

Review

The Inevitable Applicability of Privacy Legislation in Social Work Practice: A South African Perspective

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Abstract

The right to privacy is one of the fundamental human rights recognised by many countries. Privacy extends to the protection of one's personal information, including when such information is shared for the purpose of receiving professional services. Despite the significance of protecting personal information across international communities, there is scant literature to guide compliance among social work practitioners who deal with the most vulnerable population groups. This integrative literature review sought to explore the applicability of South African privacy legislation (the Protection of Personal Information Act of 2013 (POPIA)) to social work intervention processes and practices. Data were analysed deductively following Five and Gossner's framework. The findings revealed that POPIA relates to the indispensable social work principle of confidentiality and that it applies to social work interventions whenever personal information is involved. POPIA is central to social work practice in South Africa. It is therefore essential to develop guidelines for compliance in social work practice and for training social workers on the protection of personal information of their clients. This study contributes to knowledge by shedding some light on the importance of POPIA in social work interventions.

Keywords: confidentiality; information; personal protection; social work; South Africa; vulnerable populations

1. Introduction

The mandate of social work has a long international history and is based on the promotion of human rights and social justice. Social workers are involved in the collection and processing of personal information in all areas of their practice. Given their professional mandate as proponents of social welfare and social justice, it would be negligent for researchers not to consider social work intervention processes in the context of privacy legislation. Social welfare and social justice are central to the social work profession (Nicotera 2019; Turton and van Breda 2019), and they extend to the protection of personal information, particularly that of the most vulnerable groups, who normally seek refuge with social workers in times of injustice.

One of the core principles of social work is confidentiality. As stated, the protection of personal information is central to the social work profession and relates to the principle of confidentiality. As noted by the International Federation of Social Workers (1996), social workers pay attention to the principles of privacy, confidentiality, and responsible usage of information when executing their professional duties. In South Africa, the South



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African Council for Social Service Professions (SACSSP) issued interim ethical guidelines for technology-supported social work services for social workers (SACSSP 2020a, 2020b). Although these interim guidelines were specifically designed for the use of technology-supported social work interventions, paragraph 3.1.4 provides social workers with sound knowledge and understanding of legislation, policies and procedures on the use of technology in providing social work services, access to, and protection of, electronic information and data. Among the directives provided by these ethical guidelines for social workers is that they should “take reasonable steps to ensure the privacy and safeguarding of confidential information and communication” and take “reasonable steps to ensure that confidential information is gathered, managed and stored in accordance with legislation and policies” (SACSSP 2020b, p. 4).

By their very nature, social work interventions require the processing of personal information. For social workers who serve within the school context, for instance, Vergottini and Weyers (2020) provide a list of duties such as screening, identifying, and assessing learners in need of social work services; providing direct intervention services; promoting parental and community involvement; consulting with parents, educators, support staff, and other professionals; collaborating with other role players; and coordinating services to promote a holistic approach.

To determine whether a client has any unmet social needs, social workers use screening tools containing a set of questions to collect specific information (Centre for Consumer Engagement in Health Innovation 2019), including personal information referred to in Section 1 of the Protection of Personal Information Act (2013). They conduct intake and screening, which involves the collection of personal information about service clients, which ultimately feeds into service clients’ profiles (DSD 2013). They design a means of assisting their service clients, among others, by referring them for further interventions. As to whether their collected information is recorded by means of a filing system, it is common knowledge that social workers are ethically and legally required to maintain records of their interventions with service clients in files (de Jager 2013; Newfoundland and Labrador Association of Social Workers 2014). The Department of Social Development (DSD) urges social workers and related practitioners, among others, to keep a record of activities at the point of entry, which will then feed into the service clients’ profiles (DSD 2013). It also requires certain infrastructural provisions, such as filing cabinets for safekeeping intervention records (DSD 2013).

In South Africa, the primary privacy legislation is the Protection of Personal Information Act 4 of 2013 (POPIA). The South African background to POPIA dates to 17 November 2000, when the South African Law Reform Commission (SALRC) approved an investigation into privacy and data protection (Swales 2022). The terms of reference for this investigation required consideration of all aspects regarding the protection of the right to privacy of a person in relation to the collection, storage, usage, and communication of their personal information, as well as any legislative or other steps to be taken in this regard (SALRC 2009). Following discussions over three decades, the SALRC proposed the need for the Protection of Personal Information Bill, which was first presented as a discussion paper in 2005 and later as a final report in August 2009 (Swales 2022). On 19 November 2013, POPIA was promulgated. Although some of its provisions came into effect on 11 April 2014, the remaining ones were suspended and only came into force on 1 July 2020, with the overall purpose of promoting the protection of personal information processed by public and private bodies, and to introduce conditions for establishing the requirements for processing such information (Buys 2017).

This paper is based on an integrative literature review and sought to ascertain the extent to which POPIA applies to social work interventions. Structurally, the paper begins

with an outline of the problem around the protection of personal information and the significance thereof, followed by a literature review and the methodological approach, including the ethical principles that guided the review. The findings are presented in eight themes and two subthemes, followed by a discussion and conclusion, from which some recommendations are derived.

1.1. Background

Before the enactment and promulgation of POPIA, by virtue of their registration with the South African Council for Social Service Professions (SACSSP), a professional body that regulates practice and sets standards for social work practice, social workers had principles such as confidentiality embedded in the code of the South African Council for Social Service Professions, which enabled them to safeguard the information of their service clients. However, these principles are narrow in that they mostly aim to safeguard clients' information without detailed guidelines on how to process or safeguard it. POPIA goes beyond the scope of merely protecting personal information by regulating the entire process of dealing with such information, including regulating consent to the processing, the sharing, as well as the storing thereof (Adams et al. 2021). There is no doubt that POPIA provides a framework for the processing, sharing and storing of personal information by social workers. This legislation indirectly regulates the practice of social workers and other human service practitioners, who should align with the acceptable national standards for handling personal information.

Despite being a law to which all responsible parties (including social workers) are bound, there are currently no clear guidelines for social workers on how to comply with POPIA in everyday social work practice in South Africa. At the time of writing, the South African Council for Social Service Professions, which regulates social work practices in the country, did not have guidelines for social work practitioners regarding POPIA. On the SACSSP website, for instance, there was a specific page titled 'Policy and Publication', wherein relevant legislation and policies were embedded; however, there were no policies or guidelines specifically on POPIA. The page instead had this message: "The manual and guidelines related to the Protection of Personal Information Act 4 of 2013 will be published soon". Similarly, the website of the Department of Social Development (DSD), which is the custodian of all social services in the country, had a page dedicated to documents under which one finds the so-called "Promotion of Access to Information Act (PAIA)/POPIA Manual and POPIA forms" (the PAIA/POPIA manual). Such a PAIA/POPIA manual provides general information intended for clients, without specifically guiding social workers on how to ensure compliance with POPIA. As frontline practitioners who are often confronted with situations that require compliance with POPIA, social workers require guidance regarding POPIA and its applicability in the social work context.

Despite their daily interaction with vulnerable people, it is surprising that the South African Council for Social Service Professions and the Department of Social Development do not have guidelines to direct social work interventions on how to comply with POPIA. This is contrary to other public service sectors such as the South African Police Service (SAPS), and the legal and health professions. The SAPS, for instance, has comprehensive guidelines for police officers on how to deal with personal information from the moment of interaction with service users at the entry points (such as charge offices and police stations) to providing an update on investigations. The guidelines clearly explain why and how personal information is collected, used, and secured (SAPS 2021). They also contain various forms and regulations, with one of the forms (Form 1) allowing clients to object to the processing of their personal information as required by Section 11(3) of POPIA, which allows data subjects to object to the processing of information at any time (DSD 2013;

[SAPS 2021](#)). Similarly, the Law Society of South Africa (LSSA) also documented POPIA requirements, providing some guidelines for attorneys to clearly explain its application, with examples of how to process personal information and therefore setting a tone for compliance ([LSSA 2021](#)).

