

**THE EXPERIENCES OF SOCIAL WORKERS IN THE
PROVISION OF RECONSTRUCTION SERVICES TO HIV
INFECTED CHILDREN**

VATHANAYAGI GOVENDER

DECEMBER 2009

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**VATHANAYAGI GOVENDER
9040265**

submitted in partial fulfilment of the requirement for the Degree of
Masters in Social Work (Family Therapy)
in the
School of Social Work and Community Development
(Faculty of Humanities, Development and Social Sciences)

University of Kwa-Zulu Natal
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By

VATHANAYAGI GOVENDER

Submitted in partial fulfillment of the requirements for Masters in Social Work
(Family Therapy) at the University of KwaZulu-Natal.

Supervisor: Dr T. Raniga

Date submitted: December 2009

DECLARATION

I, Vathanayagi Govender (Student Number 9040265) declare that this study entitled:

“THE EXPERIENCES OF SOCIAL WORKERS IN THE PROVISION OF RECONSTRUCTION SERVICES TO HIV INFECTED CHILDREN”

is the result of my own investigation. I declare that this study represents the author’s own research and it has not been submitted in part or full for any other degree or to any other university. No source material has been falsely used or unacknowledged.

.....

Vathanayagi Govender

December 2009

DECLARATION BY SUPERVISOR

This thesis, which I have supervised, is being submitted with my approval

.....

Dr T. Raniga

University of KwaZulu-Natal

Durban

4001

December 2009

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DEDICATION

Dedicated to my husband Ricky, my two children, Jishnavi and Mishen and my loving parents for their faith in me and unconditional love and support

ABSTRACT

Abdool Karim (Daily News, 02 December 2009) aptly states that one of the daunting social development challenges facing our young democracy in South Africa is the HIV and AIDS pandemic which has seriously impacted on the increase of HIV infected children. The study explored the experiences of social workers in the provision of reconstruction services to HIV infected children. This research study used a qualitative descriptive methodology. There were two sample groups: one consisted of five social workers from five institutions and the second consisted of six social workers from two child welfare organizations. Data was collected by means of semi-structured in- depth interviews with the institutional social workers. One focus group was held with child welfare social workers for the purpose of enhancing the reliability, validity and trustworthiness of the study.

Globalization has had a substantial impact on social work services which has been further articulated through 'new managerialism', whereby welfare states are becoming cost effective businesses (Dominelli, 2002). Both welfare agencies and social workers pursuant to "new managerialism" have to justify their existence on a day to day basis due to the market principles that have been applied to the profession; it has to be 'economically sound' to be a social worker and to continue to be employed.

The findings show that there were five key themes and various sub-themes that emerged from the in-depth interviews and the focus group interviews that posed as challenges for social workers. The lack of resources, high staff turnover, the recruitment of foster families emerged as factors that contributed to the challenges experienced by both institutional and child welfare social workers. Despite the many constraints placed on social workers several initiatives have been taken by institutional and child welfare social workers in the implementation of various services and programmes provided to families, communities and children infected or affected by the HIV and AIDS pandemic.

In the face of “new managerialism” it is recommended that social workers need to accept that structural forces such as the economy, political, poverty and unemployment have a profound impact on organizations therefore it is necessary for social workers to advocate and lobby for adequate resources such as vehicles, access to telephones and computers and regular supervision, in the provision of reconstruction services. Furthermore social workers must have an updated knowledge regarding relevant policies and legislation that impact service delivery. The Department of Social Development should work in collaboration with the Department of Health and Education so that efforts could be made to ensure that HIV infected children continue with schooling, thereby developing them into more independent individuals. Finally an additional subsidy should be provided by the National Department of Social Development to institutions for services to accommodate family and prospective foster parents who stay over at institutions.

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CHAPTER ONE

INTRODUCTION

The HIV and AIDS pandemic is one of the most pressing challenges facing the South African nation. This has resulted in many children becoming victims of the pandemic by being infected with HIV and AIDS. Families are also faced with special needs and problems due to the HIV and AIDS pandemic, which has resulted in the loss of parents and caregivers, increasing number of orphaned and vulnerable children and rising numbers of child-headed households (AIDS Foundation South Africa, 2009).

