of [research] data can be focused on using ample data storage devices." The researcher digitalized and stored all the data collected in this study, which included the audio recordings, interview transcriptions, and participants' consent forms, on his personal computer in a password-protected folder. The researcher used Microsoft Office and PDF respectively to password protect every interview transcription and consent form after the data was uploaded onto his personal computer. These passwords are only identifiable by the researcher. The researcher then uploaded the password-protected folder into the google drive of his UWC email. The folder settings in the google drive was adjusted so that only the researcher can access it. The researcher also changed the password of his Gmail account once every three (3) months to strengthen the data's security. This process was to ensure that the data remains accessible and intact if the researcher's personal computer was damaged, lost or stolen. The physical consent forms were stored in the researcher's locked cupboard at his home whilst the interview audio recordings were deleted from the internal storage of the borrowed audio recorder. The physical consent forms and digitalized data will be kept for a period of five (5) years as mandated by the RDM policy of the UWC (University of the Western Cape, 2021). The data will also be deposited into the Institutional Research Data Repository of the UWC upon the researcher's graduation according to the UWC RDM Policy (University of the Western Cape, 2021:4).

4.8.7. Providing feedback to the participants

Researchers have an ethical responsibility to share the research findings with the research participants (Lamba, 2023). The researcher will, therefore, upon the conclusion of the examination process, convene a half-day seminar where he will share the research findings with all the research participants. A written copy of the findings will also be provided to the REC of DSD per the terms and conditions of the ethical clearance provided to the researcher.

https://uwcscholar.uwc.ac.za/home

The researcher will therefore adhere to his ethical responsibility to provide feedback to the participants.

4.9. CONCLUSION

This chapter provided information on the research methodology used in this study. It further outlined the research approach and research design that was followed in this study. The processes followed for data collection, analysis, and verification were discussed comprehensively. The chapter also included the researcher's reflexivity report as well as focused on the application of the ethical considerations of this study. The research findings of the study will be presented in the next chapter.

https://uwcscholar.uwc.ac.za/home

CHAPTER FIVE

RESEARCH FINDINGS

5.1. INTRODUCTION

This chapter presents the research findings against the background of the research question and objectives of the study. The research question of the study was: What are the knowledge, attitudes, and skills which social workers demonstrated in service delivery with LGBT clients of the Department of Social Development (DSD), in the Cape Metropole area? The aim, which originated from the research question was to understand the knowledge, attitudes, and skills of social workers in service delivery with LGBT clients at DSD in the Cape Metropole. The study had two objectives to realize the goal which were: To explore and describe the knowledge, attitudes, and skills social work practitioners demonstrate in their services delivery to LGBT clients at DSD in the Cape Metropole' and to explore and describe strategies to empower social work practitioners with the knowledge, attitudes, and skills required for competent social work practise with LGBT clients at DSD in the Cape Metropole.

This chapter will firstly present a tabulated demographic profile of the participants in the study, followed by an interpretation of the information in the table. The main themes and sub-themes that emerged from the participants' narratives will thereafter be presented in a table form, which will be discussed and supported with the participants' verbatim quotes. The findings of the study will be framed with a literature control of previous studies and the theoretical framework of this study. The chapter will then be concluded with a summary.

5.2. DEMOGRAPHIC PROFILE OF THE PARTICIPANTS

This section focuses on the demographic profile of all the social workers that participated in the study. It will present the age, gender and race of the participants as well as the service delivery region in the Cape Metropole where they render social work services. This information

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will be presented in a tabulated format in Table. 3. below. Of note, all social workers were allocated a numerical code to protect their anonymity. This section will be concluded with a discussion of the participants' demographic profile.

Table 5.1: Demographic Profile of the Sample Social Workers

Participant Code	Age	Gender	Race	Service Delivery Region
P1	27	Male	Black	Metro East
P2	32	Female	Black	Metro East
P3	33	Male	Black	Metro South
P4	35	Female	Black	Metro East
P5	46	Female	Black	Metro South
P6	28	Female	Coloured	Metro North
P7	30	Female	Coloured	Metro North
P8	44	Female	Black	Metro East
P9	31	Male	Coloured	Metro South
P10	31	Male	Coloured	Metro South
P11	27	Male	Coloured	Metro North
P12	28	Female	Black	Metro North
P13	33	Male	Coloured	Metro South
P14	50	Female	Coloured	Metro South
P15	38	Male	Black	Metro North
P16	36	Female	Coloured	Metro South
P17	49	Female	Coloured	Metro North
P18	51	Male	Coloured	Metro South
P19	55	Male	Coloured	Metro North
P20	32	Female	Coloured	Metro East

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Table 5.1 illustrates that a total of 20 participants participated in this study. These participants were both male and female. The sex ratio of eleven (11) female participants outnumbered the nine (9) male participants who participated in this study. This female - male sex ratio, with the larger percentage of the social workers being female, is representative of the statistics on females in caring professions, which globally indicate that females are the majority workers in these professions (Dahle, 2012; Galley, 2014; Statistics South Africa [Stats SA], 2014). Khunou et al. (2012:121) suggests that the historical perception of the caring profession as a "feminine" has contributed to this and the subsequent under representation of males in the caring profession. The ages of the social workers ranged from 27 to 55 years; although ten (10) participants, which constituted most of the participants, were between the ages of 30 and 38 years old. Participants in the 40-to-55-year age group were the second highest group represented in the study, while those aged 27 to 28 years were the most underrepresented.

The race profile of the participants illustrates that the study only consisted of Black and Coloured participants. These two race groups represented two (2) of the three (3) primary race groups, which are Black, Coloured, and White, in the Western Cape Province. White social workers were evidently absent from the study albeit an invitation for participation in the study to all social workers in the respective DSD offices. The absence of these social workers might be because they were not interested in participating in the study or were unavailable on the days that data collection took at the respective DSD offices. Furthermore, it may also have been influenced by the employee race profile in the Western Cape DSD for the 2022/23 financial year, which indicated that white employees were 4, 95% of the 2464 staff complement in the Western Cape province (Republic of South Africa, 2023b). Thus, Coloured participants were marginally overrepresented in the study in comparison to the Black participants. Although the racial profile in the study was distorted, it is consistent with the race profile of employees at

https://uwcscholar.uwc.ac.za/home

the Western Cape DSD for the 2022/23 financial year and the population in the Western Cape, which has a higher Coloured population (Republic of South Africa, 2023b; Stats SA, 2018:16).

It is evident from the data that most of the participants were employed in the Metro South service delivery region whilst the remaining participants were stationed in the Metro North and Metro East. This was representative of the social workers' willingness to participate in the study across the three (3) service delivery regions. Despite this, it is evident that all three (3) of the DSD's service delivery regions were represented in this study. The themes and sub-themes of the study are presented in the next section of this chapter.

5.3. THEMES RELATING TO THE KNOWLEDGE, ATTITUDES AND SKILLS OF SOCIAL WORKERS IN SERVICE DELIVERY WITH LGBT CLIENTS IN THE CAPE METROPOLE

The researcher identified four (4) key themes, seven (7) subthemes, and three (3) categories from the narratives of the participants in the study. The researcher will initially present a summarized overview of the themes, subthemes, and categories in table 5.2. This will be followed by a critical discussion of the themes, subthemes, categories, and the quotations from participants, which will be supported with the relevant literature, and the integration of the theoretical model, Tronto's (2013) political ethics of care theory. Table 5.2 summarized the main themes, sub-themes, and categories.

https://uwcscholar.uwc.ac.za/home

Table 5.2: Summary of the main themes, sub-themes, and categories of the study.

Themes	Sub-themes	Categories
THEME 1: Social workers behaviour in their micro social work practises.	**Sub-theme 1.1**. Social workers reluctance to inquire about sexual orientation and gender identity.	N/A
	Sub-theme 1.2: Factors contributing to social workers reluctance to inquire about clients' sexual orientation and gender identity.	***Category (a)***: Cis - heteronormative administrative forms in the Participants' Social Work Agency ***Category (b):*** Clients' self-disclosure of their sexual orientation and gender identity
THEME 2: Social Workers LGBT specific knowledge	**Sub-Theme 2.1:** Social workers lack of knowledge about LGBT identity development.	
	Sub-Theme 2.2: Social workers unfamiliarity with LGBT organisations in the Cape Metropole.	
THEME 3: The nature and scope of social work services proposed for LGBT clients.	**Sub-theme 3.1**: Micro Intervention	**Category (a).** Psychoeducation for LGBT clients contemplating disclosure of their LGBT identity
	Sub-theme 3.2: Macro Intervention	
THEME 4: Strategies for an LGBT affirming social work practise.	**Sub-theme 4.1**.: LGBT specific continuous professional development	

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Theme one (1), which is exploring sexual orientation and gender identity in micro social work practises, is discussed in the following section with the key findings supported by literature and participant quotations.

5.3.1. THEME 1: PARTCIPANTS PRACTISE BEHAVIOUR IN THEIR MICRO SOCIAL WORK PRACTISES

The tenets of LGBT affirming practice approaches argue that social workers must not assume that all their clients are heterosexual (Johns, 2009; Deloatch-Williams, 2020; Morrow & Messinger, 2006). Social workers are therefore required to intentionally explore the sexual orientation and gender identity of their clients. The sample of social workers in this study reflected on their micro social work practises and reported how they were reluctant to explore the sexual orientation and gender identity of clients in their practises. Two (2) related sub-themes emerged in this theme from the interviews with the participants. These are: 1.1. social workers' reluctance to inquire about clients' sexual orientation and gender identity and 1.2. factors contributing to social workers' reluctance to inquire about clients' sexual orientation and gender identity in social work. These sub-themes will be discussed next.

5.3.1.1. Sub-theme 1.1. Social workers' reluctance to inquire about clients' sexual orientation and gender identity.

Interdisciplinary literature on affirming practises with LGBT people (Deloatch-Williams, 2020; Hinrich &Donaldson, 2017; Murphy et al., 2017; Nguyen & Lau, 2018; Schneider and Kimmel, 2023) emphasize that exploration of the sexual orientation and gender identity is crucial for a person-centred and affirming practise with this client group. This thus suggests that questions about sexual orientation and gender identity to all clients are vital to identify this client group and practise affirmingly. The responses from participants in this study indicated that none (0) of the twenty (20) participants explored the sexual orientation and gender identity of clients in their social work practises. The following extracts reflects these narratives:

https://uwcscholar.uwc.ac.za/home

You get the client. You see it's a female or it's a male. That's it… so you don't really get into that "are you heterosexual or homosexual"- **P1.**

We don't really ask. We just go in. If he appears to be a man, you just continue as if you are talking to a man. If he appears like a woman, then you continue talking to a person as a woman."- **P3.**

When I did intake for the official progress report, I wouldn't ask that question.

I don't do that to be honest. - **P9.**

I have never asked a client what their sexual orientation is. I don't. I've never. - **P12.**

... I don't even ask those kind of things... From a personal perspective taking that into professional practise I would not uh, bother myself by saying: Are you male or female? Are you… are you gay? Are you lesbian? - **P15.**

These narratives of social workers suggest that they did not enquire about sexual orientation and gender identity in their social work practises. The assumption is then that practitioners potentially omitted this essential phase in the social work process and therefore neglected an opportunity to affirm the identity of LGBT clients, which could be a positive experience. The participants also assumed that their clients are heterosexual and cisgender, which denote that their clients are emotionally and sexually attracted to people of a different sex and those who have a gender identity that is congruent with their sex assigned at birth (Lady & Burnham, 2019). Utamsingh et al. (2016) argue that this assumption implies that the participants may have a heteronormative presumption, which they describe as the flawed assumption that all people are cisgender and heterosexual. This assumption is inconsistent with the core principles of LGBT affirming social work practises, which prohibit cis-heteronormative presumptions in the social work process and encourage intentional exploration of clients' sexual orientation and gender identity (Deloatch-Williams, 2020; Logan & Carter, 2017; Ruckle, 2013). It is also problematic because it reinforces heteronormative ideologies in the social work process and fail to recognise the diverse gender identities and sexual orientations in society (Hudak & Giammattei, 2010; Utamsingh et al., 2016). These assumptions might be the result of social

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workers' heteronormative social conditioning as Glass (2016) argues that social workers are products of a heteronormative culture and do not escape this conditioning. Despite this conditioning, social workers have an ethical duty to be "aware of differences relating to …gender… [and] sexual orientation…" and must "eliminate the effect of biases based on these factors in their work" (SACSSP, 2012:8). The participants were however unaware of their cis-heteronormative presumptions and the implications of this for their social work practise with this client group.

It further appears from the responses of participants one, three and fifteen, that some social workers had a cis-heteronormative attitude, as they expressed that clients are either male or female and conceptualized sex as synonymous with gender and gender identity (Duncan et al., 2019). The cis-heteronormative presumptions of participants have significant implications for practise, as it is places them at risk to potentially mis-gender their transgender, intersex, and gender non-binary clients. Ansana and Hegarty (2014:259) describe mis-gendering as the use of gendered language such as pronouns to incorrectly refer to, assume, or categorise a person in a gender group that does not correspond to their gender identity or de-gendering efforts. Existing literature on mis-gendering (Kapusta, 2016; Keyes, 2020; Matsuno et al., 2022; Pease et al., 2022) posit that it is a stressful and stigmatising experience which is associated with poor mental health outcomes. Mis-gendering in social work may have similar implications for the LGBT client group. A small-scale study by Morris et al. (2020) on the therapy experiences of transgender and gender diverse people with psychologists concurred with this assumption as the nine (9) participants in the study reported experiences of anxiety, distress, and gender dysphoria after they were mis-gendered by their therapists (Morris et al., 2020). These authors also found that their participants perceived their therapists as disrespectful. Mis-gendering may therefore erase much needed conditions for trust in the therapeutic relationship as well as impede on the ability of this client group to "live as well as possible" (Tronto, 1993:5). It is

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therefore clear that heteronormative presumptions and attitudes as well the reluctance to inquire about these identity markers by participants may be problematic.

Some of Tronto's (2013) ethical elements of good care, as postulated in the political ethics of care theory, were absent in the social work practises of participants. These elements are attentiveness, responsibility, competence, and trust, which will be discussed below (Tronto, 2013).