The Health Professions Council of South Africa (HPCSA) also has its own guidelines, which, among others, guide practitioners on the purpose and categories of processing personal information as well as the appointment of information officers and deputy information officers ([HPCSA 2021](#)). Therefore, some documents equivalent to the above would be ideal for guiding POPIA compliance among social work practitioners. In addition to the unavailability of POPIA guidelines for social work practice, the literature also seems to be silent on their use in social work. A rapid literature search on POPIA and social work interventions revealed nothing from a South African perspective. Other human service professions have literature on POPIA and its significance for those professions. For example, [Buys \(2017\)](#) wrote an article on the disciplinary contexts of medicine and law. This study focused on POPIA and its implications for healthcare professionals in daily practice. Although social workers do render services in healthcare settings, Buys' paper focused on other healthcare professionals (such as nurses, doctors, psychiatrists and physiotherapists) and not social workers. This demonstrates a gap specifically in POPIA in South African social work practice. Internationally, a more social work-specific toolkit for the protection of personal information was found only at the [Ontario College of Social Workers and Social Service Workers \(2018\)](#), which specifically serves as a guide to the Personal Health Information Act for social workers in healthcare settings in Canada. The toolkit clearly outlines the meaning of personal information, the scope of application, the collection, use, and disclosure of personal information, as well as situations in which one can seek legal advice regarding personal information ([Ontario College of Social Workers and Social Service Workers 2018](#)). Although this Ontario document was very informative for social work, it was clearly meant for the Canadian context. South African social work auspices can draw inspiration from this Canadian document. A lack of guiding documents on compliance with POPIA from both the SACSSP, as a regulator of social workers, and the DSD, as the custodian of social services, implies that social workers render their services by collecting and processing personal information of their clients with limited or no necessary guidance specifically designed for the profession. In such instances, the chances of violation of the provisions of privacy legislation remain high, which may, in turn, attract penalties from the information regulator, as provided in Chapter 11 of POPIA. The violation of the provisions of POPIA may also result in social workers being in contempt of their professional mandate of promoting human rights and social justice, which in South Africa may result in bringing the profession into disrepute and erosion of trust by service users, making it difficult for social workers to build relationships with service users, consequently limiting the efficiency and effectiveness of social work interventions.

1.2. Conceptual Framework

Before determining the applicability of POPIA in social work, it is essential to understand the meaning of central concepts such as *personal information*, *processing*, and *responsible party*, as defined in Section 1 of the Act. Using *personal information*: Section 1 of POPIA refers to information relating to an identifiable, living natural person and, where applicable, an identifiable, existing juristic person, including but not limited to information relating to the race, gender, pregnancy, marital status, national, ethnic or social origin, colour, sexual orientation, age, physical or mental health, well-being, disability, religion, conscience, belief, culture, language, and birth of a person ([DSD 2013](#)). Personal information also includes information relating to education or the medical, financial, criminal, or employment history

of a person, as well as the identity numbers, symbols, email address, physical address, telephone number, location information, online identifier, or other particular assignment to a person. The person's biometric information, personal opinions, views, or preferences, as well as any implicit or explicit private correspondence sent by a person, and the views or opinions of another individual about a person, also form part of the personal information under the Act (DSD 2013).

Process refers to any operation, activity, or any set of operations, whether automated or non-automated, concerning personal information, and it includes the collection, receipt, recording, organising, collating, storing, updating, modifying, retrieving, altering, consulting, or use thereof. It also includes dissemination by means of transmission, distribution, making available in any form, and merging, linking, restricting, degrading, erasing, or destroying information (DSD 2013). In dictionary terms, Collins (2010) defines a process as a series of actions that produce change or development.

A *responsible party* is any public or private body or any other person that, alone or in conjunction with others, determines the purpose and means of processing personal information (DSD 2013). The meaning of a responsible party, as defined in the Act, includes social workers because they serve as functionaries in various departments, non-governmental organisations, and in their own private practices (Alpaslan 2019). As functionaries, they make certain decisions, such as designing programmes, guiding policy development, or deciding to refer a service client for further intervention, based on information collected from service clients, which may be considered processing of personal information.

1.3. Legislative Framework

In South Africa, the Constitution is the supreme law of the country, and all laws of the country flow from it (Sibanda 2025). Fundamental human rights, such as the right to protect personal information, are protected by Chapter Two of the Bill of Rights. The right to protect personal information flows from the right to privacy, as enshrined in Section 14 of the Constitution of the Republic of South Africa (RSA 1996). The Constitutional Court (1996) confirmed in *Bernstein and Others v Bester NO and Others 1996(4) BCLR 449*, paragraph 79, that the nature of privacy implied by the right to privacy relates only to the most personal aspects of a person's existence.

According to Section 7(1) of the Constitution, the Bill of Rights enshrines the rights of all people in our country and affirms the democratic values of human dignity, equality, and freedom. In Section 7(2), the Constitution imposes a duty on the state to respect, protect, promote, and fulfil the rights of the Bill of Rights. The state, as referred to in Section 7(2), includes social workers who serve as functionaries in various government departments, such as the DSD, and non-governmental organisations (NGOs), such as Child and Family Welfare, that are mandated to render services on behalf of the state (Masuka et al. 2026; Murenje and Sibanda 2026). Section 14 of the Constitution guarantees everyone the right to privacy, which includes the right to protect personal information (DSD 2013). In *Bernstein and Others v Bester NO and Others 1996(4) BCLR 449*, the Constitutional Court (1996) reiterated the importance of protecting personal information in paragraph, stating that, "a very high level of protection is given to the individual's intimate personal sphere of life and the maintenance of its basic preconditions and there is a final untouchable sphere of human freedom that is beyond interference from any public authority".

1.4. Theoretical Framework

This study was grounded in activity theory, which can be traced as far back as the 1920 work of Russian psychologist Lev Vygotsky, and later developed by Aleksei Leont'ev (Babapour et al. 2021). This theory explains human activities such as processing personal

information across six main components, namely, through *tools* such as computers; *subjects* such as colleagues and clients; *rules* such as policies, norms, and regulations; *communities* such as groups or units of employees or stakeholders, as well as *division of labour* among colleagues who contribute towards achieving their goals; and the *objects* or outcomes of intervention, which are part of organisational stability (Iyamu and Ngqame 2017).

Rendering social work services is a human activity that can clearly be understood using the above components. Since their information is an essential part of social work intervention, clients are often expected to share it to receive necessary services and, more so, a suitable social work intervention (Iyamu and Ngqame 2017). On receiving such information, social workers are both legally and ethically obliged to maintain records of their interventions, either in electronic or paper form (Nova Scotia College of Social Workers 2023). As part of their records and as suggested by the Nova Scotia College of Social Workers (2023), social workers' records often include information such as client names and contact information, presenting issues and the required intervention, clients' informed consent, and copies of documents such as referral letters and court orders. In most cases, social workers make use of *tools* of the activity theory, such as computers for capturing some of the clients' information, compiling their reports, and communicating with colleagues and stakeholders through emails. In some instances, this information is stored in their computers (if they are electronic) and cabinets in the case of hard copies. Some of these reports and communications with colleagues include personal information of clients, which needs to be treated according to the legal requirements of POPIA. Social workers may, for instance, wish to obtain opinions or additional information from professionals who may have seen the clients in the past to determine the appropriate interventions or write reports for colleagues who might be seeing the clients in the future.