Most of the burden of care relies heavily on family and communities, who they themselves have limited resources and capacity to cope and care for those that are dying. Additionally, social workers especially those employed at child welfare organizations experience high workloads in a resource constrained environment, in managing foster care applications and reconstruction services (Lombard, 2008). According to the Integrated Service Delivery Model (Department of Social Development 2005:19) reconstruction services are defined as “services to enable the client to return to the family or community as quickly as possible. Services delivered at this level are aimed at reintegration and support services to enhance self reliance and optimal social functioning”.

It is 15 years into our democracy and as South Africans communities still suffer from a complex web of poverty, unemployment and HIV and AIDS (Earle 2006). These issues are of central concern to social work practice, which places the profession under extreme pressure to deliver services to children either infected or affected by the pandemic. This view is supported by Sewpaul (2004) who asserts that professionals are expected to work against poverty, and toward sustainable people-centred development while macro economic policies and strategies seemed to be designed to work against poverty alleviation and sustainable development. This suggests that

these problems are beyond the scope of the family and welfare organisations as they are linked to the exploitative and alienating practices of the dominant groups within the global economy (Dominelli 2004). This has had a ripple effect on social workers bearing the brunt of funding cut backs, poor salaries, high staff turnover, high caseloads and lack of technical and human resources.

The Children's Act 38 of 2005 and the newly legislated Children's Amendment Act No 41 of 2007 have important implications for social workers providing services to children that are HIV infected (National Department of Social Development 2008). These Acts demands thousands of social workers working exclusively with children that are infected with HIV. In a climate of economic recession it is of concern that whether the current estimated 11 000 social workers would cope with the increasing numbers of orphans and child-headed households. These sentiments are shared by Barberton (2006 as cited in Earle 2006) that the absence of social workers in such volumes is a factor that will severely limit effective and comprehensive implementation of welfare services.

This opening chapter begins with an outline of the research problem. This is then followed by a discussion of the rationale for the study, the research aims and objectives, the purpose of the study and key questions. Additionally, the structural social work theory as the fundamental conceptual theory guided this study is discussed.

OUTLINE OF RESEARCH PROBLEM

UNAIDS 2008, Report on the Global Aids Epidemic revealed that an estimated 1.9 million people were newly infected with HIV in Sub Saharan Africa in 2007 (UNAIDS 2008). In total 32 million people were living with HIV in the region, which is two thirds (67%) of the global population of people living with HIV (UNAIDS 2008). Globally an estimated 2.5 million children, younger than fifteen years old are infected with HIV (UNAIDS 2008). Furthermore, an estimated 370 000 children in South Africa have become infected with HIV

(UNAIDS 2008). While this information is not new, the impact of these figures is a serious concern for social work practitioners in South Africa.

A wide range of NGO's have responded to the HIV crisis, and they have come together in coalitions to promote a more coherent response (AIDS Foundation SA 2008). One related study conducted by Gordhan (2006) on the: Responses of Child Welfare Organisations in Kwa Zulu Natal to the Challenges of HIV/AIDS, concluded that even though the pandemic is having a devastating impact on child welfare organizations, concerted effort was made to challenge HIV and AIDS in the broad areas of policy implementation and modification for specialized programmes for children infected with HIV. However, difficulties were experienced in providing adequate care, support and counseling with regard to children that were infected with HIV in the light of increasing number of HIV infected children (Sekokotla and Mturi 2004).

In the 1970s, foster care was traditionally regarded as a placement option only for healthy and generally non-problematic children (South African Law Commissions 1988). Since then specialist fostering programmes for children with special needs, have proliferated, especially those that have medical, developmental, or behavioural difficulties. (Children's Act 38 of 2005 <http://www.acts.co.za> - accessed on 25 August 2008).