Tronto (1993) posits that caregivers must be attentive to the needs of those who require care. Caregivers must recognise and acknowledge that a need for care exists, and it is important to meet that need (Bozalek et al., 2014; Kim, 2016). It is evident from this study that the social workers were unaware of the LGBT, intersex, or gender non-binary status of the clients despite their gender expression. The participants also appeared to be ignorant of the fact that this client group might experience a need for social workers to recognise their identity rather than presume that they are heterosexual, and cisgender based on their gender expression. This lack of awareness may also imply that the social workers in the study were unable to recognise the specific needs of this client group, which may emanate from their LGBT identity and marginalised status in a cis-heteronormative society. It can therefore be deduced that the ignorance of participants means that they neglected their moral duty to provide good care to LGBT, intersex, and gender non-binary clients (Bozalek et al., 2014).

The ethical element of responsibility might also be absent from the participants social work practises with LGBT clients when the above is considered. This study found, congruent with LGBT affirming literature, that social workers have a responsibility to familiarise themselves with the sexual orientation and gender identity of their clients in order to facilitate a practise free of cis-heteronormative presumptions. Thompson (2018) and Bozalek et al. (2014) argue that this responsibility does not emanate from professional rules but rather from the inherent

https://uwcscholar.uwc.ac.za/home

responsibilities that emanate from an interdependent relationship between caregivers and care receivers. Social workers must thus enquire about the sexual orientation, gender identity and pronouns of their clients to acknowledge the importance and affirming value of it as well as recognise its protective value against the risk of mis-gendering. The participants' narratives, however, suggests that they did not do this. Responsibility was therefore absent, and this client group did not receive the necessary care. This lack of responsibility, however, seems to originate from the participants failure to recognise the LGBT specific needs of this client group.

The narratives further suggest that competence was also absent in their social work practises. Competence is the performance and quality of the actual care activities that are necessary to meet the care needs of care receivers (Tronto, 1993). Competence and care in this study encompassed a competent assessment of the sexual orientation and gender identity of clients. Social workers must subsequently utilize the corresponding pronouns and preferred names during appointments with clients or when they have questions about their significant others. Reponses from participants however, indicated that they did not practise this because they were unaware of the clients' gender identity, pronouns, or sexual orientation and revealed cis-heteronormative presumptions. This client group may consequently be mis-gendered, and their LGBT specific needs remain unmet. Tronto (2013) suggests that this lack of practises and attentiveness to LGBT sexuality and gender identity is indicative of poor care practises and this sample of social workers might therefore provide poor care to LGBT clients. It was also evident that the required skills, which is conducive to disclosure, such as attentiveness, trust, competent exploration of the sexual orientation and gender identity of the client, as well as establishing rapport were absent. The participants also did not identify and discard their own cis-heteronormative presumptions. These findings accentuate that specific skills, knowledge, and resources are necessary for the ethical element of competence to be present during care provision (Tronto, 1993).

https://uwcscholar.uwc.ac.za/home

This finding is inconsistent with some quantitative studies in the US, which found that most social workers and psychologists in the USA inquired about the sexual orientation and gender identity of the client in their therapeutic practises (Glass, 2016; Johnson & Federman, 2014). Glass (2016:23) found that fifty-two (52) of her sixty-seven (67) social work participants "routinely asked sexuality-related assessment questions during intakes". This finding concurs with the findings by Johnson and Federman's (2014) which found that forty-five percent (45%) of their psychologist participants inquired about their clients' sexual orientation at intake. They also found that only eight percent (8%) of their sample enquired about gender identity, which suggests that most of the sample did not. These studies, therefore, found that some social workers and psychologists in the US do inquire about their clients' sexual orientation and gender identity, which is contradictory with the findings of this study in the South African context. It thus requires a reproach to address the non-existence of these practises within the framework of affirmative practises.

5.3.1.2. Sub-Theme 1.2: Factors contributing to social workers reluctance to inquire about clients' sexual orientation and gender identity in the social work process.

Empirical literature suggests that various factors, including attitudes, knowledge, skills, comfort, and gender, determine the exploration of sexual orientation and gender identity in helping professionals' practises (Berry, 2017; Henderson, 2010; Turner et al., 2023). The narratives of the participants in this study, however, suggested that there are two (2) additional reasons for not exploring sexual orientation and gender identity in their micro social work practises. These are: a) cis-heteronormative administrative forms at the social work agency, and b) clients' self - disclosure of their LGBT identity during the social work process. These will be discussed below and supported with the statements of the participants, applicable literature, and a critical analysis by means of the political ethics of care theory and anti-oppressive practise.

https://uwcscholar.uwc.ac.za/home

Category (a): Cis-heteronormative administrative forms at the participants' Social Work agency

Social workers use social work administrative forms to maintain their ethical mandate to maintain accurate social work records (Australian Association of Social Workers, 2020; Republic of South Africa, 2013; NASW, 2021, Newfoundland and Labrador College of Social Workers, 2022; SACSSP, 2012). The social work administrative forms at DSD have a similar function and are standardized through the generic norms and standards for social welfare service delivery in the public service sector (Republic of South Africa, 2013). All twenty (20) participants identified their social work administrative forms as the primary reason for not exploring gender identity and sexual orientation. They specifically reported that the forms only enquire about the clients' sex assigned at birth and that questions related to sexual orientation and gender identity are omitted. The following extracts below reflects these narratives:

> *The screening form, there's nothing that says gay, lesbian, straight or what. No, there's nothing like that. It's male or female.* **P1.**

> *It does not ask about sexual orientation. Not at all. There is no such option to ask them* [how] *would you define yourself* [or] *is there anything other than how you define your sexual orientation* - **P6.**

> *The intake forms only ask if they are male or female. They don't ask bisexual or whatever, see. You are only male or female."* - **P8.**

> *It's not a screening question if you look at the C ... look at CW305* [it] *doesn't cover that... Because it's not on the list. It will be address, phone number, your name, but never once does it ask* [on the] *screening form* [for] *the client's sexual orientation.* - **P9**

> *The biographical information currently in the work that I do doesn't even request that. I suppose perhaps that's not the demographic that they're looking for at the Department of Social Development.* - **P10.**

> *The new form just asks male or female. It doesn't include any transgender or bisexual.* - **P13.**

It is evident from these explanations of the participants that the administrative forms at their social work agency is cis-heteronormative, as the design of the forms assumes that all service users are cisgender, heterosexual, and conform to the gender binary (Ceplak, 2013; Fish, 2008).

https://uwcscholar.uwc.ac.za/home

The forms are therefore reductionist, exclusionary, and harmful as it not only institutionally eliminates LGB, intersex and transgender clients but also transgender clients without a gender concordant identity document (Nicolazzo, 2017; Paine, 2018; Shelton et al., 2019; Shelton et al., 2018). The forms also seem to compel LGBT clients to identify and conform administratively to cis-heteronormative ideologies about gender and enforce compulsory heterosexuality on this client group (Berry, 2017; Fish, 2008; Fraser, 2018; Knight et al., 2013). This thus suggest that the administrative forms at the participants' social work agency are also symbolic of institutional heteronormativity, which Schilt and Westbrook (2009:441) assert is a set of institutional practices that reinforces heteronormative ideologies about gender, gender expression, gender identity and sexual orientation. From this perspective, the organisational forms at the social work agencies of the participants are oppressive and non-affirming to LGBT, intersex, and gender-non-binary clients. Furthermore, the organisational practise at the social work agency of the participants is also inconsistent with LGBT affirming practise, which requires that intake and assessment forms enquires about client's sexual orientation and gender identity rather than to assume heterosexuality and that all clients are cisgender (Lambrou et al., 2020; Smith & Turell, 2017; Waryold & Kornahrens, 2020).

The narratives of the participants further indicated that the organisational practise is inconsistent with anti-oppressive social work values. Dominelli (2002:33) posits that social work agencies and social workers must disrupt the status quo and address the "structural components of oppression" to improve the quality of life of clients, thereby, ensure an anti-oppressive social work practise. This is consistent with the definition of care from Simplican (2018:1) which concurs that care must disrupt exclusionary and unjust practises in society. The narratives from participants on the design of their administrative agency forms, however, suggested that cis heteronormativity was institutionally maintained rather than disrupted at their social work agencies as required by anti-oppressive practise. This thus suggest that anti-

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oppressive practise was absent at these social work agencies. Similarly, the unquestioning use of these administrative forms by the participants further indicated inconsistencies with anti-oppressive practise as they inadvertently neglected to address the institutional heteronormativity in their social work agencies.

Tronto (2010:162) in the political ethics of care theory, argues that good institutional care has three (3) key elements. These are: Firstly, politics, which includes recognition, debate, or dialogue on the competitive and dominative power relations and agreement on the common purpose within and outside the organisation. Secondly, are particularity and plurality, which focus on specific human activities and acknowledge that people utilize various methods to complete these activities. These also focus on human diversity and diverse preferences from people to meet their needs. Thirdly, purposiveness is the final element and requires awareness and discussion of the end and purpose of care. Fitzgerald (2020:248) concurs with the author as he posits that these three elements "allows for a radical critique of institutions and governing norms, and inherently destabilises the dominant understandings of the purpose, structure, and role of government and public policy." It was evident from the narratives of the participants that neither of these elements were present, which suggests that the social work agency provided inadequate care to LGBT, intersex, and gender non-binary clients.

This assumption corroborates with (3) of the seven (7) examples of bad institutional care by Tronto (2010) and the researcher's inferences from the participants narratives. Tronto (2010:163-165) for example, argues that bad institutional care is evident when clients' "needs are taken as given within the organisation" and when "caregivers see organisational requirements as hindrances rather than support for care". The narratives of the participants in this study suggested that an assumption on the needs of the clients existed. This was based on the perspective of the participants as only inquired about, and recorded selected personal information required by the administrative forms of DSD. The organisational requirement to

https://uwcscholar.uwc.ac.za/home

record the sex of the client as assigned at birth is detrimental as it invalidates transgender clients without a gender concordant identity document, intersex and gender non-binary individuals. This indicated that there are insufficient resources for social workers at the organization to focus on the specific needs of the LGBT client group. Tronto (2010) argues that complaints from staff about inadequate resources are indications of poor institutional care. DSD might therefore provide inadequate care to LGBT, intersex, and gender non-binary clients based on the presence of the "poor caring practises."

It is also evident from the narratives of the participants that Tronto's (2013) ethical elements of attentiveness, responsibility, competence, and trust may be absent from their social work agency. It appeared from the narratives of participants that there is a lack of awareness about and consideration for LGBT, intersex, and gender non-binary clients as evidenced by the cis-heteronormative nature of the agency's administrative forms. In addition, it also seems as if the participants' social work agency did not acknowledge the existence of LGBT identities and the need for the administrative forms that allows clients to self- identify outside cis-heteronormative prescripts about gender, such as the gender binary. This lack of awareness and ignorance suggest that the participants' social work agency might be inattentive to the needs of this client group. Tronto's (2013) caring about phase of care and the moral quality of attentiveness were therefore absent in the data, which implies that the organisational and professional caring practises are inadequate and morally 'evil' as a need was not recognised.

The inattentiveness by both the participants and their social work agency further indicated the absence of responsibility and the taking care of phase of care. Tronto (2013) argues that caregivers cannot address the caring needs of care receivers if they are not attentive. This suggests that it is essential for the social workers and the DSD to be aware of the cis-heteronormative nature of the current social work administrative forms, which can be redesigned to allow the self-identity of clients. This is a prerequisite for responsibility and care.

https://uwcscholar.uwc.ac.za/home

The narratives of the participants, however, did not suggest that the forms were discriminatory, nor did they propose that the organization redesign the forms to include questions about sexual orientation and gender identity. This thus confirms that the ethical element of responsibility was absent from their caring practises.

Tronto (1993) posits that powerful people determine the requirements of care and the taking care phases of care. The social work agency of the participants represented the role of the powerful and was inherently responsible for the absence of inquiry into the sexual orientation and gender identity of the clients by the social workers through their cis-heteronormative forms. Tronto (1993) argues that caring about is culturally shaped and that care giving are left to the less powerful, which this study implies are the social workers, while caring about and its ethical element of attentiveness are associated with public roles such as DSD. Therefore, in this study, there was a power imbalance between the participants and their social work agency. It was however the ethical duty of the social workers to challenge the cis-heteronormativity and to remain aware of LGBT client's existence despite the power imbalance.

It can further be deduced from the narratives of the social workers in this study that the ethical element of competence was also absent from their practises, which was evidenced by their lack of institutional resources, meaning LGBT inclusive administrative forms, to explore and record the sexual orientation and gender identity of their clients. Likewise, it can also be implied that the ethical element of trust is similarly absent from the forms, as described by the participants, demonstrated an absence of solidarity and respect for LGBT, intersex, and gender non-binary clients as well as lack the core democratic values of equality, inclusion, and freedom. This may inadvertently result in the destruction of this client group's trust, which is necessary for the social work process. It is therefore evident that inadequate care might be provided to LGBT, gender non-binary and intersex clients at the DSD based on the previous arguments.

https://uwcscholar.uwc.ac.za/home

This finding concurs with those of Smolle and Espvall (2021) and Leitch et al. (2023). A qualitative study by Smolle and Espvall (2021) explored the competence of 16 social workers with older transgender persons in Sweden. The authors found that most of the social workers identified predetermined organisational policies and documentation designs as a challenge to explore gender identity or to enquire about pronouns in their social work practise. This finding concurs with a qualitative study by Leitch et al. (2023:15) which explored the practise behaviours of 198 social workers with sexual and gender minority clients in Maryland, USA. Leitch et al. (2023:5) similarly found in their study "that agency tools and documents, like psychosocial assessments and intake forms, did not address sexual and gender minority identities", therefore, most of the participants in the study did not include these in their assessments. It is evident from these findings that cis-heteronormative social work administrative forms remain a barrier for social workers to assess and record the sexual orientation and gender identity of clients in their practises in South Africa, Sweden, and the state of Maryland in USA. These findings also reflect that there is a disjuncture between the comprehensive LGBT anti-discriminatory legislation in these three (3) countries and social work practise.