Central to social work services are clients who are *subjects* of social work interventions. When presenting themselves to social workers, these clients share details about social issues that affect them and sometimes details about their families, loved ones, and their own personal information, which will then assist social workers in having a deeper and broader understanding of their issues and therefore devise the correct intervention strategies. In some instances, social workers have capacity limitations (i.e., some specialise in certain areas of practice and others do not; some are experienced in dealing with complex cases and others are not) and become forced by these limitations to rely on other colleagues for advice, guidance, or support, which then makes such colleagues part of the *subject* with whom certain tasks can be shared as per the activity theory and as part of the *division of labour* component of the activity theory. During such consultations, the client's personal information will be shared to enable other colleagues to have a full understanding of the issues to guide, support, or intervene properly.

In addition, the social work intervention process is subject to *rules* such as the SACSSP code of conduct and relevant legislation that apply to the presenting issues as well as the type of client (i.e., whether the client involved is a child, an elderly person or a couple). An attempt to determine the applicability of privacy laws in social work interventions from the activity theory, without considering the collaborative nature of social work intervention, would be incomplete. It is social work's embrace of this collaborative approach that makes activity theory central to social work. All social work interventions and collaborations seek to advance the social work professional mandate of challenging and changing structural conditions that enable marginalisation, social exclusion and oppression by advancing human rights, economic, environmental, and social justice, and maintaining social stability (International Federation of Social Workers 1996). Social workers in hospital settings, for instance, are often part of a multidisciplinary team comprising medical practitioners, nurses, dietitians, pharmacists, and other professionals. These team members may exchange certain

private information of treatment clients, including conditions, their response to treatment, details of their next of kin, and any crucial information concerning these clients' records, which may be accessible to all team members. In essence, social work, by its nature, is a collaborative act characterised by shared responsibilities among colleagues, clients, and stakeholders, with the overall aim of assisting clients in resolving or coping with their difficulties. In their collaborative approach, social workers often exchange clients' personal information with parties, colleagues, stakeholders, and members of clients' families. In summary, activity theory clearly demonstrates that the collection and processing of personal information is central to social work intervention.

2. Materials and Methods

The methodological approach upon which the study was grounded is an integrative literature review. Integrative literature review involves the exploration of published evidence based on a particular phenomenon, thereby identifying potential gaps that need to be filled through subsequent research (Lubbe et al. 2020). It provides a broader perspective on the topic by summarising various types of evidence using different methodologies (Lekganyane and Sibanda 2026). Although there are various steps in conducting an integrative literature review, the process that was followed for this study involved (1) problem identification, (2) literature search, (3) data evaluation and analysis, and (4) interpretation and presentation of findings (Lubbe et al. 2020; Oermann and Knafl 2021).

2.1. Problem Identification

To identify the research problem, time was devoted to a general reading through the literature around social work and POPIA in South Africa. Our specific purpose was to ascertain the level of compliance with POPIA by social work practitioners. Upon this preliminary perusal of compliance measures, we noticed a knowledge and literature gap. This gap was also noticed even from the DSD, which is supposed to be a custodian of social work services in the country, as well as SACSSP, as the professional regulatory body of social work and social work practice. This knowledge and literature gap raised a concern, particularly regarding the current systems that are in place for compliance, and therefore intrigued researchers to conduct a study, which, while determining the extent of applicability of privacy laws in social work, also shed some light on the application of POPIA in various intervention levels of social work. This gave rise to the following questions that guided our study:

- To what extent do privacy laws apply to social work interventions?
- How can the relevance of privacy laws in social work be explained from the activity theoretical perspective?

2.2. Literature Search Strategy

Once a gap was identified and the questions were formulated, the researchers proceeded with a literature search from online databases, using keywords such as "social work and personal information"; "data protection in social work", "social work practitioners and clients' personal information", "how social workers manage personal information", "social work and protection of personal information", "protection of personal information in social work practice"; "social work and privacy legislation", and "how personal information laws apply to social work practice". These searches were conducted between October 2025 and April 2026. In conducting a literature search, fifteen databases were used, namely, Springer Nature, Oxford Academic, MDPI, SAGE Journals, Taylor & Francis, SABINET, AOSIS, Scielo, Semantic Scholar, ResearchGate, Wiley Online, Science Direct, PUBMED, PLoS ONE, and IEEE. The keywords mentioned earlier were used to search all the databases. The filters

that were used included subject heading filters “social work”, “personal information”, “social work” and “privacy laws”.

From the above literature searches, a total of 115 literature sources were identified through the publication titles, from which 78 were screened by reading through their abstract to ascertain relevance thereof. Based on the set inclusion and exclusion criteria and by reading through the abstracts, study purpose or questions, as well as the findings, 25 of the 78 sources were found to be eligible for inclusion and eventually synthesised for this study. A total of 53 studies were excluded based on the exclusion criteria. It was these 25 studies that were read in depth and synthesised as guided by the study purpose. Table 1 below provides an overview of databases searched, the number of identified and screened sources, and the number of sources that were eligible and therefore eventually synthesised for our study.

Table 1. Databases, sources identified, screened and eventually synthesised.

Database	Identified	Screened	Non-Eligible	Eligible	Synthesised
Springer Nature	6	6	4	2	2
Oxford Academic	8	8	6	2	2
MDPI	12	6	5	1	1
SAGE Journals	11	8	6	2	2
Taylor & Francis	15	10	5	5	5
SABINET	6	4	2	2	2
AOSIS	5	5	3	2	2
Scielo	5	2	1	1	1
Semantic Scholar	7	4	3	1	1
ResearchGate	8	5	2	3	3
Wiley Online	4	4	4	0	0
Science Direct	9	5	4	1	1
PUBMED	6	5	4	1	1
PLoS ONE	10	4	3	1	1
IEEE	3	2	1	1	1
TOTAL	115	78	53	25	25

Inclusion and Exclusion Criteria

The above search required literature to meet the following inclusion criteria:

- ✓ Involve personal information law relevant to social work intervention.
- ✓ Both empirical and non-empirical peer-reviewed articles and chapters.
- ✓ Written in English.
- ✓ Articles and book chapters published between 2016 and 2026.

The exclusion criteria were as follows:

- Any literature written in a language other than English.
- Master’s and doctoral theses.
- Discussion papers, editorials and opinions

Upon deciding on the eligibility of the 25 sources and with the research questions in mind, we then proceeded to a deeper analysis and evaluation of (1) the extent to which privacy laws apply to social work interventions, and (2) to determine the relevance of privacy laws in social work using activity theory.

2.3. Analytical and Synthesis Strategy

Guided by the study aim and the social work intervention process proposed by the South African Department of Social Development (DSD 2013), our analytical and synthesis strategy was guided by Torraco’s analysis and synthesis strategy (Torraco 2018).