A study done by Rehoboth Trust (2002) has discovered children with AIDS who cannot be placed in foster care, making the hospital ward their home. Dr Bill Hardy of Murchison Hospital (a rural district hospital) and others have expressed their concern that, for this specific group of children, nothing is being done (Project country hiv research.mht, accessed on the 14/09/2008).

Given the steady decline in traditional family living due to HIV and AIDS, poverty and unemployment in South Africa, the dominant of family care being prioritized may not always be feasible. Despite these challenges, a study conducted by Perumal (2007) reflects that children are more comfortable being placed within their communities rather than in an institution, even though institutions were financially better off than foster families.

This contentious debate on the role of Institutional care as opposed to foster care placements of children infected as a result of HIV continues in the welfare sector (Perumal 2007). The Children's Institute raises a further concern that children may become commodities as relatives are more interested in the grant than in providing good care (Children's Institute 2006). Moreover, communities are over extended as there are inadequate resources to sustain these families for children to return to their homes, thereby putting a strain on institutional care. However, relying only on the communities will not be sufficient to address the global crisis of HIV and AIDS. The National Department of Social Development and the NGO sector need to work in collaboration to look at strategies in the integration of services to HIV infected children.

The purpose of my study is unique in that it does not challenge which model of care may be ideal for HIV infected children, but rather, to explore social workers' experiences in the provision of reconstruction services to HIV infected children.

RATIONALE FOR THE STUDY

This study was aimed at gaining an understanding of the experiences of institutional and child welfare social workers in the provision of reconstruction services to HIV infected children

My concern as an institutional social worker for the past eight years has been the increase in the admission of HIV infected children. One of the major challenges that I faced was the slow movement in the provision of reconstruction services for HIV infected children that were institutionalized. A further challenge experienced by social workers in child welfare organizations are the high workloads in a resource constrained environment, especially in managing foster care applications.

Furthermore child welfare social workers are faced with the particular challenge of orphans and child headed households, and Earle (2006) adds

that social work input is generally required over the long term in order to protect and promote all aspects of their welfare. Clearly, initiatives to address vulnerable children in the context of the HIV pandemic carry with them economic and service delivery implications.

Although improved health, education and treatment will alleviate many problems, providing HIV infected children with basic nutrition, shelter, health care and social services should form an essential component in addressing the pandemic.

One of the contentious debates has been on the role of Institutional care as opposed to foster care placements of children infected as a result of HIV (Perumal 2007). Additionally, the Children's Institute is concerned that children may become commodities as relatives are more interested in the grant than in providing good care (Children's Institute 2006).

A further concern that motivated my involvement in this study was the crippling effect of HIV and AIDS that has resulted in an increasing number of children needing alternative care. Communities are being over stretched as there are inadequate resources to sustain these families, for children to return to their homes, thereby putting a strain on Institutions. However, relying only on the communities will not be sufficient to address the global crisis of HIV and AIDS. Once again this has implications on service delivery for both institutional and child welfare social workers.

Bearing the above in mind, the researcher was prompted to explore social workers' experiences in the provision of reconstruction services to HIV infected children.

RESEARCH AIM

The main aim of this study was to explore the experiences of social workers in the provision of reconstruction services to HIV infected children

KEY OBJECTIVES

- To explore the experiences of social workers at five children homes in providing reconstruction services for HIV positive children.
- To gain insight into the experiences of social workers in two child welfare organizations in the Durban area, regarding provision of reconstruction services to children infected by HIV.

RESEARCH QUESTIONS

- What are the experiences of institutional social workers in providing reconstruction services to HIV infected children?
- What are the experiences of social workers in child welfare organizations regarding the provision of reconstruction services to children infected with HIV?
- What recommendations do social workers make in the provision of reconstruction services to HIV infected children?

THEORETICAL FRAMEWORK

The experiences of social workers in the provision of reconstruction services of HIV infected children was best conceptualized using the structural social work theory. Mullaly (1993) states that social problems are inherent in our present society and the ultimate goal of structural social work is to contribute to the transformation of society. The purpose of my study is unique in that it does not challenge which model of care may be ideal for HIV infected children, but rather, to explore social workers' experiences in the provision of reconstruction services to HIV infected children.