Category (b): Clients' Voluntary Disclosure of their Sexual orientation and Gender Identity in the social work process

When the sample size of twenty (20) is considered, a minority of the participants (6) reported that some LGBT clients and their families voluntarily disclosed their LGBT identity during the social work process. The participants expressed when this occurred in the extracts below:

> *The screening form, there's nothing that says gay, lesbian, straight or what. No, there's nothing like that. It's male or female.* **P1.**

> *It does not ask about sexual orientation. Not at all. There is no such option to ask them* [how] *would you define yourself* [or] *is there anything other than how you define your sexual orientation* - **P6.**

https://uwcscholar.uwc.ac.za/home

> *The intake forms only ask if they are male or female. They don't ask bisexual or whatever, see. You are only male or female."* - **P8.**
>
> *It's not a screening question if you look at the C ... look at CW305* [it] *doesn't cover that... Because it's not on the list. It will be address, phone number, your name, but never once does it ask* [on the] *screening form* [for] *the client's sexual orientation.* - **P9**
>
> *The biographical information currently in the work that I do doesn't even request that. I suppose perhaps that's not the demographic that they're looking for at the Department of Social Development.* - **P10.**
>
> *The new form just asks male or female. It doesn't include any transgender or bisexual.* - **P13.**

It is evident from the above statements, that some LGBT clients voluntarily disclose their identity to social workers. It can be deduced from this that the LGBT clients and their families may have experienced a safe and trusting relationship with the social workers and could therefore disclose their sexual orientation and gender identity. Bowring (2017) concurs with this assumption as she contends that disclosure of an LGBT identity requires reciprocal trust between the person who discloses and the person to whom they disclose. Existing literature on the coming out process of LGBT people (Cass, 1979 as cited in Rosati et al., 2020) affirms that the disclosure process is one of the most stressful and pivotal experiences for this client group, therefore, trust is imperative. Therefore, based on the participants' narratives and the literature, it can be concluded that Tronto's (2013) caring with phase and its ethical element of trust and its supportive qualities of solidarity and freedom was present during these self-disclosures.

It is also evident from the narratives of the participants that a minority of the social workers in this study displayed affirming skills, which may have contributed to the voluntary disclosures. The deduction from this finding is that these social workers established trusting relationships with these clients and their families, which contributed to feelings of safety and support. Existing literature on affirming practises with LGBT clients (Harper et al., 2013; McNair & Hegarty, 2010; Ruben & Fullerton, 2018; Teh et al., 2018) argue that it is crucial to create and

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maintain a safe and inclusive space for disclosure and LGBT affirming practise in general. Additionally, the social workers may have also displayed affirming communication skills. A systematic review by Brooks et al. (2018) on sexual orientation disclosure in healthcare corresponds with this assumption. These authors found that the communication skills, which include inclusive language and an open body language of the healthcare workers, were one (1) of multiple provider characteristics that influenced whether LGBT clients disclosed their identity. It is therefore evident that a small number of the participants in this current study displayed LGBT affirming skills. It also seems that Tronto's (1993) ethical element of competence may have been present when these skills were displayed.

5.3.2. THEME 2: SOCIAL WORKERS' LGBT SPECIFIC KNOWLEDGE

This theme relates to the LGBT specific knowledge of the participants and is aligned with the study's objective. The researcher identified two (2) sub-themes from the narratives of the social workers in this study. These sub-themes are: 1) social workers' lack of knowledge about LGBT identity development, and 2) social workers' unfamiliarity with LGBT service organisations. These two (2) sub-themes will be discussed below in the context of the literature and the political ethics of care theory.

5.3.2.1. Sub-Theme 2.1: Social workers lack of knowledge about LGBT identity development.

The LGBT affirming literature argues that social workers, globally, must have a non-heteronormative and in-depth understanding of LGBT identity development (Dessel et al., 2017; Morrow & Messinger, 2006; Levy, 2009). Levy (2009) concurs as she posits that familiarity with the LGBT identity development process is necessary for a competent and ethical social work practise with this client group. This sub-theme emerged from the collective reflections of all twenty (20) participants about their knowledge about LGBT identity development. The extracts below are some of their narratives:

https://uwcscholar.uwc.ac.za/home

Oh, my goodness. Is there one that…? Because I'm trying to reflect to theory now, it's like male and female, so most likely it would mean the developmental needs of a male child or female child. I don't know if it does go though, I don't know. So most likely, it would be a male, are you male or are you female, you know? So are the needs provided for a male or a female, so I don't know about the …. no, I don't know. – **P1.**

Ai ai ai (soft chuckle) *… I'm not clued up with the identity development thing.* – **P5.**

I'm not even familiar with the process of identity development. – **P10.**

I think aspects for me to probably look at is the type of lifestyle, the experiences of being an LGBTQ in a space where I believe we're still getting to an acception, and people are still trying to learn about it. – **P12.**

When it comes to identity development, you have to consider a person's beliefs, their sense of belonging, their sense of who I am and stuff like that. So, we look at those things. It's not usually whether this person is gay or straight or lesbian or whatever. It's not their sense of identity that we consider. It doesn't necessarily have to do with their sexual orientation. - **P4.**

The accounts by the participants above, suggest that most of the social workers in this study were unfamiliar with the theories on LGBT identity development. This further implies that most of the social workers in this study did not consider the identity development process of this client group in their assessments and interventions. Morrow and Messinger (2006) argue that this lack of knowledge is inconsistent with a culturally competent practise with LGBT clients. A requirement for culturally competent practise by social workers is to identify and consider the client's LGBT identity development stage, intervene with the specific risks and protective factors associated with each development phase, internalized LGBT-phobia, and the readiness of this client group to disclose their identity to their significant others (Morrow & Messinger, 2006). It is, however, evident from the participants' responses that most of the social workers in this study did not implement this due to their lack of the required knowledge, skills, and awareness. Taruvinga and Mushayamunda (2018) suggest that the absence of discourses related to LGBT identity development in social work literature and training programmes, globally, contribute to this. Social workers, however, remain ethically

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responsible to engage in continuous professional development, and therefore, must familiarise themselves with this scholarship area.

The participants' account also suggest that they may be practising with a socially constructed and heterosexist view of LGBT identity development, which stems from their lack of LGBT specific knowledge related to LGBT identity development. A study with Nigerian-based social workers, by George and Ekoh (2020), concurs as their sample reported that LGB identities are the consequence of adverse childhood experiences, economic opportunities such as gay for pay, and experiences of heartbreak in past heterosexual relationships. These perceptions are distinctly different from contemporary theories of LGBT identity development but seem congruent with historical and discriminatory theories of LGBT identity development.

Such views are contrary to the ethics of the social work profession and the anti-oppressive approach as it is harmful, marginalizing, and reinforces oppressive and 'othering' beliefs of LGBT people. It is also incompatible with LGBT affirming practise approaches, which mandate that social workers must have a non-heterocentric, non-discriminatory, and well-versed understanding of the LGBT identity development process (Dessel et al., 2017; Morrow & Messinger, 2006). Morrow and Messinger (2006) argue that this understanding can only be derived from a theoretical knowledge base that outlines a non-heterosexist LGBT identity development process. Familiarity with affirming discourses of LGBT identity development is therefore necessary for social worker to ensure good care in the context of the political ethics of care theory. It is, however, evident from the participants' narratives above, that four (4) of Tronto's (2013) five (5) elements of good care were absent from their practises. Tronto (1993:63) declares that good care requires competence, which is dependent on the caregiver's knowledge, skills, and context. The narratives, however, implied that these elements of competence such as, knowledge and skills were absent; therefore, their practises with this client group might be incompetent. This also consequently suggests that caregiving did not happen,

https://uwcscholar.uwc.ac.za/home

as the caring needs, which may emanate from this client group's identity development stage, remained unresolved.

The absence of competence (i.e., knowledge and skills) may also imply that the moral quality of attentiveness was absent. Attentiveness implies that a caring need has been recognised and considered as important to be met (Tronto, 2013). The researcher however, in the context of the study, posits that social workers must have knowledge about LGBT identity development to recognise the developmental caring needs of this client group. Morrow and Messinger (2006) concur with this as they theorise that knowledge about LGBT identity development enables social workers to identify the specific risks and protective factors associated with the development process, internalised cis-heteronormativity and areas of intervention with this client group. The lack of knowledge about LGBT identity development therefore suggests that participants might also lack Tronto's (1993) ethical element of attentiveness.

The absence of these elements further suggests that the ethical element of responsibility is similarly absent. Tronto (1993) posits that caregivers must initiate structures of support for caregiving through reliable and concrete activities in order to achieve responsibility. The narratives above, however, suggested that participants did not engage in LGBT specific continuous professional development to acquire knowledge about LGBT identity development. This, in conjunction with the participants' lack of attentiveness and competence, may further cause distrust among this client group on the professional competence of the social workers.

The absence of the moral qualities suggests that the participants' caring practises with LGBT clients may be inadequate.

https://uwcscholar.uwc.ac.za/home

5.3.2.2. Sub-Theme 2.2: Social workers unfamiliarity with LGBT organisations in the Cape Metropole

Social work ethics in SA (SACSSP, 2012) and the US (NASW, 2021) mandate that social workers refer their clients to expert professionals when they assess that expertise is necessary to address the clients need. Hepworth et al. (2013) concur but argue that social workers must be familiar with the local resources in their service delivery communities. In this study, social workers discussed their familiarity with the LGBT service organisations in the Cape Metropole and their services to LGBT clients. Their narratives indicated that most (14) of the social workers were unaware of the existence of these organisations and their specific services to this client group. The five (5) extracts below reflect some of their comments:

> *I do not think there's services that will say this "one is specific to this community" or there's organisations that caters for or prioritise the LGBTQI community. I think more or less it's the same resources that we'd refer any other client.* **P2.**
>
> *There are no specific services that is I guess are meant to deal with a client from that community*. **P13.**
>
> *I did not even know that such organisations exist*. **P10.**
>
> *Honestly, I have to tell you that I am not familiar with it.* **P14.**
>
> *I don't think there is... not that I know of. If there is, then it is hidden that there is counselling for lesbian and gay people… There is no specific NGO that only works with Lesbians and Gays.* **P16.**

It is evident from the above narratives that most of the social workers in this study were unfamiliar with the network of LGBT service organisations in the Cape Metropole. This is contrary to the accounts of the remaining six (6) participants who were familiar with some of the LGBT service organisations. The unfamiliarity reported by most of the participants suggests that the practise of many of the social workers were incongruent with the ethical standard of cultural competency, which requires that social workers must be knowledgeable about services, resources, and organisations for LGBT clients, to render a LGBT affirming

https://uwcscholar.uwc.ac.za/home

service and make appropriate referrals (NASW, 2015; Morrow & Messinger, 2006; Springer & Roberts, 2017). Their lack of knowledge also further suggests that many of the participants were not using these organisations as referral resources when they provided services to LGBT clients or referred them for services that were not available at their social service organisation. From this, it may, therefore, be assumed that the referrals by many of the social workers in this study, for this client group, were inappropriate. This further suggests that cultural competency might be absent from their social work practises with LGBT clients.

The narratives of some of the participants concur with this assumption as these social workers referred all their clients to general service organisations. This referral practise was evident in following accounts:

> *I refer to the psychologists at the schools, hospitals, and the local clinics. Sometimes I refer to pastors in their respective churches*. – **P6**.
>
> *It depends on what situation it is or what the client is going through. But we do have the Trauma Centre… There is also FAMSA… Then there is this private organisation, the Therapy Centre, that we also send people to. But I always prefer to send my people Zela Centre because their unit is there for gender-based violence and LGBT does falls under that. So, I prefer that*. – **P7.**
>
> *I have worked with Hope House Counselling Centre. I have worked with Living Hope Counselling. Any counselling centres. Either homosexual or heterosexual, they are all suffering the same*. - **P9.**
>
> *The basic resource that we'd use would be like Hope House* [Counselling Centre] *or Safe line*. - **P13.**
>
> *We all refer the clients to your normal NGOs that do counselling. In our area there is Khanyisa Centre, Itafenia and Amandla.* **P16.**

It may be deduced from these accounts that the referrals by the participants for this client group were may have been inappropriate and ineffective. For example, these organisations and service providers may also, similarly to the DSD, maintain the gender binary, employ practitioners with cis-heteronormative presumptions, anti-LGBT attitudes, and limited LGBT

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specific knowledge and skills. Such referrals would be inconsistent with the ethical referral requirements of the social work profession and might have left the LGBT specific and intersectional needs of this client group unmet.

The participants unfamiliarity with the network of LGBT service organisations further suggests that, within the context of the political ethics of care theory, four (4) of Tronto's (2013) five (5) ethical qualities of care may be absent from their social work practises with LGBT clients. It is apparent that most of the participants have not yet identified specialist organisations as a necessary resource for an effective and culturally competent service (i.e., referral) for LGBT clients to address the specific and intersectional needs of this client group. This suggests that Tronto's (1993) caring about phase of care and its corresponding ethical element of attentiveness may be absent from many of the participants' social work practises with LGBT clients. The following three (3) reasons may have contributed to this inattentiveness. Firstly, the participants' cis-heteronormative presumptions about the sexual orientation and gender identity of clients at DSD and their assumptions about the service needs of presenting clients, might have contributed to this. Secondly, it may also be caused by their reluctance to inquire about sexual orientation and gender identity in their social work practises. Lastly, the lack of knowledge about the specific and intersectional needs of this client group may also have contributed to this as the social workers did not familiarise themselves with the existence of LGBT specific service organisations.

The narratives further suggest that most of the social workers in this study did not accept responsibility or took care of the LGBT specific and intersectional needs of this client group. Tronto (1993) posits that the ethical element of responsibility and the taking care of phase of care manifest from reliable, concrete, and goal directed steps by caregivers.. Therefore, the absence of these care activities imply that a caregiver does not assume responsibility and does not take care of a caring need. This was evident in this study as the narratives of the social

https://uwcscholar.uwc.ac.za/home

workers illustrated that they did not take steps to familiarise themselves with the existence of the LGBT service organisations and their services to this client group. This is contrary to LGBT affirming practise guidelines, which posit that social workers must develop and regularly update resource lists to include LGBT affirming organisations that holistically serve the specific and intersectional needs of this client group (Lytle et al., 2014).

It can also be deduced that the participants did not refer with the intention to address the LGBT specific and intersectional needs of this client group, but rather for services not offered by their organization. It therefore seems that many of the participants in this study did not engage in dependable, concrete, and goal directed activities that addresses the intersectional and LGBT specific needs of LGBT and gender non-binary clients.