According to [Torraco \(2018\)](#), once the researchers have identified individual articles that are eligible for the body of literature, they should then be prepared to critically analyse them by identifying the strengths and weaknesses in terms of their representation of the topic. Researchers should specifically and systematically consider the literature's strengths, deficiencies, omissions, inaccuracies and any related contradictions around the topic ([Torraco 2018](#)). For our study, analysis was guided by [Five and Gossner's \(2024\)](#) deductive qualitative analysis (DQA) strategy as outlined below:

- Develop a research question and select a guiding theory: We devoted time to reviewing literature around privacy and social work interventions, which then assisted in developing the research question. Part of this literature review included considering relevant theoretical perspectives from which the phenomenon could be understood, as well as the intervention process to which privacy legislation applies in South Africa. We identified the DSD generic social work intervention model as a general process through which social work interventions develop, while relevance was found in the activity theory to enable a full comprehension of the applicability of privacy legislation in social work interventions. From this process, we developed clear research questions linking theory with the applicability of privacy laws in social work practice.
- Operationalise the theory: A theory is operationalised by either generating a synthesising construct, key concepts from the theory or creating a hypothesis ([Five and Gossner 2024](#)). For our study purposes, we operationalised the theory by generating constructs and key concepts. This led to a practical theory including a description of relevant components and how they relate.
- Gather purposive sample: Once the theory was operationalised, we then collected relevant literature samples that enabled us to examine the applicability of privacy laws in social work interventions. These materials were sourced from various databases outlined in [Table 1](#).
- Code and analyse the data: Our approach to coding was, in this regard, iterative. We alternated between initial deductive coding, which included negative case analysis and multiple iterations of analysing and coding the data. Through this exercise, we were able to come up with a rich, nuanced understanding of the applicability of privacy laws in social work intervention characterised by supporting, contradicting, refining and expanding evidence ([Five and Gossner 2024](#)).
- Theorise: Here, we engaged ourselves in the interpretation of supporting, contradicting, refining and expanding evidence and proposed confirmations, interconnections, and potential revisions of the guiding theory.

Once critical analysis was completed and based on the exposure of the strengths and weaknesses, as well as the full dimension of the topic, we then proceeded to integrate concepts and ideas to construct new models and ways of thinking about the topic ([Torraco 2018](#)).

2.4. Study Rigour and Ethical Compliance

For rigour, this study was guided by [Whittemore and Knafl \(2005\)](#) suggestion for researchers to clearly delineate the process that was followed to conduct a study by identifying the problem, literature search, data evaluation, data analysis, and presentation stages. [Section 2.2](#) above clearly outlined the search procedure, inclusion and exclusion criteria, and identified literature sources and databases from which they were sourced. [Section 2.3](#) outlined the analytical and synthesis strategy that was used.

For an integrative literature review, ethical principles are presented in twofold: ethics about documents that were chosen for inclusion in the study, and the ethics of conducting an integrative literature review ([Lubbe et al. 2020](#)). Although this review draws exclusively

on secondary literature and does not involve direct engagement with human participants, the research process was guided by ethical principles central to South African social work scholarship and the regulatory environment shaped by the Protection of Personal Information Act (POPIA). The following considerations informed the review:

- Transparency and accountability—The review process was documented systematically, including search strategies, inclusion and exclusion criteria, and analytical decisions. This transparency supports scholarly integrity and aligns with POPIA’s emphasis on accountable information-handling practices within social work contexts.
- Integrity and responsible scholarship—All sources were cited accurately and represented with academic rigour. Given the potential for deficit-based narratives about social workers, particular care was taken to avoid misrepresentation or over-interpretation.
- Contextual and cultural awareness—Recognising that privacy practices, social work, and service delivery are shaped by local histories, cultural norms, and socio-political realities, the review avoided universalising assumptions. Instead, it approached the literature with sensitivity to South Africa’s diverse cultural contexts and the specificities of social work environments, consistent with SACSSP expectations for culturally competent practice.
- Ethical use of secondary data—The review critically considered the ethical implications of relying on secondary sources, particularly those containing sensitive descriptions of vulnerable populations served by social workers. Preference was given to studies demonstrating methodological and ethical rigour in their own data collection and representation. This reflects POPIA’s principles of minimality, purpose limitation, and responsible information stewardship.

3. Results

3.1. Profile of Reviewed Literature

As indicated earlier, a total of twenty-five (25) literature sources were subjected to review. All 25 literature sources were journal articles. From these 25 articles, a total of 12 were empirical, and 13 were non-empirical. Methodologically, 22 of these studies were conducted using a qualitative research method, while three were quantitative studies. Common to these studies and in line with the set inclusion criteria was that they all focused on the privacy of personal information in social work practice. Geographically, these studies were conducted in Europe, North America, Asia, and Africa. Due to their lack of a specific focus on a particular region or country, two of these studies were classified as global. Table 2 provides a profile of these studies:

Table 2. A profile of reviewed literature sources.

Type	Purpose	Design and Form	Place of Study
1. (Schneider 2022)	To determine whether privacy and confidentiality can be ensured through intentional omissions of information in the client information system in social work.	Qualitative empirical	Berlin
2. (Apgar and Cadmus 2023)	To support the viewing of internet information on clients as critical data that should be routinely gathered by social workers in many instances, justifying its importance in light of the ecological perspective, which is the foundation of social work practice.	Qualitative non-empirical	United States of America

Table 2. *Cont.*

Type	Purpose	Design and Form	Place of Study
3. (Segal 2021)	(1) To examine literature on the tension between the law, the court system and the social worker; (2) to describe the legal framework in Israel relevant to social workers' duty of confidentiality, and its exceptions when necessary to protect the best interests of the client's child; (3) to review a recent key ruling indicating the court's view regarding social workers' dual obligation to maintain client confidentiality and to protect the safety of minors; and (4) to suggest policy changes and actionable ways to help social workers specializing in child and family treatment make decisions related to the duty of confidentiality in daily practice.	Qualitative non-empirical	Israel
4. (Smart et al. 2022)	To explore the experiences of providing consent to share personal information and consider the usefulness of a digital health data system when providing Early Help support to families. Communication Privacy Management theory was used as a framework to analyse the data.	Qualitative empirical	Newcastle
5. (Devlieghere and Roose 2018)	To capture the meaning of strategies used by social work practitioners and managers to shape and bend regulations to achieve responsive social work practice.	Qualitative empirical	Flanders, Belgium
6. (Sarwar and Harris 2018)	To demonstrate how the introduction of the Integrated Children's System (ICS) in England and Wales was influenced by the policy context, how its appropriation in professional practice was embedded in institutional structures and how the intentions and interpretations of professionals were associated with professional values.	Qualitative empirical	England
7. (Salovaara and Ylönen 2022)	To answer the following question: To what extent do CISs support case-based social work in Finland?	Quantitative empirical	Finland
8. (Recmanová et al. 2022)	To establish and describe, from the perspective of social workers, the impact of information and communication technologies on the form of Czech social work interventions with vulnerable children and their families.	Qualitative empirical	Czech
9. (Lee and Lee 2022)	To examine the process and outcome of online information navigation through the lens of service providers and service users based on observational and interactive surveys.	Quantitative empirical	Albany & New-York
10. (Sema et al. 2025)	To explore thematic trends, methodological approaches, and sectoral applications of the Protection of Research Focused on Personal Information Act.	Qualitative non-empirical	South Africa
11. (Adams et al. 2021)	To develop a code of conduct for research under POPIA.	Qualitative non-empirical	South Africa
12. (Buys 2017)	The paper outlines POPIA and its implications for healthcare professionals in their daily practices.	Qualitative non-empirical	South Africa