The current two-thirds global burden of poverty in Africa, made worse by the HIV and AIDS pandemic is a major concern for all (UNAIDS 2009). The current large global burden of diseases of poverty, made worse by the HIV and AIDS pandemic is also a major concern for all. Although the South bears the brunt of this burden and is disproportionately adversely affected, the ill effects

are global (UNAIDS 2009). Globalisation has shrunk the world into a virtual single community in which actions of individuals may have global repercussions. On the one hand the ever-improving accessibility to fast communications through both transportation and knowledge and information exchange has been a positive result of globalisation. On the other hand economic globalisation is alluded to have instigated the internalisation of social problems (Dominelli 2004). Internalisation of social problems constitutes features such as the spread of poverty and inequality across national borders (Wichterich 2002 as cited in Dominelli 2004).

Dominelli & Payne (2005:294) argue further that globalisation is a reality in most aspects of social work, and “while wealth has increased, inequality due to poverty has also increased, creating new problems for social workers”. Dominelli (2002) further alludes that governments have been forced to reduce expenditure and a heavy ‘workforce’ and ‘over manning’. Thus governments have resorted to ‘shake out’ excess capacity (Sewpaul and Holscher 2004). This can be applied to social welfare as well despite the amplification of social problems world- wide.

Social workers are expected to “do more with less” as organizations are driven to become “lean and mean” by forces of economic globalisation and “new managerialism” (Dominelli 2004). Dominelli (2002) poignantly states that the adoption of the concept “new managerialism” has turned welfare states in the West into cost effective business enterprises. As a result of the approach of new managerialism there is pressure on social workers to increase out put while input in the form of resources is declining.

Social workers have not escaped the effects of globalisation which has permeated into every sector of welfare reducing it to being residual and hence reactive rather than preventive (Holscher 2008). The disadvantages of residual social work are known, including the fact that it does not provide long term solutions to problems, thereby perpetuating rather than reducing social inequalities (Baines, 2007).

The move to a more managerialist position which privileges managerial and economic concerns has been seen to do so at the cost of direct work with clients. With the consumerist position, it also further introduces service provision by external non-state agency and the role of the social worker from this perspective becomes more one of assessment and regulation (Dominelli 2002). Both welfare agencies and social workers, pursuant to new managerialism have to justify their existence on a day to day basis due to the market principles that have been applied to the profession; it has to be 'economically sound' to be a social worker and to continue to be employed (Ferguson and Lavalette, 2006). The main concern of too many social work today is the control of budgets rather than the welfare of our service users, while worker client relationships are increasingly characterised by control and supervision rather than care (Dominelli , 2002).

On a daily basis social workers in South Africa grapple with the dilemma of providing personal and interpersonal help to people living with HIV and AIDS, yet at the same time many of the issues and problems that people living with the disease face beyond the scope of their immediate influence as they are rooted in broader socio-political and economic conditions (Raniga 2006). The impact of HIV and AIDS has left many children vulnerable and in need of care. Communities and families are also pressurized as a result of high rates of unemployment, poverty. Social work professionals, both in institutions and child welfare organizations are also faced with factors such as high caseloads, poor salaries, high staff turnover, unfavourable working conditions, and lack of resources. All of the above, have impacted on social workers in the provision of reconstruction services to HIV infected children.

Social workers, are experiencing difficulty in providing reconstruction services to HIV infected children and this too can be attributed to the structural sources of our economy. The structural approach to social work proposed by Middleman & Goldberg as cited in Dominelli and Payne (2005) follows that social workers need to help people connect with needed resources, and change existing social structures where these limit human suffering. However,

the implications of new managerialism being considered a source of control of professionals, the work of professional social workers is pre determined. This notion is evident in a summary of a respondent of a study performed by Khan and Dominelli (2002) cited in Dominelli (2002) of the effects of new managerialism on the profession of social work, who says that professional social work practice has been destroyed and professional social workers have been de-skilled by subjecting social welfare practice to market forces. No doubt, specialization in the field of social work is now a thing of the past with services being bureaucratically determined.