In contrast to the above, all the social workers in this study were more knowledgeable about the non-LGBT specific organisations in their service delivery areas. They used these organisations as referral resources and therefore assumed responsibility. This suggests that the participants were more competent in the provision of the caring needs of cisgender heterosexual clients than those with an LGBT and gender non-binary identity. Tronto (1993:146) contends that this practise is indicative of how "the caring needs of some are met more completely than the caring needs of others." Despite this inconsistency, the narratives of the participants suggest that they adhered to their ethical mandate to refer clients to other service organisations (NASW, 2015; SACSSP, 2012). These also indicated that they were knowledgeable about the local resources in their service delivery communities as suggested by Hepworth et al. (2013).

It is evident in the context of the discussion above that most of the participants in this study rendered inadequate care in the absence of attentiveness, responsibility, and responsiveness. Tronto's (1993) moral element of competence is not applicable to this sub-theme as she mentions that providing or linking people with resources does not equate to actual caregiving.

https://uwcscholar.uwc.ac.za/home

The author insists on this distinction as she argues that it implies responsibility rather than caregiving as these activities (i.e., referrals and provision of resources) do not address the caring needs but rather directs the person to someone else to address it. Therefore, in the context of this sub-theme, Tronto's (2013) moral quality of competence and caregiving phase of care cannot be applied.

This theme identified and described the LGBT specific knowledge of the social work participants in this study. It appears from the identified sub-themes in this theme that most of the participants require LGBT specific knowledge and the appropriate skills to refer this client group or to identify their LGBT identity development phase, risks, and protective factors. The nature and scope of the proposed social work interventions of the participants with LGBT clients would be identified in the next theme.

5.3.3. THEME 3: THE NATURE AND SCOPE OF SOCIAL WORK SERVICES PROPOSED FOR LGBT CLIENTS

This theme derives from the suggestions by the participants on interventions to address some of the needs that may emanate from a client's LGBT identity. Their suggestions indicated that they would primarily use micro and macro interventions to alleviate the challenges of this client group. The specific micro and macro interventions will be identified and supported with the participants' narratives in the following sub-themes in the next section. In addition, it will also be critically discussed in the context of the relevant literature and Tronto's (2013) political ethics of care theory.

5.3.3.1. Sub-theme 3.1: Micro Interventions

Micro social work is a foundational method of social work practise and intervenes directly with individuals and families in the context of their social environments to alleviate their challenges (Hepworth et al., 2013; NASW Press, 2021). The majority (14) of the social workers in this

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study suggested micro interventions to address the presenting needs of LGBT clients. This was evident from the comparison between the elements of micro social work practise and the narratives of the participants, which proposed direct, therapeutic, and problem-solving interventions to LGBT clients and their families (Chukwu, 2019; Ebue et al., 2017; Hepworth et al., 2017). These interventions will be discussed in the following categories.

Category (a). Psychoeducation for LGBT clients contemplating disclosure of their LGBT identity.

Klein et al. (2015) argue that disclosure of one's LGBT identity is an important developmental milestone for this client group. Some authors (Charbonnier & Graziani, 2016; Ryan et al., 2015), however, report that LGBT people cite this disclosure as the single most stressful experience in their lives. It is therefore evident that LGBT individuals will require support from social workers prior to, during, and after disclosure. Literature on the counselling competencies of professionals with LGBT clients concur with this assumption and identify the ability of practitioners to assist this client group with disclosure of their identity as a key skill (Israel & Selvidge, 2003 as cited in Ali & Barden, 2015; Teh et al., 2018). Social workers in this study reflected on their interventions in this regard. These reflections suggested that most (14) of the social workers will educate clients about: i) the potential adverse outcomes of disclosure, ii) the importance of having a non-familial support structure; iii) who to disclose too, and the generational cis-heteronormative upbringing of parents. The extracts below illustrate this:

> *you need to know that their relations might be strained. They may not be accepting of it, so you need to understand that. Expect anything, expect the negative, expect positive. You will get the positive, maybe you may, but do know for sure that you will get the negative as well. So, prepare your mind that you will be judged because now people know because maybe you were doing it privately. Now people know in your community if you share with your friends, your community will know your school, wherever they will know and you will be judged, that is the reality. So, you need to prepare your mind for that.* - **P1.**

> *I think I will advise the client to expect maybe the rudeness, unaccepting and even disappointment.* – **P8.**

https://uwcscholar.uwc.ac.za/home

I would have to [advise them to] *be well prepared, like emotionally, 'cause the meeting can go either way. And secondly, also try and find out what their family know about the community I mean or the LGBT community and do they accept them or how do they feel about that in that way.* -**P2.**

At least they must have somewhere they are supported fully with the decision that they would be taking. Because sometimes when they disclose, the family runs away then they are left without no support, so I would strongly suggest that. I would strongly suggest that they first get someone who will be able and willing to support them when they are rejected by whoever they are. **-P5.**

Who do you tell? Do you tell your mother? Do you tell your father? Do you tell your brother? Do you tell sister? Because sometimes you might think a mother would be more understanding but, in another family, a mother will be the one who's harsh, but the father will be more understanding. - **P15.**

Try to understand your family too. It is not their fault how they are looking at you. It is their parents, their grandparents and their forefathers who told them that being gay is wrong. It is society's construction. **-P17.**

The proposed interventions as indicated in the narratives, are consistent with the explanation of psychoeducation by Walsh (2013). The author describes this as a direct intervention that educates clients about their significant challenge as well as upskill them with appropriate coping mechanisms and the appropriate social support for the service users' (Walsh, 2013: 255). It is also evident that most of the social workers in this study recognised that disclosure of a LGBT identity may have adverse familial outcomes for this client group and therefore necessitated support prior to disclosure as proposed by literature (Ryan & Diaz, 2011). This level of awareness concurred with the findings from a study by Deloatch-William's (2020) on social work practise with homeless LGBT youth in Connecticut in the USA. The proposed intervention of the social workers in this study focused mainly on the negative consequences of disclosure despite this level of awareness. This approach is inconsistent with best practise guidelines, which recommends that practitioners must perform a cost-and-benefit analysis with clients to highlight the benefit and consequences of disclosure prior to disclosure (Ali &

https://uwcscholar.uwc.ac.za/home

Barden, 2015; Ryan & Diaz, 2011; Sheafor & Horesji, 2015). The suggested intervention from the participants also suggested that they did not recognise that some disclosures might have positive outcomes. They, therefore, could not identify these outcomes.

Evidently, the responses of the participants disregarded important supportive interventions such as adaptive coping strategies, family intervention and mediation, challenging of clients internalized queer phobia, safety and risk assessments for safety planning and referrals to specialised support structures. Their descriptions of the potential family outcomes, which Ryan & Diaz (2011) also mentions, highlighted the importance of family interventions, yet they neglected to include these in their practise. The narratives of the participants further indicated that they did not acknowledge the phases to disclosure of a LGBT identity nor the fact that it is an on-going and lifelong process rather than a once off endeavour, which is limited to family and friends. This is emphasised by Ali and Barden (2015) and Klein et al. (2015), which argue that disclosure of a LGBT identity is never complete as new environments and new groups of people may compel disclosure again. From this, it can therefore be deduced, that the participants do not have sufficient knowledge or skills to competently intervene with LGBT clients contemplating disclosure.

The proposed intervention of the participants also did not reflect the ethical element of competence. This was evident from the participants' responses, which suggested that they did not have the specific knowledge and skills. Their narratives suggested that they were unfamiliar with the fact that disclosure is lifelong, may have positive outcomes, and that best practise recommendations exist. Additionally, the participants also seemed to lack the required skill to prepare and assist LGBT clients with disclosure of their identity as proposed in the literature (Israel & Selvidge, 2003; Ali & Barden, 2015; Teh et al., 2018). The skill to recognise the need for and apply a comprehensive approach to their intervention with this client group were,

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therefore, especially absent. Tronto (2013) concurs that competence requires knowledge, skills, and resources and in the absence of these, competence and caregiving are absent.

It is however clear that contrary to the above; Tronto's (2010) moral qualities of attentiveness and responsibility were present in the proposed interventions of the participants. The proposed interventions suggested that the participants recognised the coming out process as an area of intervention and, appeared willing to intervene accordingly. The participants' proposed macro interventions will be discussed in the following section.

5.3.3.2. Sub-theme 3.2: Macro Interventions

Contrary to the suggestions of most of the participants, the minority (6) of the social workers in the study, who did not suggest micro interventions, proposed awareness raising initiatives and community education as interventions. The extracts below reflect this:

> *I think awareness. There's nothing that I think would be done except for raising awareness because if we raise awareness, we are educating people on this community.* **P2.**

> *I think … doing awareness about this community because they will always live with us.* ***– P5.***

> *we inform we educate because there is a lot of people that is not educated on those kind of things.* - **P7.**

> *raising awareness around the constitution and everything there is to do to promote awareness and create that opportunity and to give people information to enable them which direction to follow… also reaching out to stakeholders, getting leaders in the community to support awareness raising* [initiatives] *about this community and to invite the larger community to form part of the projects.* - **P11.**

> *through education and educating not only the client but educating the person who's perpetuating discrimination.* - **P13.**

> *Look, at the end of the day all that we can do is educate people... It is important to educate people in terms of lesbians and gays and transgender… education is the communities and on social media* - **P20.**

https://uwcscholar.uwc.ac.za/home

The proposed interventions suggested by the participants are consistent with the purpose and nature of macro social work practise. Their suggested interventions included to facilitate community change through information, action, education, and advocacy (Chukwu, 2019; Hepworth et al., 2013; Ebue et al., 2017). It also demonstrates similarities with the community education model, which Weyers (2011:11) describes as an approach that empower communities to take ownership of their lives and eradicate ignorance through education, knowledge, attitudes, and skills. The narratives of the participants indicated that some of the social workers in this study would use this model to educate communities about the LGBT population. This is consistent with macro interventions in SA, as Engelbrecht (2005), contends that macro social work in South Africa commonly use community education as intervention. Participants therefore may use these macro intervention techniques to improve the lived experiences of LGBT people in the Cape Metropole.

There was however, a disjuncture between the participants proposed interventions and the anti-oppressive social work practise approach. The goal of anti-oppressive social work practise is to generate structural and systematic changes through macro transformations, such as organisational changes as well as policy and law reform (Morgaine & Capous-Desyllas, 2020). This corresponds with the LGBT oriented macro interventions proposed by Taruvinga and Mushayamunda (2018) which suggest that the focus of macro interventions by social workers must be on the transformation of heterosexist social policies and reform in social services. Yet, the proposed interventions of the participants in this study excluded efforts to transform their organisational cis-heteronormative forms, governmental policies, and to strengthen existing legislation to enhance the protections of LGBT people in the Cape Metropole. It is therefore evident that they did not consider applying the anti-oppressive approach in their macro interventions.

https://uwcscholar.uwc.ac.za/home

The narratives of the participants further illustrate that they recognised the need for awareness raising and community education. They therefore applied attentiveness and responsibility because they could identify the need and had ideas to address it (Tronto, 1993). The content of the LGBT community education was however not clear from the narratives of the participants. The lack of knowledge about this client group and their needs may have contributed to this. The participants' perception of themselves as educators was however consistent with the expected professional roles of social workers working from a developmental social work framework (Patel, 2015).

The proposed strategies for affirming social work practise by the participants will be discussed in the following theme.

5.3.4. THEME 4: STRATEGIES FOR AN LGBT AFFIRMING SOCIAL WORK PRACTISE

This theme focuses on the social work interventions that may contribute to an affirming and anti-oppressive practise with LGBT clients. From this main theme, one (1) sub-theme, LGBT specific continuous professional development, was identified. The sub-theme is discussed below and is supported by the participants' narrative and literature.

5.3.4.1. Sub-theme 4.1: LGBT Focused Continuous Professional Development

Continuous professional development (henceforth CPD), which enhances the professional knowledge and skills of social workers post-graduation, is an ethical requirement for all practising social workers globally (Australian Association of Social Workers, 2023; British Association of Social Workers, 2012; Lombard et al., 2014; September 2014; SACSSP, 2021). In SA, CPD activities must relate to the professional contexts and activities of social workers, and contribute to new knowledge, skills and attitudes (SACSSP, 2021). In this study, a minority (8) of the social workers suggested CPD activities, which focus on LGBT people, as an

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appropriate strategy to equip social workers with the required knowledge, attitudes, and skills to provide affirming services to LGBT clients. This is illustrated in the following accounts from the participants:

> *Well, it does help to keep yourself updated with stuff you know, maybe I will say now attend inclusive training…, read the policy, [so that] you know what is expected of you... You have to go; you have to attend training. Try to get training. Whatever. Speak with your supervisor, be honest and arrange training for that.* **P1.**

> *I think first and foremost we need to be well informed or educated about the LGBTQ community. So much as you would want to address them in the same way as you would any other person, there are things that you might miss, or you might say something that would be offensive to them. Educate myself … I feel like there's more that I still need to learn.* [So,] *educating myself on the community and their rights, policies that protects specifically them…anything that has to do with the LGBTQI community.* - **P2.**

> *I think to first be able to assist or intervene with them, we first need to have proper trainings. So, I think first of all, as in social workers, we just need that education… So, I think training is the best way for us first before we can intervene and assist because we cannot say we're going to assist in this manner, when we do not know anything, no background, no nothing. We should first not need to know what is it that we're dealing with.* - **P3.**

> *First things first: intensive training. And it should not* [be] *like pick point who needs that training everybody does because gender identity starts from a very young age, you know. So intense training 100%.* - **P12.**

> *Yoh, very important, education. You know, in in an institution like this one we need workshops where we talk about these issues because you will realise that we have social workers who are homophobic.* - **P15.**

The participants' narratives above indicate that some social workers perceived that they have insufficient LGBT specific knowledge; hence, their expressed need for LGBT specific education. This reiterates the researcher's findings in theme two, which suggested that some social workers in this study might not have the required LGBT specific knowledge and skills to practise affirmingly and anti-oppressively with this client group. This lack of and need for LGBT education may be due to an absence of LGBT content in their social work training programmes. Social work literature concurs with this assumption and state that LGBT content

https://uwcscholar.uwc.ac.za/home

is absent from social work curriculums, which contribute to social workers insufficient knowledge to practise competently with LGBT populations (Dessel et al., 2017; Mehrotra et al., 2023; Turner et al., 2023). The narratives of the participants also indicated that DSD presented minimal LGBT specific CPD opportunities to the social workers employed by them; hence, the insufficient LGBT specific knowledge of participants, and their articulated need for it.