Table 2. *Cont.*

Type	Purpose	Design and Form	Place of Study
13. (Iyamu and Ngqame 2017)	To examine and understand activities involved in leaks of personal information and develop a conceptual framework, including factors that influence information leaks.	Qualitative non-empirical	South Africa
14. (Swales 2022)	To establish whether POPIA requires a broad or specific consent from participants in health research.	Qualitative non-empirical	South Africa
15. (Kaddu 2024)	To assess the state of data privacy laws in selected African countries, analyse levels of compliance among entities operating in these countries, assess the effectiveness of enforcement mechanisms, and identify and analyse common challenges encountered by African countries in complying with and enforcing data privacy laws.	Qualitative non-empirical	15 African countries, including South Africa
16. (Reis et al. 2024)	To explore the evolving legal landscape and its implications for individuals, businesses, and government regarding the intricate balance between technological advancements and the fundamental right to privacy.	Qualitative non-empirical	Global study *
17. (Juma and Faturoti 2025)	To examine the enforcement of Nigeria's Data Protection Act of 2023 and Kenya's Data Protection Act of 2019, respectively.	Qualitative non-empirical	Nigeria and Kenya
18. (Mbonye et al. 2024)	To ascertain the applicability of Protection of Personal Information Act in addressing privacy issues regarding AI in various sectors.	Qualitative non-empirical	South Africa
19. (Cairns et al. 2017)	To investigate the experiences of health social workers regarding tensions between client privacy and maintaining complete records, and their perceptions on how the tension could be resolved.	Qualitative empirical	Global study *
20. (Mishna et al. 2020)	To explore social workers' informal ICT use with clients.	Qualitative empirical	Greater Toronto
21. (Tsegaye and Flowerday 2019)	To propose an electronic health record model for compliance with POPIA.	Qualitative non-empirical	South Africa
22. (Staunton et al. 2021)	To develop the code of conduct for National Health Laboratory Services and better understand the challenges faced in the processing of personal health information in South Africa.	Qualitative non-empirical	South Africa
23. (Pelteret and Ophoff 2017)	To examine current organisational information privacy strategies and the impact of the POPIA Act.	Qualitative empirical	South Africa
24. (Kandeh et al. 2019)	To explore and analyse the unique perspectives of data management professionals responsible for driving the successful enforcement of the POPI Act within their respective organisations, with the end goal of formulating a practical guideline for enforcement thereof.	Qualitative empirical	South Africa
25. (Rajkumar and Njenga 2022)	To raise awareness of the dangers of oversharing private identifiable information across various companies by eliciting IT users' perspectives in Johannesburg, South Africa.	Quantitative empirical	South Africa

* Global studies are studies that were conducted from a broader perspective without a clearly targeted jurisdiction.

3.2. The Findings Based on the Study Aim

The overall aim of this study was to explore the applicability of South African privacy legislation ([Protection of Personal Information Act 2013](#)) to the social work intervention processes and practices. From this overall aim, three research questions were developed to ascertain the extent to which privacy laws apply to social work interventions and to explain the relevance of privacy laws in social work from the activity theoretical perspective. Given our focus on South Africa, we considered the process of social work interventions proposed by the [DSD \(2013\)](#) for social work practitioners. According to the [DSD \(2013\)](#), a generic social work intervention evolves through the entry point, screening, intake, comprehensive assessment, planning and implementation of interventions, evaluation of interventions, and exiting (referral and termination). In determining the applicability of South African privacy legislation in social work interventions, as guided by the research aim and questions, researchers had to closely scrutinise each of these phases with the question of whether they at any stage involved the processing of personal information. This process gave rise to eight themes and two subthemes, as presented in the following section.

3.2.1. The Applicability of POPIA at the Entry Point of Social Work Intervention

The entry point is the point at which clients report for the first time to access social welfare services. For clients who need social work services, the entry point is either the healthcare centres, such as clinics (for those who are receiving healthcare services) or the social development service points and other welfare organisations, such as the Family Society of South Africa (FAMSA) (for those who require direct social work services). In South Africa's Gauteng, for instance, the point of entry for those who need mental healthcare services is the primary health service centres, which comprise mostly clinics. Gauteng has an estimated total of 169 clinics that have mental health practitioners such as social workers ([Msomi 2022](#)). In the South African context, the entry point is where, for the first time, service clients such as individuals, families, and communities interact with the system of social welfare service delivery and its practitioners ([DSD 2013](#)). Regarding the question of whether personal information is processed at the point of entry, such a determination should be based on existing literature as well as whether the service users, on interacting with social welfare officials for the first time, are required to share personal information. Current practice in the South African context is that one finds security control officials at the service point gates who may require individuals to record personal information, such as the identity numbers, vehicle registration information, and the person being visited. This information is normally provided at the entrance before they can proceed to reach the social work practitioners' offices, where they may also be required to record personal information as part of the intake and opening of case files. When they eventually reach a social worker's office, these clients may be required to provide information about the presenting problem, which they wish to report, as well as the areas from which they come, to ensure that a relevant practitioner (social worker) who either specialises in such an issue or who serves such an area is allocated to them. Having engaged the existing literature, the researchers confirmed the lack of material regarding privacy laws in social work intervention. Researchers such as [Smart et al. \(2022\)](#), for instance, explored the experiences of providing consent for sharing personal information and considered the usefulness of a digital health data system when providing early help and support to families. However, this study did not specifically outline the enforcement of the privacy law through the intervention process.

3.2.2. The Applicability of POPIA at the Screening Point of Social Work Intervention

Screening aims to broadly determine the needs and challenges of service clients, the types of services or programmes required, and to ensure that these clients have access to appropriate social welfare services through intake or referral (DSD 2013; Sibanda 2022). For clients in a healthcare context, screening is a strategy used to collect patients' information about their social circumstances to inform medical treatment and management decisions and referrals to social services (Karran et al. 2023). In collecting such information, social work practitioners design and utilise a social needs screening tool (Karran et al. 2023; O'Brien 2019). As defined by the Centre for Consumer Engagement in Health Innovation (2019), a social needs screening tool is a set of questions asked of a service client by physicians, nurses, social workers, or other related care personnel. Such tools may include a genogram, an ecomap, or a sociogram. Karran et al. (2023) conducted a study to determine the types of social needs categories included in published needs assessment tools for social determinants of health and found that a typical assessment tool contains questions such as educational status, economic stability, social and community context, health and clinical care neighbourhood, and physical environment (Karran et al. 2023), which all fall within the ambit of private or personal information.

In the context of managing private information, it is expected that some clear guidance on how screening and assessment could be done in compliance with privacy legislation would be provided. With the current era of digital communities created by the internet, part of screening and assessment might also involve processing the clients' information through the internet. However, the non-existence of evidence or guidelines on how this can be done makes social work practice difficult, particularly regarding compliance with privacy legislation such as POPIA. In the absence of clear guidelines, resorting to fragmented material becomes an option. Regarding the use of the internet for screening and assessment, the National Association of Social Workers' Code of Ethics considers internet searching to be a privacy and confidentiality issue that should be avoided unless for a compelling professional reason, with the necessary client consent, before electronic searches of client information, except in instances of danger to self or others.

Whereas screening plays a crucial role in assisting practitioners to determine the extent of the presenting issue and the potential intervention strategy that could be implemented, it should be conducted within the prescripts of the law, including privacy legislation such as POPIA, based on the appropriate informed consent provided by a client (Apgar and Cadmus 2023). However, the lack of proper guidelines for practitioners, such as social workers, poses a threat to compliance. Considering the practice and legislative provisions in the context of existing literature, the challenges associated with the implementation of privacy legislation, such as POPIA, are evident. In Sema et al. (2025), for instance, one of the arguments raised by the authors is that enforcement of POPIA is characterised by several challenges across different sectors, with research indicating that there is limited staff awareness, inadequate consent procedures, weak data governance and weaker institutional readiness.

3.2.3. The Applicability of POPIA at the Intake Point of Intervention

When writing in the context of child and youth care practice, the SACSSP (2020a) defines intake as the initial or rapid assessment, which aims to determine the child's risk level, the capacity of the child or family to address their unmet needs, and the capacity of the organisation to meet such needs. Among the tools prescribed by the SACSSP (2020a) for the purpose of intake are the child and youth care work intake form, the child and youth care work child/household information, and the logging record. As described by the Social Work Portal (2024), intake forms play a crucial role in assisting professionals, such

as social workers, to better understand clients, to communicate with fellow professionals, and to make decisions regarding treatment or intervention options. The *child and youth care intake form* requires, among others, information regarding the reasons for admitting a child/household, the most pressing concerns, and the expectations of the child or family. The *child and youth care work child/household information form* requires, among others, the child's name, surname, ID number, date of birth, racial group, sex, disability, orphan status, and nationality status (SACSSP 2020a). The information required for the *child and youth care work logging record* includes phone calls, home visits, school visits, structured observations, and unstructured observations (SACSSP 2020a). All the above details are information that is defined as personal information in Section 1 of POPIA and therefore suggest that the intake stage also involves the processing of personal information.