The HIV/AIDS pandemic in SA, has proven to be most catastrophic at community and household levels. Sewpaul (2005) stated that structural concerns such as unemployment, economic oppression and exclusion, inequality and poverty have a profound influence on families coping. This is supported by Triegaardt (2009) who indicates that unemployment in the main is a structural problem and thus policy response needs to address the type of unemployment which prevails in the labour market. Bearing the above deliberations in mind, social workers will need to be actively involved in the understanding and transformation of injustices in social institutions and in the struggles of children infected by the pandemic.

As Dominelli (2004) indicated: “social workers have to oppose existing structural inequalities and oppression, including those which they perpetrate, if they are to become more inclusive”. Lombard (2008) aptly states that in order to facilitate permanent social change through integrated social and economic development, government, in collaboration with social work professionals should seek ways to unpack and address the deep-rooted structural causes of poverty and inequality. Even though social workers primary responsibility is in the provision of care and service to the poor and marginalized, social workers must have an understanding of the socio – economic and political context of society (Lombard 2008). According to Oosthuizen (2006 as cited in Lombard, 2008), who poignantly states that social workers must have a knowledge of the principles of economic freedom as well as engage in policy debates in order to understand how these can release families and communities from poverty.

Clearly social workers are skilled and have richly contributed in entrenching principles of democracy and social justice. What is needed is a radical transformation of the welfare system Sewpaul and Holscher (2004) and changes in those socio-structural and economic systems that disadvantage both social workers and the people whom they work with Sewpaul (2005b, 2006; Dominelli 2004 as cited in Raniga 2006).

Many of us find it difficult to reconcile the invasiveness of our professional role with the concepts of working together, partnership, and participation, in an attempt to portray a more equal relationship between ourselves (Dominelli and Payne 2002). Therefore, what is required according to Dominelli (2004) is for social workers to mobilize communities to look after each other and make the most of the resources that are contained within them, and to raise the issue of a more equitable distribution of resources in society more generally. In our present welfare sector, especially non governmental organisations, social workers are expected to work against the forces of unemployment and poverty, which further impact on children being returned to their communities, however, according to Dominelli (2004) by enabling collective action they may facilitate the development of new alternatives in responding to the pressing problems of children infected with HIV and AIDS.

Therefore it is imperative for social workers that are working with children that are HIV infected to realise a just and un-oppressive practice within the profession. On that note Dominelli (2002) proposes a notion of anti-oppressive practice to the dilemmas posed by new managerialism in the profession of social welfare. Anti-oppressive practice aims to empower individuals and communities and transforming social conditions. Therefore, everything we must do, must in some way contribute to the goal of social transformation and to restructure society along socialist lines according to Mullaly (1993). Additionally, Raniga (2006) poignantly states that social workers need to persist in their roles as enablers, facilitators, researchers and policy advocates in their struggle to act as change agents at both personal and structural levels. There is a need to change the structure of welfare organisations so that they

are well equipped to handle the challenges posed by the increasing number of HIV infected children.

Baines (2007) reaffirms that social workers in welfare organisations must be prepared to challenge oppression, both within larger systems and as found in oppressive agency practices and policies. Furthermore, “workers need opportunities to reflect on and evaluate their practice in a supportive rather than a censorious and blaming atmosphere” (Strega 2007:81)

VALUE OF THE STUDY

Through this study, the researcher hopes to provide valuable insight into the challenges experienced by institutional and child welfare social workers in the provision of reconstruction services to HIV infected children.

Bearing in mind that HIV and AIDS is one of the most pressing challenges facing service delivery in the social work profession, social workers still continue to persevere despite the many resource constraints. Hence the ultimate aim of this study is to make recommendations to the Provincial Department of Social Development, the institutions and child welfare organizations who participated in the study regarding the provision of reconstruction services to HIV infected children. Furthermore, the empirical data acquired from this study will add to the growing body of knowledge in the social work profession. The study hopes to contribute to policy recommendations in respect of reconstruction services as enshrined in the Children’s Act 38 of 2005 and the Children’s Amendment Act No 41 of 2007.