The accounts by the social workers in this study also further indicate that they recognised a need for on-going training post-graduation to acquire specialised knowledge about the LGBT population and practise affirmingly with this client group. This is consistent with social work studies (Ivchenko, 2021; Davis, 2021; Gato et al., 2020), which similarly highlight the need for LGBT focused CPD activities. Likewise, it is also consistent with the premise of CPD, cultural competence, and LGBT affirming scholarship, which argues that LGBT specific knowledge is necessary for social workers to practise affirmingly with this client group. Their suggestion for LGBT affirming practise is similar to that expressed by the social workers in Ivchenko's (2021) mixed-method study in Portugal. The author, who explored the perceptions and attitudes of social workers regarding social work intervention with LG clients in Portugal, found that the social workers similarly suggested LGBT specific education as a prerequisite for their practise with lesbian and gay clients in Portugal (Ivchenko, 2021).

Utilising Tronto's (2013) political ethics of care theory, it is evident that the ethical element of attentiveness is partially present in the social workers narratives. For example, the social workers were attentive to their own needs, which was evident in their expressed need for professional knowledge about the LGBT community. They also indicated that it is important to obtain professional knowledge about the LGBT community. Tronto (2013) suggests that the care needs of caregivers must be sufficiently met as it determines whether caregivers will be able to demonstrate attentiveness and empathy. Sevenhuijsen (2018) concurs with this and

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argues that good care provision requires awareness and attentiveness by caregivers of their own needs. This thus suggest that social workers' need for LGBT specific education must be met first to enable them to practise affirming and attentively with this client group. Despite this, their narratives omitted the need for organisational supportive strategies such as supervision, which denotes that the social workers did not recognise this an appropriate strategy to equip social workers with the required knowledge, attitudes, and skills to provide affirming services to LGBT clients.

The narratives of the participants also suggest that the elements of competence and responsibility were similarly absent from their practise. The participants account's alluded to this as it indicated that the social workers did not have knowledge about the LGBT community or the skills and confidence to practise anti-oppressively with this client group. Furthermore, the social workers did not articulate how they will acquire the LGBT specific knowledge and skills, therefore, the ethical element of responsibility was also absent from their practise. The absence of these three (3) elements of care therefore suggest that care might be absent from the participants social work practise with the LGBT population.

5.4. CHAPTER CONCLUSION

This chapter provided an in-depth discussion and analysis of the knowledge, attitudes, and skills of social workers engaging in service delivery with LGBT clients of DSD in the Cape Metropole. It indicated that female social workers and social workers employed in the Metro South service delivery region represented most of the participants in the study albeit the presence of social workers from all three (3) service delivery regions and all genders in the study. The empirical data were discussed in four (4) main themes, seven (7) sub-themes and three (3) categories, which were delineated according to the responses provided by the participants. The themes, sub-themes, and categories suggested that most of the social workers in the study did not have a LGBT specific knowledge base and potentially practised with cis-

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heteronormative attitudes without the necessary skillset. This thus suggests that most of the participants lack the necessary attitudes, professional knowledge and skills in their practices with LGBT clients to realise sustainable development goal 11. A minority of the social workers in the study had an LGBT specific knowledge base and the skills to establish rapport and create conditions of trust with LGBT clients. The findings also identified on-going professional training and education on the LGBT community as a prerequisite for social workers to develop a LGBT specific knowledge base, affirming attitudes, and a well-developed skillset. The next chapter, which is the final section of this study, summarizes the study and its findings.

https://uwcscholar.uwc.ac.za/home

CHAPTER SIX

CONCLUSION AND RECOMMENDATIONS

6.1. INTRODUCTION

The chapter focuses on the knowledge, attitudes, and skills of social workers in service delivery with LGBT clients of the DSD in the Cape Metropole. This chapter includes a synopsis of the research problem, aim, question and objectives and evaluates if the research question was answered and objectives were met. It presents a summary of the main themes and sub-themes of the study in relation to the study's theoretical framework, which is discussed in Chapter 3. The researcher also provides recommendations for social workers, social work practise at the DSD, social work education and for future researchers.

6.2. SUMMARY: THE RESEARCH PROBLEM, RESEARCH QUESTION, AIM AND OBJECTIVES OF THE STUDY

6.2.1. Statement of the research problem

This research study emanated from the fact that social workers are employed in various contexts where they practise with diverse client systems, including the LGBT population. The existing literature, which originated mostly from the global north, suggests that the knowledge base, attitudes, and skills of social workers are pivotal factors for an affirming and competent practise with the LGBT client population. It is evident that there were limited previous studies in the South African context on the knowledge, attitudes, and skills of social workers with LGBT clients in the Cape Metropole. This study therefore explored the knowledge, attitudes, and skills which social work practitioners in the Cape Metropole display in their service delivery with LGBT clients of DSD. The research problem was addressed after an empirical study with twenty (20) social workers and the findings were presented as evidence in Chapter four (4).

https://uwcscholar.uwc.ac.za/home

6.2.2. Research Question

The research question that informed this study was:

What are the knowledge, attitudes, and skills which social workers demonstrated in service delivery with LGBT clients of the Department of Social Development (DSD), in the Cape Metropole area?

6.2.3. Research Aim

The aim of this study was to understand the knowledge, attitudes, and skills of social workers in service delivery with LGBT clients of DSD in the Cape Metropole.

6.2.4. Research Objectives

The two (2) research objectives which guided this study were:

1. To explore and describe the knowledge, attitudes, and skills social work practitioners demonstrate in their service delivery with LGBT clients of DSD in the Cape Metropole.
2. To explore and describe strategies to empower social work practitioners in terms of the knowledge, attitudes, and skills required for competent social work practise with LGBT clients of DSD in the Cape Metropole.

These research objectives were achieved as follows:

Objective 1: To explore and describe the knowledge, attitudes, and skills social workers demonstrate in service delivery to LGBT clients at the DSD in the Cape Metropole.

The researcher achieved this objective during the exploration of the LGBT specific knowledge, skills, and collective practises of social workers with LGBT clients. The researcher conducted in-depth, semi-structured interviews with twenty (20) consenting social workers employed at eleven (11) local service offices of DSD in the Cape Metropole to realize this objective. The LGBT-CAT interview schedule was used during the interviews. The researcher used the eight

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(8) steps of thematic data analysis of Tesch's (in De Vos, 1998:343-344) for data analysis of the interviews. This was done with cognisance of the theoretical framework identified in chapter three (3). This objective was achieved by the presentation of Themes one (1), two (2) and three (3), in Chapter five (5). This is illustrated below.

In theme one (1), the narratives of the social workers suggested that they had heteronormative attitudes and practised with heteronormative presumptions. This emanated from their fixed perception of gender as a binary construct and their assumption that all presenting clients are cis-heteronormative. This theme also established that the social workers lacked the skills of self-awareness as their narratives suggested that they were unaware of their heteronormative attitudes, perceptions, and presumptions as well as the practise implications of these. These findings therefore imply that the first objective of this study was realised with theme one (1).

In theme two (2), objective one (1) was also achieved from the exploration of the LGBT specific knowledge and skills applied in service delivery to LGBT clients by social workers. The data and discussion in this theme revealed that all the social workers in this study required knowledge about the identity development of LGBT people (sub-theme 2.1). The social workers consequently experienced problems to consider and incorporate the identity development of this client group into their assessments and practises. The narratives also illustrated that most of the participating social workers were unfamiliar with the LGBT specific organisations that can augment DSD services to this population group in the Cape Metropole (sub-theme 2.2). The social workers further reported that they did not utilize these organisations when they refer LGBT clients for services.

This objective was also achieved in theme three (3), which presented suggestions for interventions with LGBT clients by social workers. The data and discussion in this theme suggested that the social workers do have some knowledge about selected micro and macro

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interventions with this client group. It however revealed that the social workers did not have sufficient knowledge and skills to competently address the intersectional and relational challenges of this client group. The data also implied that the social workers did not have the knowledge to intervene in all three (3) practise methods or to generate structural and systematic changes though macro transformations such as organisational, legislative, and policy changes.

It is evident from these findings that objective one (1) was adequately achieved as the themes described the knowledge, attitudes, and skills that social workers demonstrate in their service delivery to LGBT clients at DSD in the Cape Metropole.

Objective 2: Explore and describe strategies to empower social workers in terms of knowledge, attitudes, and skills required for a competent social work practise with LGBT clients at the DSD in the Cape Metropole.

This objective was also achieved by using semi-structured individual interviews according to the LGBT-CAT interview schedule with the participating social workers. The responses of the social workers were also analysed according to the eight steps of thematic data analysis by Tesch's (in De Vos, 1998:343-344) These were critically discussed in the context of the anti-oppressive theory, and Tronto's (2013) political ethics of care theory. Theme four (4), which presented the participating social workers strategy to facilitate an LGBT affirming practise emerged. The data and discussion in this theme indicated that the social workers proposed on-going professional training about the LGBT population as a strategy to practise affirmingly and anti-oppressively with this client group.

6.3. SUMMARY: RESEARCH FINDINGS

This section will present a summary of the four (4) key themes and seven (7) sub-themes of the study in comparison with the political ethics of care theory as the theoretical framework of the study.

https://uwcscholar.uwc.ac.za/home

6.3.1. Theme One: Social Workers' Practise Behaviour

Theme one focused on the practise behaviour of social workers with clients. The researcher wanted to establish if social workers inquire about the sexual orientation and gender identity in their micro social work practises with clients. Two (2) sub-themes were identified which are:

i. Sub-theme 1.1: Social workers reluctance to explore sexual orientation and gender identity in their social work practises.
ii. Sub-theme 1.2: Factors contributing to social workers reluctance to explore sexual orientation and gender identity.

All twenty (20) participating social workers reported that they did not explore the client's sexual orientation or gender identity in their micro social work practises in sub-theme one (1). The assumption was based on the client's gender expression that they were heteronormative with a binary gender identity. The reasons why social workers did not enquire about the sexual orientation and gender identity in their social work practise were presented and discussed in sub-theme two (2). One of the reasons why social workers did not enquire about this was that the administrative forms at the social work agencies only inquired about the clients' sex assigned at birth. The social workers reported that some LGBT clients self-disclosed their identity, and they therefore did not explore the sexual orientation or gender identity of the clients during the social work process. These findings suggested that the social workers practised with cis-heteronormative attitudes in a heteronormative organization. It also suggested that most of Tronto's (2013) four (4) moral qualities of care were absent from the individual and organisational practises with LGBT clients at DSD.

Conclusion of Theme One: This theme revealed that the social workers in this study did not inquire about the sexual orientation or gender identity of clients in their practise. It further

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indicated that two (2) distinct factors contributed to this practise. The biggest contributing factor according to all the social workers was that DSD was institutional cis-heteronormativity due to the cis-heteronormative nature of the forms. Social workers at DSD therefore did not adequately and meaningfully record the LGBT identity of the clients. This client group was consequently absent from the case records of the social workers at DSD. Social workers did also mis-gender this client group, which further contributed to marginalization of this population. This theme also suggested that the ability of social workers to create conditions of trust, communicate unconditional positive regard and establish rapport with LGBT clients empowered and encouraged this client group to self-disclose their identity even in the absence of LGBT affirming administrative forms. This emphasised the importance and relevance of social workers skills.

6.3.2. Theme Two: Social Workers' LGBT specific Knowledge.

Theme 2 focused on the LGBT specific knowledge of the social workers and is related to objective one (1) of this study, which wanted to explore and describe social workers knowledge, attitudes, and skills in service delivery with LGBT clients in the Cape Metropole. This theme consisted of two (2) sub-themes, which were:

i) Sub-theme 2.1: Social workers' lack of knowledge about LGBT identity development.
ii) Sub-theme 2.2: Social workers' unfamiliarity with LGBT specific service organisations.

This study established from sub-theme one that all the social workers in this study had limited knowledge about the identity development process of the LGBT population. The conclusion was therefore that the moral quality of competence was absent from the social workers practise as they lacked this knowledge component. The practice of all the social workers in this study was therefore discriminatory regarding the causes and development of a LGBT identity. They

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therefore did not consider this development process and the client's progress in their interventions with this client group.

The study found in sub-theme two (2), that most of the social workers were unfamiliar with the professional resources available to this client group in the Cape Metropole. The minority of the social workers were familiar with a selected few of the LGBT organisations despite this. This suggested that Tronto's (1993) moral quality of responsibility was absent in most of the social workers' practise. The referrals of most of the social workers were consequently ineffective and culturally inappropriate. This resulted from the social workers inattentiveness because they neglected to identify the need for this knowledgebase. The literature, discussed in Chapter two (2) of this study, however, suggests that this lack of knowledge is the result of the historical exclusion of sexual orientation and gender identity from social work curriculums, globally.

Conclusion of Theme Two: It can be concluded from the above that most of the social workers in the study practised without a LGBT knowledgebase. Despite this, some of the social workers demonstrated LGBT specific knowledge and it is evident that some social workers practised with an LGBT knowledgebase and incorporated it into their interventions with this client group. This, however, may be the outcome of the long-standing absence of LGBT identity development from the social work literature and curriculum. The LGBT client system at the DSD is therefore likely to experience the impact of this lack of knowledge in their professional interactions with practitioners.

6.3.3. Theme Three: The nature and scope of social work services proposed for LGBT clients.

Theme 3 presented the nature and scope of the interventions the social workers proposed to address the specific needs of this client group. This theme had two (2) sub-themes:

https://uwcscholar.uwc.ac.za/home

i) Sub-theme 3.1: Micro Intervention

Category (a): Psychoeducation for LGBT clients contemplating disclosure of their LGBT identity.

ii) Sub-theme 3.2: Macro Interventions - community education and awareness raising.

The social workers suggested micro intervention for LGBT clients, which included psychoeducation for LGBT clients contemplating disclosure of their identity to their significant others in Sub-theme 3.1. Sub-theme 3.2 identified and presented the proposed macro interventions by social workers. This theme focused on the social workers' suggestions for community education and awareness raising. These findings revealed that the moral qualities of responsibility and competence were present in the practise of the social workers. This was evident from the willingness by the social workers to intervene with this client group as well as the identified interventions which they would implement to address specific needs. They were also familiar with selected micro and macro interventions for this client group, which suggested some knowledge.