Activities of the intake stage of the process mainly involve the collection of personal information from the client and recording it on a form for the purpose of filing and proper intervention. As such, those activities of the intake stage should be subject to provisions regarding the privacy of personal information, including the collection of relevant information. Regarding the relevance of information, Smart et al. (2022) argue that there are some variations in the needs presented by clients, and as a result, it becomes difficult to determine the prior relevance of information.

3.2.4. The Applicability of POPIA at the Comprehensive Assessment Point of Intervention

As a concept, assessment is generally associated with appraisal, making judgements, forming opinions, or calculating the value of something, mostly of issues that are presented by service clients (Sibanda 2022). To make appraisals, judgements, and opinions about the issues presented by their clients, social workers need certain information, such as the details around the issues of concern, previous professional interventions, the state of their relationships, and the availability of support systems.

The assessment of social needs is sometimes combined with referrals to other organisations that are properly equipped to assist service clients (Centre for Consumer Engagement in Health Innovation 2019; Sibanda 2022). Therefore, it involves sharing the client's personal information with other professionals suitable for further intervention. Assessments should be capable of responding to dynamic factors in the lives of service clients. Assessment involves the clarification of the ecological systems involved, setting ground rules, acknowledging feelings, identifying key people, and creating a schedule for collecting data. To clearly clarify the ecological systems involved in the client, the social worker will have to ask the client a few questions, such as the composition of their family and their sources of support (Parker 2021). They will also have to collect clients' identification information, descriptions of systems such as a family or household, and explore their needs, barriers, problems, stressors, resources, and coping resources (Parker 2021).

In some instances, social workers make use of genograms, which are snapshots of how a person or family is viewed at a particular time (Parker 2021; Poulin and Matis 2021). To clearly develop a genogram, social workers make use of personal information such as clients, their family members, their genders, and their relationship status. They use this information to depict the state of the client and their relationships. Therefore, a comprehensive assessment involving the processing of personal information should be conducted in the context of the legal requirements of POPIA.

3.2.5. The Applicability of POPIA at the Planning Point of an Intervention

Once social workers have completed their assessment, the next step is to plan an appropriate intervention to assist the client (service user) in managing the issue. To fully understand whether the provisions of POPIA play a role during the stage of planning

an intervention, it is essential to consider what planning entails and how it is conducted. Planning involves setting goals and objectives (Mitchell 2022). As part of planning, the information of the service user and their significant others is often processed. This involves things such as who will be invited to the next session or which other service provider/professional can be involved in the presenting issue. Planning also involves the submission of certain information (i.e., birth certificates or other crucial personal information) to ensure the intervention process is smoothly executed. It is therefore inevitable for planning to include the processing of personal information, which then highlights the significance of compliance in this regard.

3.2.6. The Applicability of POPIA at the Implementation Point of Intervention

A plan that has been developed for a suitable intervention will remain until it is implemented. In defining social work intervention, Ebue et al. (2017) refer to processes and patterns that are scientifically established by social workers to intervene in the cases of individuals, groups, and communities. To implement the intervention plan, social workers engage in an intervention designed to address issues identified during the assessment stage (Poulin and Matis 2021). The levels of social work intervention include the micro, mezzo, and macro levels, which target individuals, groups, and communities, respectively, depending on the presenting issues (Ebue et al. 2017; Masinga and Sibanda 2026).

At the *micro level*, social work interventions involve direct engagement with individual clients or families (Crawford 2020; Sambo and Sibanda 2026). If an issue identified during the assessment stage requires casework with couples, the micro level will be adopted, and necessary techniques and skills such as empathy, contracting, continuous assessment, and termination will be of particular importance during this level of intervention (Poulin and Matis 2021). They engage directly, deeply, and extensively to facilitate changes in individual behaviours or relationships (Ebue et al. 2017). During the intervention stage, social workers hear about deeply personal issues that affect the couple. They may also use some of the information collected or processed during the assessment and intake stages to enhance their understanding of the issues.

To successfully perform their duties, social workers need to have full information about the clients, particularly the aspects that contribute to the presenting issues. Such personal information is regulated by POPIA. The *mezzo level* occurs at the intermediate scale and includes neighbourhoods, institutions, and groups (Sibanda and Masinga 2025). In these neighbourhoods, institutions and groups, social workers interact with key people and exchange information such as names, ages, and telephone numbers (Department of Health 2020). The macro level of social work intervention is a broad intervention scale affecting the broader community and systems of care, but it also involves dealing with clients on personal issues (Ebue et al. 2017; Hill and Ferguson 2014). This level requires social workers to have the necessary knowledge of community standards, values, and the potential to mobilise communities in response to resolving problems (Ebue et al. 2017).

To intervene at the *macro level*, social workers often require personal information pertaining to the central people in the community, as well as service clients. They may, for instance, based on information from individual clients whom they met at the micro level, design and conduct advocacy programmes to address social issues at a wider community level. Therefore, regardless of the level of social work intervention, this process involves processing personal information (Department of Health 2020).

3.2.7. The Applicability of POPIA at the Evaluation Point of Intervention

Evaluation assists social workers in deciding whether an intervention has been successful (Poulin and Matis 2021). Evaluation can be a process or a product; it can be an

ongoing process or a once-off event that occurs after the intervention. The approaches to evaluation can be either formal, with scales or assessment scales used, or informal, based on self-reported information from the client (Poulin and Matis 2021). Regardless of the approach to evaluation, the reality is that it also involves the collection and processing of clients' personal information, such as opinions, views, or preferences, as provided in Section 1 of POPIA, which occurs during their interaction with the social worker for intervention. This suggests that, like all other stages that involve the processing of personal information, evaluation should also involve compliance with relevant provisions of POPIA, such as the lawfulness of processing personal information (Section 4), protecting and promoting the rights of clients as data subjects (Section 5), as well as processing under lawful conditions provided in Section 3 (Department of Health 2020).

3.2.8. The Applicability of POPIA at the Exit Point of Intervention

Exit strategies are those through which clients exit or terminate the interventions provided by social workers (Sibanda 2022). An exit strategy is a plan outlining the approach to be adopted for a programme to withdraw its resources while simultaneously refraining from jeopardising the achievement of programme or intervention goals (Gardner et al. 2005). The two methods through which clients exit an intervention in social work are referral and termination. These methods are explained below.

POPIA and Referral for Further Intervention

In the context of healthcare, the term "referral" refers to the process by which professionals and institutions communicate and collaborate to protect, promote, and restore an individual's health. This communication and collaboration can be internal between professionals working in the same organisation, upward, from subordinates to seniors, downward from seniors to subordinates, or laterally, from one service provider to another for continuous care (Department of Health 2020).

Referral, as observed by Spencer (1993), involves two approaches: the interactionist approach to referral that occurs within the organisation, and the structural approach to referral, which is guided by a network or systems perspective. Whereas the interactionist approach involves referral of service clients from one colleague or section to another from within the same organisation, the structural or systems approach involves referring a client from one organisation to another. With structural referral, clients are provided with information about the organisation and the services to which they are referred, enabling them to decide whether to visit such organisations for services (Spencer 1993). It also involves sharing information about a client to enable them to work effectively with the client. In some instances, the receiving organisation would even call the referee to get an opinion on the client (Spencer 1993).