CONCLUSION

In this chapter, the researcher outlined the background, rationale of the study. Subsequently the overall purpose, aims, objectives, key questions were outlined. The context and the structural approach to social work was also discussed. The following provides an outline of the subsequent chapters that

form the basis of this thesis. Chapter two presents an overview of the topics: impact of HIV on children and the welfare system in South Africa. It further discusses the current status of HIV and AIDS globally, in Africa and South Africa. Furthermore the impact of HIV and AIDS on children as well as models of care is discussed. Policy and legislation governing children that are HIV infected and the implications for social work professionals are outlined. Chapter three provides a comprehensive overview of the research methodology that was undertaken in this study. Chapter four presents the data, the analysis and the interpretation of the findings. Chapter five brings this study to a close and provides a summary of the findings, recommendations and conclusions.

CHAPTER TWO

LITERATURE REVIEW

INTRODUCTION

Chapter one provided an outline of the background, rationale of the study. An overview of the aims, objectives, and the value of the study were also discussed. Additionally the choice of structural social work as the key conceptual framework guiding this study was outlined.

This chapter provides an overview of literature on the HIV and AIDS pandemic and its impact on welfare more especially children and social workers in a South African context. According to Mouton (as cited in De Vos 2005) a literature review refers to a scrutiny of all relevant sources of information. The literature review enabled me to familiarize myself with current statistics as well as an understanding of related studies on the impact of HIV and AIDS on children and social workers in South Africa.

GLOBAL IMPACT OF HIV AND AIDS

HIV and AIDS is a human catastrophe impacting on the demographic profile of the country, on human capital and economic productivity. It places pressure on health, education, housing and welfare sectors (UNAIDS 2004, UNICEF 2002, Guest 2001, Dyk 2001 and Patel 2005). This further impacts on individuals, families and communities which inhibits further growth and is a threat to essential services.

According to the 2009 AIDS Epidemic update the number of people living with HIV and AIDS worldwide was estimated at 33.4 million (UNAIDS 2009). The total number of people living with the virus in 2008 was more than 20% higher than the number in 2000, and the prevalence was roughly threefold higher than in 1990. UNAIDS (2009) further adds at the end of 2008 an estimated 2.7

million new infections occurred. It is estimated that 2 million deaths due to AIDS- related illnesses occurred worldwide. An estimated 2.1 million children, younger than fifteen years old are infected with HIV (UNAIDS 2009).

According to the World Health Organization (2008) although important progress has been achieved in preventing new infections and in lowering the annual number of AIDS- related deaths, the number of people living with HIV continues to increase. Furthermore AIDS-related illnesses remain one of the leading causes of deaths globally and are projected to continue as a significant global cause of premature mortality in the coming decades (UNAIDS 2009). Sub Saharan Africa remains the most heavily affected region with Swaziland having the most severe level of infection in the world (UNAIDS 2009). UNAIDS (2008) revealed that an estimated 1.9 million people were newly infected with HIV in Sub Saharan Africa in 2007. In total, 33.4 million people are living with HIV in the region, which is two thirds (67%) of the global population of people with HIV according to the World Health Organization (UNAIDS 2009).

UNAIDS (2009) attributes the availability of antiretroviral therapy for people that have been HIV infected as impacting on the stabilization of the pandemic. The World Health Organization reported that there were more than 4 million people that had access to HIV treatment at the end of 2008 (UNAIDS 2009). The increased provision of HIV treatment has greatly increased and this could have positive implications for people to have an improved, prolonged quality of life. Additionally the World Health Organization reported that an earlier start to treatment of HIV-infected patients with antiretroviral reduces their viral load much sooner and therefore also lowers the risk of them spreading the virus (Gail, Daily News 30 November 2009).