Conclusion of Theme Three: It can be concluded that the social workers in this study were familiar with and willing to provide specific, selected micro and macro interventions for this client group. This indicated that LGBT knowledge and skills as the social workers were able to identify specific interventions. They however neglected meso practise with this population as this was omitted from their responses. This emanated from the limited awareness and perception of the psychosocial needs of this client group by social workers.

6.3.4. Theme Four: Strategies for an LGBT affirming social work practise.

This theme reflected the strategies by social workers to ensure LGBT affirming and anti-oppressive social work practise with LGBT clients. This theme comprised of one (1) sub-theme:

https://uwcscholar.uwc.ac.za/home

i) Sub-theme 4.1: LGBT specific continuous professional development.

The data and discussion in this sub-theme revealed that the social workers in this study identified LGBT specific on-going training as a necessity for them to practise in an affirming and ethically sound manner with this client group. This finding is consistent with the LGBT affirming scholarship, which contends that LGBT specific knowledge is necessary for social workers to practise affirmingly and competently with this client group. This finding indicated that the social workers demonstrated the moral qualities of attentiveness and responsibility associated with the political ethics of care theory, because they were able to identify their professional needs and proposed a strategy to address it. Tronto's (2013) remaining three (3) moral qualities remained absent despite this.

Conclusion of Theme Four: Engagement in continuous professional development about the LGBT population by practitioners was emphasised as a necessity for an affirming practise with LGBT clients at DSD. This emphasised the need for the inclusion of LGBT content in the South African social work curriculum as well as for the development of continuous professional development opportunities that focuses on social work practise with the LGBT population. This is a necessary intervention because it affects the attentiveness, competence, responsibility of social worker, as well as trust within the LGBT community.

6.4. LIMITATIONS OF THE STUDY

Limitations have negative consequences on all studies Fouché (2021). Creswell & Creswell (2017) concur with this and further state that limitations must be acknowledged because these present the weaknesses of the study and to inform future researchers. This section will therefore identify and discuss the limitations of this study, which must be acknowledged when the findings of the study are interpreted.

https://uwcscholar.uwc.ac.za/home

The study adopted a qualitative research approach, with an exploratory and descriptive design. This research study was conducted with twenty (20) social workers at selected local service offices of the Western Cape Government's DSD in the Cape Metropole area. The study was, therefore, specific to the research context and setting. It was not representative of social work practitioners employed at non-governmental organisations (NGOs) within the Cape Metropole or those employed in the Western Cape Province. Generalizations can therefore not be made due to the qualitative nature and small sample size. The study was conducted with participants who are social workers that work according to a generic model. Therefore, other social service professionals such as social auxiliary and child and youth care workers are excluded from this study. Furthermore, the application of the same research methods can contribute to different results with a different group of social service professionals who are specialised or work in a different context. LGBT clients were excluded from this study due to the aim of the study. Their perceptions and experiences of the knowledge, attitudes, and skills with LGBT clients in the Cape Metropole are therefore absent in this study. This study thus provides a one-sided narrative.

6.5. RECOMMENDATIONS

The findings of the study contributed to the recommendations for social work practise, social work education, and future research. The recommendations are:

6.5.1. Recommendations for social work practise

A recommendation from the findings is that social workers intentionally inquire about clients' gender identity and sexual orientation in their social work practise. They must be knowledgeable about the identity development and specific intervention needs of this client group as well as the best practise approaches and legislated responsibilities of social workers towards this client group. Social workers should also peruse relevant literature on this scholarship area and enrol in CPD courses on social work practise with LGBT clients. It is

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recommended that all three (3) methods of practise must be included in practise with this client group. Social workers should also practise self-reflection to recognise and reflect on their heteronormative attitudes and presumptions.

To implement these practise recommendations at DSD in the Cape Metropole, it is imperative that DSD should take deliberate steps to change the administrative forms to be more LGBT affirming. It is thus recommended that DSD include questions about gender identity and sexual orientation in the administrative forms of the organisation. These questions must be specifically added to the following administrative forms:

- **CW 02: Reporter form**.

  Section 2: Details of the client

- **CW 03: Identifying information form.**

  Section 1: Identification information of the client(s) and family member(s)

- **CW 04 (a)(b): Internal and External referral forms.**

  Section: Details of the client. Communication of the client's sexual orientation and gender identity to other service providers must however be done with the consent of the client.

- **CW 08: Intake register.**

These additions to the forms will ensure that social workers at DSD intentionally inquire about these identity markers and refrain from cis-heteronormative presumptions or mis-gendering of LGBT clients who present at DSD for services. It will also result in the representation of LGBT clients across all the developmental groups in the caseloads of social workers at DSD. The inclusion of these questions will also ensure the inclusive mandate of all groups in society for

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social workers as outlined in the White Paper for Social Welfare (Republic of South Africa, 1997).

It is further recommended that DSD provide CPD opportunities to social workers to empower them with LGBT specific knowledge and cultural competence skills. This will ensure the development of affirming attitudes towards this client group. It might also inform social workers of the importance and relevance of these identity markers in the social work process to ensure the well-being of this client group. Likewise, it may also ensure that the social workers ask questions about sexual orientation and gender identity in a respectful, confident, and comfortable manner rather than as a forced activity.

6.5.2. Recommendations for social work education

Social work faculty at institutions of higher learning should endeavour to include content about the LGBT population in their curricula. This can include content on the identity development of this client group and their intersectional needs. Additionally, it must also include best practise approaches such as anti-oppressive, anti-discriminatory, strengths-based and LGBT affirming approaches rooted in ethics of care, as well as intervention strategies, and role and responsibilities of social workers towards this client group. This will contribute to awareness of LGBT people and the social workers will develop a clear understanding of their role and professional responsibility towards this client group. The inclusion of this content will also contribute to skills development and confidence in social workers, as well as affirming attitudes and compassion for this client group as they become familiar with the specific needs of LGBT people and their development.

It is additionally recommended that formal postgraduate social work programmes be developed for practising social workers to access for CPD purposes post-graduation. This will ensure that qualified social workers access LGBT specific knowledge that will enhance their skills to

https://uwcscholar.uwc.ac.za/home

practise affirmingly with this client group. Similarly, it could also ensure that this develops as a niche practise area.

6.5.3. Recommendations for future research

The findings of this study can contribute substantially to the body of knowledge if they were augmented by other studies on social workers practise with LGBT clients in the South African context. These studies should include social workers employed in the NGO sector and other governmental departments in the South African context to reflect the knowledge, attitudes, and skills of social workers with LGBT people. Studies can also focus on LGBT clients to obtain their perspective of social workers knowledge, attitudes, and skills as well as their experiences with social workers as they were omitted from this study. Future research can also explore the influence of gender, race, religion, culture and geographical location on the attitudes, skills, confidence, and willingness of social workers to practise with this client group.

It is also recommended that researchers should endeavour to produce accessible journal articles and other literature about the LGBT population and social worker practise with this client group. This will ensure that social work practitioners are not deterred to peruse the relevant literature due to the inaccessibility of relevant literature. This is imperative because the improvement of academic literature in this context will contribute to increased awareness, knowledge, attitudes, and skills in social workers. It is therefore recommended that the researcher present the findings of this study to the following groups at DSD: i) the office of the chief director for service delivery management and coordination, ii) program implementation coordinators, iii) social work supervisors and iv) social work practitioners. The researcher must also present the findings of this study to relevant local and international conferences if funding is available to further disseminate knowledge.

https://uwcscholar.uwc.ac.za/home

6.6. CHAPTER SUMMARY

This chapter presented the conclusions and implications of the themes and sub-themes that emerged from the research study. It is clear from the conclusions that the objectives of the study were achieved. It is also apparent that most of the social workers in the study required LGBT knowledge, attitudes, and skills to affirmingly practise with LGBT clients of DSD in the Cape Metropole. The social workers demonstrated difficulty with affirming attitudes or LGBT knowledge and skill set in their practise due to this limitation. The researcher provided various recommendations for social work practise in general, social work practise at DSD in the Cape Metropole, social work education and for future research.

6.7. CONCLUSION OF THE THESIS

This study endeavoured to understand the knowledge, attitudes, and skills that social workers demonstrate in service delivery with LGBT clients of DSD in the Cape Metropole. The findings of this study therefore provided an in-depth understanding as it presented an overview of the knowledge, attitudes, and skills of the participating social work practitioners in their service delivery with the LGBT client population. The study especially recommended that social workers demonstrate various degrees of knowledge, attitudes, and skills in their practise with LGBT clients, as some social workers in this study lacked the required knowledge, attitudes, and skills whilst others demonstrated these in their practises. These findings substantiated the existing literature, which suggest that LGBT knowledge, affirming attitudes and skills are pivotal factors for competent and affirming social work practise with LGBT clients. It also emphasised the importance of organisational support and ongoing training for social workers in relation to LGBT issues to develop an LGBT specific knowledge, affirming attitudes, and a well-developed skill set.

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APPENDICES

APPENDIX A: Ethical Clearance letter received from the Humanities and Social Sciences Research Ethics Committee (HSSREC) of the University of the Western Cape (UWC) (scanned copy)

UNIVERSITY *of the* WESTERN CAPE

:

02 March 2022

Mr J Fourie
Social Work
Faculty of Community and Health Sciences

HSSREC Reference Number:	HS21/10/67
Project Title:	An exploration of social workers' knowledge, attitudes, and skills in service delivery with LGBT clients in the Cape Metropole.
Approval Period:	**02 March 2022 – 02 March 2025**

I hereby certify that the Humanities and Social Science Research Ethics Committee of the University of the Western Cape approved the methodology, and amendments to the ethics of the above mentioned research project.

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval.

Please remember to submit a progress report by 30 November each year for the duration of the project.

For permission to conduct research using student and/or staff data or to distribute research surveys/questionnaires please apply via:
https://sites.google.com/uwc.ac.za/permissionresearch/home

The permission letter must then be submitted to HSSREC for record keeping purposes.

The Committee must be informed of any serious adverse events and/or termination of the study.

Ms Patricia Josias
Research Ethics Committee Officer
University of the Western Cape

Director: Research Development
University of the Western Cape
Private Bag X 17
Bellville 7535
Republic of South Africa
Tel: +27 21 959 4111
Email: research-ethics@uwc.ac.za

NHREC Registration Number: HSSREC-130416-049

FROM HOPE TO ACTION THROUGH KNOWLEDGE.

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APPENDIX B: Ethical Clearance letter received from the Research Ethics Committee of the Department of Social Development in the Western Cape Province

Social Development
Directorate: Research and Information Management
DSD REC Ethics Secretariat –
DSD.REC-Ethics@westerncape.gov.za

Reference: 12/1/2/4

Enquiries: Clinton Daniels/Petro Brink

Mr J. Fourie
2383 First Road
Royal Heights
Bergsig
6660

Dear Mr Fourie

RE: APPROVAL TO UNDERTAKE RESEARCH IN THE WESTERN CAPE DEPARTMENT OF SOCIAL DEVELOPMENT

1. Your request for ethical and access approval to undertake research in respect **of *'An exploration of social workers' knowledge, attitudes and skills in service delivery with lesbian, gay, bisexual and transgender (LGBT) clients in the Cape Metropole'*** refers.
2. Kindly note that your request was found to meet the ethical requirements of the Department's Research Ethics
   Policy, subject to the conditions stipulated below:

- That the Secretariat of the Research Ethics Committee be informed in writing of any changes made to your research design after approval has been granted and be given the opportunity to respond to these changes.
- That ethical standards and practices as contained in the Department's Research Ethics Policy be maintained throughout the research study, in particular that informed consent (written or recorded) be obtained from participants.
- The confidentiality and anonymity of participants, who agree to participate in the research, should be maintained throughout the research process and should not be

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named in your research report or any other publications that may emanate from your research.

- The Department should have the opportunity to respond to the findings of the research. In view of this, the final draft of your dissertation should be provided to the Secretariat of the REC for before further dissemination.
- The Department should receive a copy of the final research report or products and any subsequent publications resulting from the research.
- The Department should be acknowledged in all research reports and products that result from the data collected in the Department.
- Please note that the Department cannot guarantee that the intended sample size as described in your proposal will be realised.
- Access to Departmental officials and beneficiaries Access to Departmental officials and beneficiaries must be must be negotiated with relevant Regional Directors subject to service delivery priorities and operational demands. Kindly note that Departmental resources such as official vehicles cannot be used for your research.
- The requirements of the Protection of Personal Information Act, no 4 of 2013 must be adhered to during your data collection process.

3. **This approval is valid for a period of 12 months from the date of final approval as indicated on this letter.**

   A progress report regarding the status of your research must be submitted to the REC Secretariat one month prior to the date on which the REC approval expires. If data collection has not been completed within this period, it is your responsibility to timeously submit a request for an extension of this approval.

4. **The Secretariat must be notified once you have completed data collection in the Department.**

- Failure to comply with these conditions can result in this approval being revoked.
- Please provide written acceptance of these conditions and recommendations within 5 working days of the receipt of this letter.

Yours sincerely,

Gavin D Miller Digitally signed by Gavin D Miller Date: 2022.03.25 14:32:08 +02'00'

M. Johnson

PP Chairperson: Research Ethics Committee

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APPENDIX C: Study Information Sheet - ENGLISH

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-959 9486

Email: 3680508@myuwc.ac.za ; ahuman @uwc.ac.za & nhenderson@uwc.ac.za

INFORMATION SHEET

Project Title: *An exploration of social workers' knowledge, attitudes, and skills in service delivery with lesbian, gay, bisexual, and transgender (LGBT) clients in the Cape Metropole.*

What is this study about?

Johan Fourie, a Masters' student in the Social Work Department, at the University of the Western Cape will conduct this research project. We are inviting you to participate in this research project due to your expertise and experience in social work practice. The purpose of the study is to explore and understand the knowledge, attitudes, and skills of social work practitioners with lesbian, gay, bisexual, and transgender clients in the Cape Metropole.

What will I have to do if I agree to participate?

You must complete a consent form to illustrate your consent for participation as well as to be audio recorded in a face-to-face or virtual interview session on an agreed upon date and venue suited to you. The research will include an interview with you and will consist of open-ended questions on which you must respond. The interview will last between 60 and 90 minutes.

Would my participation in this study be confidential?