In South Africa, the Department of Health has developed a referral policy for the country's health services and referral implementation guidelines. Among the departments that are to implement this policy and these guidelines is the Department of Social Development, which is the employer of most social workers. For a service client to be referred to another service provider, certain personal information must be collected and processed. According to the policy guidelines issued by the Department of Health, referral should be done on a standardised form that includes the name, age, sex, presenting complaints, examinations and findings, investigations conducted, diagnosis and treatment provided, all medicine taken by the client, and any special equipment for the patient (Department of Health 2020). Literature highlights the significance of sharing information in a manner that upholds privacy laws when carrying out activities such as referrals. Although his study was conducted in the context of health in South Africa, Swales' study sought to

understand whether POPIA requires broad or specific consent from persons who take part in health research (Swales 2022). His study revealed that POPIA obliges parties to treat information with sensitivity to the right to privacy according to international norms. However, Smart et al. (2022), through their English study on the influence of parents' and practitioners' decisions to share personal information within the early health context, argue that information sharing during stages such as referral may be essential in reducing the likelihood of clients' distress by repeatedly telling their stories. Clients who interact with social workers usually have gone through a traumatic event that they would rather forget. If detailed personal information is not shared during the referral stage, the risk is that clients are retraumatised by having to repeat information they would have already shared with the previous/referring social worker.

POPIA and Service Termination

Termination is the end of the professional therapeutic relationship. This occurs once the client and social worker agree that the goals and objectives have been met (Felton and Polowy 2015; Mitchell 2022). Termination normally occurs when the goals of the intervention are achieved, when the specific time allocated for the intervention has ended, or when the client is no longer interested in the process (Felton and Polowy 2015). According to Felton and Polowy (2015), social workers should assess the ongoing treatment needs of their clients before initiating termination. This suggests that, in preparation for termination, social workers should also follow the same procedure that was followed during assessment, which involves collecting and processing information of clients, including personal information such as their needs, feelings, expectations, and experiences about the process, and including ending the relationship (Felton and Polowy 2015). This will enable them to determine the set aims and objectives of their interventions. It also involves recording such information to enable professionals who might wish to revisit the case in the future. It is, therefore, essential to ensure compliance with principles such as processing personal information for the original purpose for which it was intended. Where information was collected for the purpose of assisting a client with a domestic dispute, such information should not be shared with other potential role players without the necessary prior consent (Tsegaye and Flowerday 2019).

Although, in the context of health information, Tsegaye and Flowerday (2019) proposed a model based on their South African study of POPIA compliance through access control of electronic records to guide the protection of recorded personal information through components such as having access control to determine who should have access to such information. As with assessment, termination will, therefore, also involve the processing of personal information, which is a crucial aspect of the provisions of POPIA. Considering the referral and termination stages of intervention in the context of existing literature, there is ethical tension between compliance with legislation and the sharing of detailed information for the purpose of providing professionals with details of a case, which will then enable proper assistance to the client who is being referred to them. This could pose a tension between compliance with the provisions of POPIA, which requires processing of information in line with principles such as limitations, which would then deprive practitioners who are to receive the referred client of full information regarding the client. The findings from Smart et al. (2022) also confirmed this part of the findings by indicating that there was limited consensus among both participants (parents) and practitioners regarding the appropriate level of boundary permeability when discussing sensitive historical data.

4. Discussion

This review establishes that the integration of privacy legislation into social work practice is inevitable, driven by digital transformation, evolving human rights frameworks, and increasing demands for accountability. Across jurisdictions, social workers now operate in data-intensive, technologically mediated environments where confidentiality has shifted from an ethical obligation to a legally enforceable requirement. Consequently, privacy legislation has become central to regulating service user rights, professional conduct, and organisational responsibilities. International evidence demonstrates strong convergence in how privacy regulation shapes practice. Studies from Germany (Schneider 2022), England and Wales (Sarwar and Harris 2018), Finland (Salovaara and Ylönen 2022), the Czech Republic (Recmanová et al. 2022), Canada (Mishna et al. 2020), Israel (Segal 2021), and the United States (Apgar and Cadmus 2023; Lee and Lee 2022) consistently show that social workers make decisions within legally structured information environments. Despite systemic differences, shared concerns emerge around confidentiality, informed consent, and data sharing, highlighting a global realignment of professional practice.

However, persistent tensions between legal requirements and professional values are evident. Schneider (2022) demonstrates that practitioners in Germany sometimes adapt documentation practices to protect client confidentiality, illustrating the ongoing challenge of balancing accurate record-keeping with privacy protection. These tensions do not indicate legislative failure but rather reflect the increasing influence of legal frameworks on professional judgement (Cairns et al. 2017).

Digitalisation has also reshaped informed consent and privacy boundaries. Smart et al. (2022) identify client uncertainty regarding data use in integrated systems, while Lee and Lee (2022) and Apgar and Cadmus (2023) highlight the growing importance of digital and online information in practice in the United States. These developments extend social work into fluid digital environments, where privacy must be continuously negotiated, consistent with the activity theory. At the same time, judicial and legislative processes are increasingly shaping practice, contributing to the juridification of social work. Segal (2021) shows how courts in Israel expect practitioners to balance confidentiality with protection obligations, a trend evident across multiple jurisdictions. Organisational studies in Belgium, such as Devlieghere and Roose (2018), further reveal how practitioners negotiate or adapt regulations to maintain client-centred practice, underscoring tensions between managerial accountability and professional discretion.

Regionally, Kaddu (2024) and Juma and Faturoti (2025) demonstrate a broader African shift toward comprehensive data protection frameworks, positioning South Africa within a continental movement toward stronger privacy governance. The South African context reflects a similar trajectory but at a different stage of development. Research on POPIA focuses primarily on compliance, governance, and implementation (Buys 2017; Tsegaye and Flowerday 2019; Kandeh et al. 2019; Staunton et al. 2021), in contrast to international studies that emphasise lived practice experiences. This distinction reflects POPIA's relatively recent operationalisation, although increasing institutionalisation and the development of sector-specific codes suggest growing alignment with global trends. Emerging technologies further reinforce the necessity of privacy legislation. In South Africa, Mbonye et al. (2024) and Iyamu and Ngqame (2017) highlight risks associated with artificial intelligence and digital systems, including data vulnerabilities and algorithmic bias.

Overall, privacy legislation is now structurally embedded in social work practice worldwide. While international contexts emphasise practice-based negotiation of legal requirements, South Africa remains more focused on regulatory implementation. Nevertheless, both trajectories point toward the same conclusion: the key challenge is no longer

whether privacy legislation applies, but how to integrate legal compliance with ethical and client-centred practice.

The staged nature of social work intervention, while conceptually coherent and administratively necessary, produces cumulative and often underexamined challenges for practitioners, particularly when viewed through the lens of privacy regulation. Across the continuum, from entry to termination, personal information is repeatedly elicited, recorded, transferred, and interpreted, creating a layered infrastructure of data processing that is both indispensable to practice and fraught with ethical and legal tension.

At the entry and reception stages, the requirement for clients to disclose identifying information to non-professional actors (e.g., security personnel and administrative staff) raises critical concerns regarding proportionality and purpose limitation (DSD 2013). Although such practices are operationally justified for access control and triage, they arguably extend beyond the principle of minimality, which requires that only information strictly necessary for a defined purpose be collected (Tsegaye and Flowerday 2019). The fragmentation of initial disclosure across multiple actors may also dilute accountability for data protection and increase the risk of informal data exposure, particularly in under-resourced settings. From a critical perspective, this early-stage routinisation of disclosure may inadvertently normalise surveillance practices, thereby undermining client trust before a therapeutic relationship is even established.