An estimated 430 000 new HIV infections occurred among children under the age of 15 in 2008, 18 percent lower than in 2001 (AIDS Epidemic Update 2009). However it was also reported that by the end of 2008 14 million children in sub-Saharan Africa had lost one or both parents to AIDS (UNAIDS 2009).

These statistics reflect that even though access to treatment for children infected may have curbed the death rates of children; the increased mortality rates among the middle age generations, (including parents) has implications for the long term care of children infected with HIV.

These statistics indicate that an overwhelming majority of people that are HIV infected live in sub-Saharan Africa. As Hunter and Williamson (1997:18 as cited in Gordhan 2006) note: communities with the highest rates of infection are often the most impoverished and marginal because there are conditions conducive to rapid HIV transmission. Here we see the correlation between poverty and HIV and AIDS which has always been prevalent in sub-Saharan Africa. Poor people have little access to health care and treatment that could help prevent the spread of the HIV virus.

OVERVIEW OF HIV AND AIDS IN SOUTH AFRICA AND KWAZULU-NATAL

South Africa was confronted with the problem of HIV and AIDS when the country was experiencing rapid political change against a backdrop of apartheid. "In 1987, the apartheid government recognised that HIV and AIDS had the potential to become a major problem even though there were few reported infections (AIDS Foundation South Africa, 2009). However, this warning was not heeded, either by the outgoing regime or by the incoming democratic government as it faced the huge challenge of taking over political control of a divided country"(AIDS Foundation SA 2009).

After years of denial and mixed messages from the Presidency and the Ministry of Health, there was the prospect of committed leadership and effective response (AIDS Foundation South Africa, 2009). Although the AIDS pandemic emerged later in South Africa compared to some other countries and the numbers of infections were low initially, HIV and AIDS has surpassed other countries many fold (AIDS Foundation South Africa, 2009).

Presently HIV and AIDS is the greatest health and social developmental challenge facing South Africa. An estimated 5.7 million people were living with HIV and AIDS in South Africa in 2007 according to UNAIDS (2009). It is further believed that in 2007 over 350,000 South Africans died of AIDS (UNAIDS 2008).

HIV and AIDS in South Africa is transmitted predominantly heterosexually between couples, with mother to child transmission being the other main infection route (<http://www.avert.org/aidssouthafrica.htm> - accessed on the 24 November 2009). According to Abdool Karim and Abdool Karim (2005) in South Africa the highest rates of infection are amongst people between 15 and 24 years old. This could be attributed to the high level of sexual activity and the range of partners. Gordhan (2006) believes that since the change in South Africa's political dispensation in 1994, much political emphasis has been placed on the rights of women and the need for gender equality. However, South Africa remains a fairly patriarchal society, in which women are vulnerable to sexual abuse. An additional point made by Abdool Karim and Abdool Karim (2005) is that in South Africa typically men are expected to be the breadwinners and to generate income, while the women are expected to be responsible in maintaining the home. Furthermore imbalance in power translates into an unequal balance in sexual relations in favour of men (Abdool Karim and Abdool Karim 2005).

Although prevalence has reduced slightly, South Africa has the sixth highest prevalence of HIV in the world (AIDS Foundation South Africa 2009). The full impact of the maturation of the disease is being seen today, and it is becoming clear that the impact of AIDS on human and social development is getting worse (Raniga 2006). Furthermore according to the AIDS Foundation South Africa (2009) many factors contribute to the spread of HIV and AIDS. These include: poverty, inequality and social instability; high levels of sexuality transmitted infections; low status of women; high mobility; limited and uneven access to quality medical care. South Africa is experiencing one of the fastest growing HIV and AIDS rate in the world. While the above issues are of great concern, it is becoming clear that the impact of AIDS on human and social

development is definitely getting worse. This further has implications for social workers who are already working with the poor and marginalized society.

Moreover, the pandemic has had a devastating effect on children in a number of ways. There was an estimated 280,000 under 15 living with HIV in 2007, a figure that almost doubled since 2001 (UNAIDS, 2008). UNAIDS (2008) also reported that there are 1.4 million orphans in South Africa and it is estimated that the HIV and AIDS epidemic has created half of the country's orphans.