The researcher undertakes to protect your identity and the nature of your contribution. To ensure your anonymity, your name will not appear for any purpose in this research project, but a code will differentiate different transcriptions of participants. Only the researcher will be able to identity you and will have access to the identification key especially for the information verification. To ensure confidentiality the researcher will copy the interviews on a computer from the audiotape after the interview and then delete the audiotape. The researcher will create a password protected folder, only accessible by the researcher to store the interviews. The UWC data management system will ensure safe storage of the information. Codes will identify

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the transcriptions from the interviews, which stored in a locked cabinet. Should any publication emanate from the study, your identity will remain withheld and protected to the highest degree.

What are the risks of this research?

There may be risks from participating in this research study. The risks may be psychological, social, and emotional. All human interactions and talking about self or others may contribute to unforeseeable risks. I will nevertheless minimise such risks and act promptly to assist you if you experience any discomfort, psychological or otherwise during the process of your participation in this study. The researcher will refer you to an appropriate professional if you need further assistance or intervention.

What are the benefits of this research?

This aim of the research is not to help you personally, but the results may assist to comprehend social workers' knowledge, attitudes, and skills with LGBT clients in South Africa. The findings of the study will benefit social work practitioners and will provide an understanding on the state of LGBT affirmative social work practice in South Africa. This research study will also be useful to identify the implications for LGBT affirming social work practice and will develop recommendations, and guidelines for social work education, policies and further research towards LGBT affirming social work practice in South Africa.

Do I have to be in this research, and may I stop participating at any time?

Your participation in this research is completely voluntary. You may choose not to take part in the research. If you decide to participate in this research, you may withdraw any time. There are no penalties if you decide not to participate or withdraw from the study.

What if I have questions?

Johan Fourie, a Masters' student in the Social Work Department at the University of the Western Cape will conduct the research. If you have any questions about the research study itself, please contact me 3680508@myuwc.ac.za. Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

Head of Department:

Prof Marichen van der Westhuizen.

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Head of Department: Social Work
University of the Western Cape
Private Bag X17
Bellville 7535
mvanderwesthuizen@uwc.ac.za
021 9592277

Dean of the Faculty of Community and Health Sciences:
Prof Anthea Rhoda
University of the Western Cape
Private Bag X17
Bellville 7535
chs-deansoffice@uwc.ac.za

The University of the Western Cape's Senate Research Committee and Ethics Committee.
Humanities and Social Sciences Research Committee (HSSREC), UWC approved the research.
research-ethics@uwc.ac.za
021 959 2988
REFERENCE NUMBER: HS21/10/67

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APPENDIX D: Study Information Sheet - AFRIKAANS

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-959 9486

Email: 3680508@myuwc.ac.za ; ahuman @uwc.ac.za & nhenderson@uwc.ac.za

INLIGTINGSBRIEF

Projektitel: *'n Ondersoek na maatskaplike werkers se kennis, houdings en vaardighede in dienslewering met lesbiese, gay, biseksuele en transgeslag kliënte in die Kaapse metropool.*

Waaroor handel die navorsingsprojek?

Hierdie navorsingsprojek word deur Johan Fourie, 'n meestersgraadstudent aan die Universiteit van Wes -Kaapland, gedoen. Ons nooi u graag om aan hierdie navorsingsprojek deel te neem vanweë u kundigheid en ervaring in maatskaplike werk praktyk. Die doel van die studie is om die kennis, houdings en vaardighede van maatskaplikewerkers in dienslewering met lesbiese, *gay*, biseksuele en transgeslag kliënte in die Kaapse Metropool te ondersoek en te verstaan.

Wat sal van my gevra word om te doen as ek instem om deel te neem?

U sal gevra word om 'n toestemmingsvorm te voltooi waarop u toestemming sal verskaf vir deelname aan die studie asook om op 'n klankband opgeneem te word gedurende die onderhoudssessie. Tydens die onderhoud sal u gevra word om 'n vasgestelde aantal vrae te beantwoord soos u die vrae verstaan. Die onderhoud sal ongeveer 60 tot 90-minute duur.

Sou my deelname aan hierdie studie vertroulik gehou word?

Die navorser onderneem om u identiteit en die aard van u bydrae te beskerm. Om u anonimiteit te verseker, word u naam vir geen doel in hierdie navorsingsprojek verskaf nie. 'n Kode sal gebruik word om die transkripsies van die deelnemers te onderskei. Slegs die navorser kan u identifiseer en sal toegang tot 'n identiteitsleutel hê vir die verifikasie van inligting. Onderhouddata sal onmiddellik na 'n rekenaar gekopieer word vanaf die klankband waar dit deur 'n wagwoord beskerm sal word wat net aan die navorser bekend is. Die transkripsies word met kodes geïdentifiseer en word gestoor in 'n gesluite kabinet wat net toeganklik is vir die navorser. U identiteit sal beskerm word as daar enige publikasie voortspruit uit die studie.

Wat is die risiko's van hierdie navorsing?

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Verskeie onvoorspelbare risikos mag ontstaan tydens die studie aangesien alle menslike interaksies risikos inhou. Risikos sal egter tot 'n minimum beperk word. Indien u enige ongemak, hetsy sielkundig of andersins ervaar tydens of na u deelname aan hierdie studie, sal 'n gepaste verwysing gedoen word na 'n profesionele diensverskaffer.

Wat is die voordele van hierdie navorsing?

Hierdie navorsing is nie bedoel om u persoonlik te help nie, maar die resultate kan die navorser en ander in staat stel om die kennis, houdings en vaardighede van maatskaplike werkers met LGBT kliënte in Suid-Afrika te verstaan. Die doel van die navorsing is dat maatskaplike werkers in die toekoms sal baat by die bevindinge wat uit hierdie studie sal voortspruit. Hierdie navorsing het ook ten doel om insig te verskaf aan maatskaplikewerkpraktyk ten opsigte van LGBT in Suid-Afrika. Die studie poog verder om die implikasies vir maatskaplikewerkpraktyk met LGBT kliënte te identifiseer, om riglyne vir maatskaplike werk opleiding the ontwikkel en om aanbevelings oor beleid en toekomstige navorsing te doen met betrekking tot maatksplike werk praktyk met LGBT in Suid-Afrika.

Moet ek aan hierdie navorsing deelneem en mag ek enige tyd ophou deelneem?

U deelname aan hierdie navorsing is vrywillig. U kan kies om nie deel te neem nie. As u besluit om aan hierdie navorsing deel te neem, kan u enige tyd onttrek. As u besluit om nie aan hierdie studie deel te neem of as u op enige tydstip onttrek sal daar geen negatiewe gevolge wees nie.

Wat as ek vrae het?

Hierdie is 'n navorsingsprojek wat deur Johan Fourie, 'n meestersgraadstudent aan die Universiteit van Wes -Kaapland, gedoen word. Indien u vrae het oor die navorsingstudie, kontak Johan Fourie by 074 660 3448, en / of 3680508@myuwc.ac.za .

Indien u enige vrae het rakende hierdie studie, u regte as navorsingsdeelnemer, of enige probleme met die studie ervaar, kontak graag die volgende persone:

Prof Marichen van der Westhuizen.
Departementshoof: Maatskaplike Werk
Universiteit van Wes-Kaapland
Privaatsak X17 Bellville 7535
mvanderwesthuizen@uwc.ac.za

https://uwcscholar.uwc.ac.za/home

Prof Anthea Rhoda

Dekaan: Fakulteit Gemeenskaps- en Gesondheidswetenskappe

Universiteit van Wes-Kaapland

Privaatsak X17 Bellville 7535

chs-deansoffice@uwc.ac.za

Hierdie navorsing is goedgekeur deur die Universiteit van die Wes-Kaapse Etiekkomitee vir Geesteswetenskappe en Sosiale Wetenskappe.

Komitee vir Navorsingsetiek vir Geesteswetenskappe en Sosiale Wetenskappe
Universiteit van Wes-Kaapland
Privaatsak X17
Bellville
7535
Tel: 021 959 4111
research-ethics@uwc.ac.za
VERWYSINGSNOMMER: HS21/10/67

https://uwcscholar.uwc.ac.za/home

APPENDIX E: Consent Form - ENGLISH

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-959 9486

Email: 3680508@myuwc.ac.za ; ahuman @uwc.ac.za & nhenderson@uwc.ac.za

INFORMED CONSENT FORM

Title of Research: *An exploration of social workers' knowledge, attitudes, and skills in service delivery with lesbian, gay, bisexual, and transgender (LGBT) clients in the Cape Metropole.*

The study has been described to me in a language that I understand. My questions about the study have been answered, and I understand what my participation will involve. I, therefore, consent to participate out of my own choice and free will. Furthermore, I understand that I may withdraw from the study at any time without reason or fear of negative consequences. Moreover, I also understand that my identity will not be disclosed to any person or in any potential publications that may emanate from the study.

Please indicate whether you consent by selecting one of the options below:

_____ I consent to be audio recorded during my participation in the study.

_____ I do not consent to be audio recorded during my participation in this study.

Participant's name ……………………….

Participant's signature ……………………….

Date ……………………….

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APPENDIX F: Consent Form - AFRIKAANS

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-959 9486

Email: 3680508@myuwc.ac.za ; ahuman @uwc.ac.za & nhenderson@uwc.ac.za

VRYWARINGS VORM

Projektitel: *'n Ondersoek na maatskaplike werkers se kennis, houdings en vaardighede in dienslewering met lesbiese, gay, biseksuele en transgeslag kliente in die Kaapse metropool.*

Die studie is aan my verduidelik sodat ek kan verstaan wat ek moet doen. Ek stem in om deel te neem aan die navorsingstudie. Vrae wat ek gevra het, is beantwoord. Ek verstaan dat my naam nie op enige dokument gebruik sal word nie en dat ek op enige tydstip mag ophou om aan die studie deel te neem sonder om 'n rede daarvoor te gee en dat ek op geen manier daarvoor gestraf sal word nie.

___ Ek stem in om deur my deelname aan hierdie studie op 'n klankband opgeneem te word.

___ Ek stem nie in om tydens my deelname aan hierdie studie op n klankband opgeneem te word nie.

Deelnemer se naam: ________________________

Deelnemer se handtekening: _____________________

Datum: ____________________

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APPENDIX G: Interview Schedule of the Lesbian Gay Bisexual and Transgender Competency Assessment Tool - ENGLISH

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-959 9486
Email: 3680508@myuwc.ac.za ; ahuman @uwc.ac.za & nhenderson@uwc.ac.za

INTERVIEW SCHEDULE

Title of Research: *An exploration of social workers' knowledge, attitudes, and skills in service delivery with lesbian, gay, bisexual, and transgender (LGBT) clients in the Cape Metropole.*

Interviewer:	
Respondent Code:	
Age:	
Gender:	
Place	
Time:	

LESBIAN, GAY, BISEXUAL, AND TRANSGENDER -COMPETENCY ASSESSMENT TOOL QUESTIONS

---

1. As a social worker, what do you think, you can you do in your interactions with LGBT clients to make them more comfortable and build rapport?

2. What questions would you ask to understand how your clients define their sexual orientation?

3. What questions would you ask to understand how your clients define their gender identity?

4. What aspects of identity development should you consider in assessment of LGBT clients?

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5. How would you help LGBT clients manage the discrimination or oppression they face in their day-to-day lives?

6. What referral resources might you use in working with LGBT clients? (If you don't know names of specific resources, how would you source them?)

7. If you were going to design a satisfaction survey of clients for an agency, and you wanted to be sure that the survey was culturally appropriate for LGBT clients, what issues would you need to address?

8. What factors would you advise LGBT clients to consider when deciding whether to disclose their sexual orientation or gender identity to their family, friends, and colleagues?

9. If you were going to engage in community organizing in the LGBT communities in your area, how would you proceed?

10. On behalf of which LGBT social issues would you be willing or interested of engaging in advocacy? Provide a list.

11. If you were an agency director, what steps would you take to ensure your agency was engaging in ethical practice with LGBT populations?

12. What steps would you take to make sure you are practicing without bias when working with LGBT populations?

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APPENDIX H: Interview Schedule of the Lesbian Gay Bisexual and Transgender Competency Assessment Tool - AFRIKAANS

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-959 9486
Email: 3680508@myuwc.ac.za ; ahuman @uwc.ac.za & nhenderson@uwc.ac.za

ONDERHOUDSGIDS

Projektitel: *'n Ondersoek na maatskaplike werkers se kennis, houdings en vaardighede in dienslewering met lesbiese, gay, biseksueel, transgeslag, interseks, en aseksuele kliente in die Kaapse metropool.*

Onderhoudvoerder:	
Respondent Kode:	
Ouderdom:	
Geslag:	
Plek:	
Tyd:	

LESBIAN, GAY, BISEKSUEEL EN TRANSGESLAG – BEVOEGDHEIDS ASSESSERING HULPMIDDEL VRAE

---

1. Wat dink u kan maatskaplike werkers doen om LGBT -kliënte gemaklik te laat voel tydens kontaksessies en verhoudingbou?
2. Watter vrae sou u vra om te verstaan hoe u kliënte hul seksuele oriëntasie definieer?
3. Watter vrae sou u vra om te verstaan hoe u kliënte hul geslagsidentiteit definieer?
4. Watter aspekte van identiteitsontwikkeling moet u in ag neem tydens die assesering van die LGBT -kliënt?

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5. Hoe sou u LGBT-kliënte help om die diskriminasie of onderdrukking wat hulle in hul daaglikse lewens ondervind, te hanteer?

6. Watter verwysingshulpbronne kan u gebruik om met LGBT -kliënte te werk? (As u nie die name van spesifieke bronne ken nie, hoe sou u dit vind?)

7. As u 'n tevredenheidsopname van kliënte vir 'n agentskap sou ontwerp, en u wou seker wees dat die opname kultureel geskik was vir LGBT -kliënte, watter probleme sou u dan moet hanteer?

8. Watter faktore sou jy aan LGBT -kliënte aanraai om te oorweeg wanneer hulle besluit of hulle hul seksuele oriëntasie of geslagsidentiteit aan hul familie, vriende en kollegas wil bekend maak?

9. Hoe sou u te werk gaan as u by die organisering van gemeenskappe in die LGBT -gemeenskappe in u omgewing betrokke sou raak?

10. Namens watter LGBT -sosiale uitdagings sou u bereid wees of belangstel om voorspraak te maak? Gee 'n lys.

11. As jy 'n agentskapdirekteur was, watter stappe sou jy doen om te verseker dat jou agentskap met LGBT -bevolkings etiese praktyke volg?