The screening and intake phases further intensify these tensions. While categorisation of presenting problems is necessary for service allocation (Apgar and Cadmus 2023; Sibanda 2022), the requirement that clients disclose sensitive issues (e.g., gender-based violence, child protection concerns) in semi-public or administratively mediated contexts raises questions about informed consent and contextual integrity. Privacy legislation such as POPIA enables practice by providing a framework for lawful processing and safeguarding of sensitive information (Buys 2017), yet it simultaneously constrains practitioners by imposing strict conditions that are difficult to uphold in high-volume, bureaucratised intake environments. The expectation to ensure compliance, often without adequate institutional guidance or infrastructure, creates a regulatory burden that may shift practitioners' focus from relational engagement to procedural defensibility.

During assessment and intervention, the depth and intimacy of information processing intensifies (Parker 2021; Poulin and Matis 2021). Here, privacy legislation plays a dual role. On one hand, it reinforces ethical imperatives of confidentiality, accuracy, and respect for client autonomy (Cairns et al. 2017). On the other hand, it complicates practice by requiring continuous judgments about relevance, necessity, and lawful grounds for processing, particularly when information from third parties is involved (Kirst-Ashman 2013). The principle of minimality is especially difficult to operationalise in assessment, where "holistic understanding" often demands expansive data collection. This reveals a structural tension between professional epistemology, grounded in comprehensive psychosocial assessment, and legal rationality, which prioritises data minimisation.

The intervention stage, described as the "heart" of practice (Mitchell 2022), is inherently dialogical and dependent on ongoing disclosure. It is precisely this relational openness that is placed under pressure by privacy compliance requirements. As Buys (2017) notes, social work intervention is fundamentally premised on processing personal information, yet the lack of detailed, practice-specific guidance on POPIA compliance exposes practitioners to the risk of contravention. Similar challenges were cited by Cairns et al. (2017). This risk is not merely legal but also professional, as over-cautious data handling may inhibit effective intervention, particularly in group or family settings where information-sharing is integral.

Evaluation, referral, and termination further extend these complexities into documentation and data management practices. The requirement for accurate, neutral, and

necessary recordkeeping (Cairns et al. 2017) aligns with both ethical and legislative standards yet introduces dilemmas around the level of detail to be retained versus the risk of over-documentation. Referral processes, which necessitate data transfer across organisational boundaries, test the interoperability of privacy protections and highlight systemic vulnerabilities. Similarly, long-term data storage obligations under POPIA impose technical and administrative demands that exceed the capacity of many social service organisations (Buys 2017).

Finally, the obligation to breach confidentiality in cases of risk to life (DuBois and Miley 2019; Kirst-Ashman 2013) underscores a fundamental limit of privacy legislation. While such provisions are ethically justified, they expose an inherent hierarchy in which safeguarding overrides privacy. This creates a persistent dilemma for practitioners who must navigate competing legal and ethical mandates without clear prioritisation mechanisms—a challenge widely noted in the literature (Cairns et al. 2017).

In sum, the staged model of intervention does not merely structure practice; it stratifies and amplifies privacy-related challenges. Privacy legislation such as POPIA is both enabling, by legitimising and standardising data protection, and constraining, by imposing compliance demands that are difficult to reconcile with the relational, iterative, and context-sensitive nature of social work. This tension suggests the need for more nuanced, practice-oriented regulatory guidance that recognises the complexity of social work processes rather than applying uniform data protection principles across heterogeneous stages of intervention.

4.1. Significance and Implications of the Study

The analysis presented in this article demonstrates that personal information processing is structurally embedded in every stage of social work intervention, from initial entry to termination or referral. This insight is significant because it reframes privacy management not as an administrative add-on but as a core practice competency that shapes the ethical, legal, and relational dimensions of social work. The findings show that clients repeatedly disclose sensitive information, such as identity numbers, contact details, referral documents, court orders, health records, and intimate personal narratives across multiple organisational touchpoints. This cumulative disclosure creates a complex informational ecosystem that requires deliberate, consistent, and legally compliant management.

A key implication is that the principle of minimality, central to POPIA, is difficult to operationalise in practice. The iterative nature of assessment and intervention means that information naturally expands as the social worker seeks to understand the presenting problem holistically. This raises important questions about how social workers can balance the need for comprehensive assessment with the obligation to limit data collection to what is strictly necessary. This tension underscores the need for practice-aligned privacy guidelines that translate POPIA's legal requirements into actionable steps tailored to the realities of frontline social work.

The findings also highlight that the absence of clear organisational protocols exposes both practitioners and clients to risk. Without standardised procedures for information collection, storage, sharing, and disposal, social workers may unintentionally contravene POPIA despite acting in good faith. This has implications for organisational liability, professional accountability, and client trust. It suggests a pressing need for institutional frameworks that integrate privacy management into workflow design, staff training, and supervision. Furthermore, the study illuminates the ethical dilemmas that arise when privacy legislation intersects with mandatory reporting obligations. Social workers must navigate situations where the duty to protect life or prevent harm supersedes confidentiality, creating uncertainty about how POPIA applies in high-risk cases. This highlights the need

for decision-making tools that help practitioners interpret and apply legal requirements in ethically complex scenarios.

Finally, the findings contribute to broader debates on digital governance and professional ethics by demonstrating that privacy protection in social work is not merely a technical issue but a relational one. Effective privacy management strengthens client trust, enhances service quality, and reinforces the profession's commitment to dignity and respect.

4.2. Limitations and Future Research Directions

This study is conceptual in nature and is based on a process-driven analysis of the stages of social work intervention. As such, it does not incorporate empirical data from diverse organisational settings. This limits the generalisability of the findings, as practices may vary across provinces, service sectors, and organisational cultures. Future research should therefore include comparative organisational studies to examine how POPIA compliance challenges manifest in different contexts. Another limitation is the limited focus on technological systems used for data storage, transmission, and archiving. As social service organisations increasingly adopt digital case management systems, cybersecurity risks and digital privacy vulnerabilities become more pronounced. Future studies should explore digital information governance, including encryption practices, access controls, and the implications of cloud-based storage.

The study also does not capture the client perspective, which is essential for understanding how repeated information disclosure affects help-seeking behaviour, perceptions of safety, and trust in social services. Future research should therefore incorporate client-centred qualitative studies to illuminate how privacy concerns shape engagement with social workers. Additionally, the tension between POPIA and mandatory reporting obligations requires deeper empirical and theoretical exploration. While this study identifies the dilemma, further research is needed to develop ethical-legal decision frameworks that guide practitioners when privacy and protection duties collide.

Finally, future research should investigate the development and testing of practice tools, such as privacy checklists, information-flow maps, and POPIA-aligned assessment templates. These tools could support practitioners in integrating privacy considerations into everyday social work practice without compromising the quality of intervention.

5. Conclusions

POPIA is an important piece of legislation that seeks to safeguard the personal information of service clients. Although social work has preexisting values and principles, such as confidentiality, that enable the protection of personal information of service clients, POPIA is a law, and failure to comply with it may attract sanctions, including imprisonment. By its very nature, the social work intervention process involves the processing of personal information and should therefore comply with POPIA through its entire process of intervention, from the entry point of service to termination and referral. Despite their role in collecting and processing personal information, social workers do not have clear guidelines on how to ensure compliance with POPIA. Based on this, the following recommendations were proposed:

- Both the DSD and SACSSP should collaborate to develop guidelines for POPIA in social work interventions.
- Information sessions and workshops should be conducted by the DSD as the custodian of social work and social work services in the country.
- Continued Professional Development (CPD) training should be arranged by the SACSSP to empower social workers on how to ensure compliance with POPIA when processing personal information.

- Institutions of higher learning should consider incorporating learning sections on the protection of personal information in social work practice.

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