12. Watter stappe sou u neem om seker te maak dat u sonder vooroordeel praktiseer wanneer u met LGBT -bevolkings werk?

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APPENDIX I: Request for organisational permission and access at the DSD (scanned copy)

APPLICATION - Ethical Clearance - J. Fourie External Inbox ×

JOHAN ARNOLD FOURIE <3680508@myuwc.ac.za>
to DSD.REC-Ethics, Clinton, Petro, Johan, bcc: Anja, bcc: Neil

Feb 8, 2022, 2:14 PM

Dear Clinton,

Greetings of peace to you.

Our previous correspondence regarding my intention to apply for ethical clearance from DSD's REC, refers.

As per earlier disclosures, herewith my application for ethical clearance, access, and data collection with DSD employed social work practitioners in the Cape Metropole.

For the committee's convenience and perusal, I have attached the following documents:

1. DSD REC Application Form
2. Research Proposal, including the information sheet; consent form; interview schedule; and access request letter in all three (3) official languages of the WC province.
3. Certified copy of my South African Identity Document.
4. Proof of my registration as a MSW (Thesis) student at the University of the Western Cape.
5. REC Access Form.
6. HSSREC Ethics Application (as submitted to the HSSREC at the University of the Western Cape).

Please note that in addition to this, I also have an application currently before the HSSREC at the University of the Western Cape. Therefore, I am currently awaiting their feedback/outcome, however, I am unfamiliar with when this will be.

I trust that you find the above in order and I thank you for your time.

Kind Regards,

--

Johan Fourie
Bachelor of Social Work [Cum Laude] (2019)
The University of the Western Cape
Cell 0746603448 Email johanfourie53@gmail.com

https://uwcscholar.uwc.ac.za/home

APPENDIX J: Transcript of one participant: ENGLISH

PARTICIPANT 1

Researcher: So can you kindly tell me, what is your age?

Participant: I'm 27

Researcher: You [are] 27. And what is your gender?

Participant: Male

Researcher: Male. Thank you for that. I start with the first question. As a social worker, what do you think you can do or any social worker when they see a client who is lesbian, gay, bisexual or transgender, to make the client feel… LGBTQ client feel comfortable during the session and to build the relationship?

Participant: You know what … Maybe it starts by seeing a client as a client. I don't know if because if you are a trained social worker you should know how to deal with clients. So I mean a client you cannot be dealing based on demographic such as male, female, gay, lesbian, I don't know how to do that. So a client is a client. I was taught to deal with a client irrespective of the demographic. So, I would say just apply the same knowledge and skills and whatever you were taught on how to deal with the client. You don't judge a client. You'd know that this takes principles. You know what you're supposed to be doing, so I don't know. So that is my approach to that. It is a client, demographics I cannot, I I I I don't delve into that.

Researcher: I'm on to the second question. What kind of questions would you ask a client to determine or to understand how the client define their sexual orientation?

Participant: What questions would I ask?

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Researcher: What questions would you ask? I think it may even start by asking, do you ask clients what their sexual orientation is?

Participant: No… absolutely not, because the demographics here are done by the screening person, even the screening form, there's nothing that says. Gay, lesbian straight or what? No, there's nothing like that, so it's male or female. So you get the client or you see it's a female. It's a male. That's it, you know, so you don't really get into that "are you heterosexual or homosexual?" You don't ask those things.

Researcher: Would you be interested to ask a client what their sexual orientation is?

Participant: I'm not sure what purpose it would serve in the social work setting. More than it being … because it may trigger, perhaps prejudice or whatever. I don't know. I don't know what purpose it would really help. I I I I, I don't think it would help. I don't know.

Researcher: And should you get to a situation now with the client where for some reason you ask the client what the client sexual orientation is, what would that question sound like?

Participant: What would I say? No, but why would I ask such things? You know, I don't know what I would say. I I, what purpose is what? Why am I asking the information for what purpose? I don't know how I would phrase it, I really don't know… I said why but when you're asking a question you need to why? What is the justification for this so it might it I don't have any reference of why I would be asking those questions, you know, so either.

Researcher: My next question to you is what questions would you ask to determine or understand how the client defines their gender identity?

Participant: Do you identify as… hey, hey, hey… Johan? I don't know. The thing is man in my head I don't have those questions. Those kinds of questions, why would I ask those questions you understand? So now I'm trying to to formulate something in my head and it's not

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genuine, so I don't know why I would ask in what. Context, maybe you should give me an example. If you because I don't want to not answer your questions, but then I don't know how to answer them.

Researcher: it's fine you are Answering the questions you know in your way and how you understand it. I'm not looking for a specific answer. You know your answer is your answer and I have to accept that. So yeah, I understand.

Participant: Yes, I don't know why man. I don't know why I would ask those questions. Why do I? Am I going to render a program? But is that not invasive? I'm just I don't know, I don't know.

Researcher: I just wanted an example (laughs). What aspects of identity development should a social worker or you consider when they conduct an assessment with a client who is, who identifies or xpresses to you that they are either lesbian, gay, bisexual, or transgender. So while you doing an assessment with that client? What aspect of identity development should you consider? In that assessment.

Participant: Oh my goodness. Is there one that ehh…? Because I'm trying to reflect to theory now, it's like male and female, so Most likely it would mean the developmental needs of a male child or a male or female child. I don't know if it does go though I don't know. I don't know, so most likely it would be a male, are you male. Or are you female, you know? So are the needs provided for for a male Or a female so I don't know about the …. no I I don't know.

Researcher: Thank you for that. What referral resources might you use when you work with or render services to a client who has expressed to you that they lesbian, gay, bisexual or transgender? Are there specific Resources that you might use when you work with that client?

Participant: Let me tell you something, so I have never had a client had specific challenges because of their sexuality, so there's never been a client who comes to Me and says listen I'm

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bisexual and lesbian, what, what? So I had challenges in doing so in my assessment. Maybe I determined that it's because in the negative favor I have never. But I do know there is an orga… another colleague of mine Had a child who was chased away from home. I don't know the child went to Lentegeur or something. I don't know too much but something traumatic happened that the child was chased away, so she contacted an organization I just forgot the name, but an organization in town. There is an organization that she referred client to. They solely based… it focuses on on a en…, what? gay, lesbian and what, what rights and and stuff. And so I don't know what the name is called. I forgot because I really have never I've never, you know, received a client with such needs, so right now, no, I don't know. I don't want to lie to you, I don't. I know there is one but I just forgot the name.

Researcher: And should you end up in a situation like your colleague? How would you find specific resources or organizations that work?

Participant: Yeah, Google will help. Because in the database there is no such thing in the Western Ca…, and I've not seen it. Cause the Western Cape government does have resources like Old age home but there's nothing that I see that talks about gay lesbian rights what and whatnot, so you'd have to go to Google and check private organizations.

Researcher: If you were going to so your supervisor or your social work manager comes to you and they ask you to design A client satisfaction survey with regards to the services that they have received from the organization. And if you're going to design that survey satisfaction survey and you want to make sure that the survey is inclusive and it is appropriate for LGBT clients, what questions or Issues would you need to put in the survey?

Participant: Do you feel judged at the office when you come to the office? What else? Yeah, yeah, the patients would center around that for me prejudice, judge, that you do you feel like

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there's an attitude towards you? Things like that I would ask those things I don't know what else.

Researcher: I move on to the next question. What factors should you in your capacity as a social worker in a therapeutic relationship consider or what would you advise your lesbian gay bisexual transgender client to consider when they come to you and say listen, I am considering to disclose to my family, my friends and my colleagues that are my sexual orientation and gender or gender identity. What factors would you then advise them to consider when they make their decision?

Participant: Factors? But I know what my intervention would be. I'm not answering the question, but I I would call the family or if unless she feels that they can do that by themselves, but if you're uncomfortable sharing. I can, my duty to call the family and say listen, this is what Is and you need to know that you cannot choose for the child. You can't say even you cannot choose who the child is gonna date and …I had a case actually, I just, you know, I forgot that but it was a small child. [The]l child is a tomboy. But she didn't say I'm lesbian, just a tomboy wearing things like…, the mother was a social worker actually working for the department. And so I was dealing with this case on the child protection phases and so the mother really had an issue with the child 'cause this is my house. It's a social worker. This is my house. We're Christian here. You need to wear skirts. So we I had a lengthy conversation with her, but unfortunately you it's you know, you cannot impose your own beliefs on your it's your child, yes, but it's you know it was nice because she's a social worker, you know that this is a unique being so. Okay, let me go back to the question. What factors uh? Uh, uh man, this question is tough hey. What should they consider?

Researcher: So they told you that I am in the process of deciding to tell my family and my friends right?

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Participant: OK.

Researcher: So, what factors should they consider? Whether they are going to tell their family or end up not telling their family. But what should they consider when they make their decision.

Participant: OK. The possible outcome. I don't know their relations because the relations you need to know that their relations might be strained. They may not be accepting of it, so you need to understand that. Expect anything, expect the negative, expect positive. You will get the positive, maybe you may, but do know for sure that you will get the negative as well. So could prepare your mind that you will be judged because now people know because maybe you were doing it privately. Now people know in your community if you share with your friends, your community will know your school, wherever they will know and you will be judged, that is the reality. So you need to prepare Your mind for that. So perhaps those are the factors I would say.

Researcher: I move on now to Community work, right? If you were going to engage in community organizing in a community project of some sort with people who are lesbian, gay, bisexual and transgender in your community where you work. How would you proceed to bring that Community project to fulfilment or to implement it.

Participant: I I would run it as a normal program so you my my role is to coordinate so I would get somebody who is world best in, in, in, in there right and everything and and the resources that are provided. If the child is being I I don't know. Chased away from home. Is there any shelter [that] they can access? So I would do it as I do with any program that I do and I call the expert you know. So perhaps I would call somebody I don't know. Even the department, there's somebody who could, but I know there are organizations in town. I I forget the names man, but so the bottom line is I would call somebody to come and present and and tell you that I would do it as the normal project that I do.

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Researcher: I put to you the next question. Are you interested or willing to advocate for LGBT clients and people?

Participant: Are you asking? yes yes, yeah.

Researcher: I'm asking, yes. Are there specific issues that you are willing to advocate for?

Participant: Well listen, all the issues that are facing my clients. I wouldn't know now them by heart because perhaps I wouldn't know what issues specifically that are faced so you'd have to now sit and check and assess. OK, these are the issues and then you deal with that so anything that has me advocating for a client. I would be there so I don't know the specific issues now you are, but then I would conduct an assessment and be there as an advocate.

Researcher: Thank you for that, so now I'm elevating you from a social worker to social work supervisor or social work manager?

Participant: I wish (laughs).

Researcher: So, if you are a social work supervisor or a social work manager right? You will have people now that is under your leadership. Right? That you supervise, social workers, social work auxiliary workers, community development workers, etc. What steps would you take to or what would you do to ensure that the social workers under your leadership and under your supervision that they are practicing ethically and inclusively with clients who identify or express themselves as lesbian gay, bisexual Transgender.

Participant: OK, so there's that oath and PLEDGE that we take so in there when you are taking that pledge even before you come to the office before you graduate. I don't know when it's done. It depends on the institution, so I do think there is something there about not judging people’s sexual orientation or something. I forgot the lines, you know? So you need to know that as a social worker. It's a basic thing. Otherwise why are you here? Why are you in this

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profession? So what I would do as a supervisor, I would have sessions of this, rehashing and going back guys…. Do you remember what your pledge was? You took a pledge. You remember? You pledged. So, you need to abide If you cannot go find another profession and not like that. But so I would have sessions with my people to remind them, maybe weekly maybe. You know this is what is required to you for you ethically training sessions actually I've just said so, I would have training sessions with my staff.

Researcher: Still on that question … You are familiar with the staff, the social work staff in your office or in your team, right? Let's say you are now a social work supervisor or social work manager for this office. Do you think based on what you observe in the office and what you see, do you think that it will take a lot for you as a social worker social supervisor or as a social work manager to get the staff to practice ethically and inclusively with with clients who are gay, bisexual, transgender?

Participant: At this office? I don't know… But what I do know is that it shouldn't even be a point for negotiation. You have to abide by this. You decided to come here, so this is what you have to deal with if. You cannot, it's fine. You can go, you know, get to go to another profession. So to me it wouldn't be difficult. I know I won't be there with the client, but there would be surveys, things would be suggested. And then you will learn as manager OK, this is how the clients are feeling, so you can monitor. So, it shouldn't be a point of negotiation. This is what needs to happen. You have to be ethical, you have to be inclusive and what not. So how do you then monitor that? Give the survey as it just said.

Researcher: As we conclude, this is my final question to you and I'm coming back to you as a social worker and in your current role. What steps can you take as a social worker to ensure that you are practicing ethically and inclusively and without bias when you render the services to lesbian, gay, bisexual and transgender clients?

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Participant: Well, it does help to keep yourself updated with stuff you know, maybe I will say now attend training inclusive training. All of all those things that we provide. So read the policy, you know what is expected of you. So read the policies, the repair, SSE. This is the code of conduct. Read there, go back to your pledge that you took. So this is how you should be reminding yourself if you feel that listen I'm lacking because you are human you may have judgemental attitude what what, what, what, what, what but you will have something perhaps inside of you. Maybe a belief system or whatever. So then how do you deal with that? You have to go, you have to attend training. Try to get training. Whatever. Speak with your supervisor, be honest and arrange training for that because unfortunately. You need to be able to deal with that because you must be non-judgmental. You must be accepting. You know it's not a point. So if you see that you have an issue with that, there's somewhere that you are lacking. Speak to your supervisor. Get some training. I'm done.

Researcher: I want to thank you for your time this morning and it was really lovely speaking with you and I thank you for meeting with me and for participating.

Participant: It's a pleasure. Thank you.

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APPENDIX K: Editorial Certificate (scanned copy)

EDITING OF THESIS

UNIVERSITY OF THE WESTERN CAPE

STUDENT: JOHAN FOURIE **ST. NR: 3680508**

DEGREE: MA SOCIAL WORK

TITLE: An exploration of social workers' knowledge, attitudes, and skills in service delivery with lesbian, gay, bisexual, and transgender (LGBT) clients in the Cape Metropole.

I hereby declare that I have edited the MA thesis of Johan Fourie before submission for the MA Social Work Degree.

A Beytell

Dr. A. Beytell

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APPENDIX L: Turn it In Report

Report dated: 12 January 2024

3680508:Fourie_JA_-_3680508_-_MSW_Thesis.docx

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