UNAIDS 2009 reported that in 2008 an estimated 430 000 children in South Africa have become infected with HIV (UNAIDS 2009). While this information is not new, the impact of these figures is a serious concern for social work practitioners in South Africa. It is evident from these statistics that the multifaceted impact of HIV and AIDS on children demands a co-ordinated response from all sectors – government, non governmental organizations, faith based and communities.

Taylor, Dlamini, Kagoro, Jinabhai, Sathiparsad and De Vries (2002 as cited in Nagesar 2008) state that KZN has the highest prevalence of HIV infections of all provinces in KwaZulu- Natal. The reasons for the rapid spread of the epidemic in KwaZulu- Natal further and faster than the rest of the country has been given by Whiteside and Sunter (1995). These include poor skills, lack of employment, high levels of poverty and labour migration leading to disrupted family life. KwaZulu Natal has also experienced many years of violent political conflict, which is a further contributing factor to the rapid spread of HIV and AIDS.

In many areas of South Africa levels of poverty, already very high, have been worsened by the AIDS epidemic. The lack of social security net and high levels of unemployment in South Africa mean that the poor households and communities slip further into poverty and deprivation (AIDS Foundation South Africa 2009). The extent of poverty and inequality amongst its people shows that income has not been invested equitably for social development, and for

the treatment, care and support of those infected with HIV (AIDS Foundation South Africa 2009). Communities are disadvantaged by having poor infrastructures and they are further limited to accessing basic services.

Raniga (2006) indicates that there is great concern among policy makers, community leaders and academics about the role of poverty as a co-factor in the aetiology of HIV and AIDS. Furthermore, she adds that poverty and inequality do limit the capacity of millions of people in Africa to translate awareness . This has implications for social workers according to Walker and Walker (1997:60), who believes that social workers who “work with the poor need to look beyond individual hardship – and sometimes personal inadequacy – to the structural factors which exclude the poor from sharing in the lifestyles of the wider society.”

Furthermore, poverty is a major cause of child separation and lifting a family out of poverty, can make the difference between a child growing up in a loving family environment or growing up frightened and alone. The Children’s Act 38 of 2005 and the Children’s Amendment Act No 41 of 2007 aims to alleviate this by providing for alternative care like foster care and child and youth care centres.

IMPACT OF HIV AND AIDS ON WELFARE

UNAIDS (2008) estimated that there were 1 400 000 children up to the age of 17 whose mothers had died due to AIDS living in South Africa at the end of 2007 (UNAIDS 2008). It is of paramount concern that the current statistics of 5.7 million South Africans are currently living with HIV and AIDS and this translates into millions of children whose care is potentially compromised by adult illness. According to the National Health Department there were 1.5 million orphans in 2008 (Daily News, 1 December 2009). These statistics imply that an increasing number of children will be growing up without parental guidance and this has serious implications for social workers in providing them with the necessary support.

Many children whose parents are ill now are likely to become ill themselves in later years. Most children with HIV and AIDS are infected as a result of mother-child transmission and their parents often become ill or die when the children are still very young (mhtml:file:///F:\Care for children affected by HIV and AIDS.mht – accessed on the 14 September 2008). There are three categories of children who need special care: children whose parents are ill, children whose parents have died and children with HIV and AIDS (mhtml:file:///F:\Care for children affected by HIV and AIDS.mht – accessed on the 14 September 2008). This is supported by Gow and Desmond (2002) who poignantly stated that the number of children orphaned as a result of HIV and AIDS is increasing while the community capacity to care for the children without adequate support is shrinking. Most care of children living with HIV in South Africa is provided by communities and family members (AIDS Foundation South Africa 2009). However, given the prevailing levels of poverty it has resulted in many communities not coping in providing basic requirements such as shelter, food, medical care, education, love and support.

In households caring for children orphaned or abandoned as a result of HIV and AIDS, human and material resources are stretched. The increase in dependants within the household reduces the quality of care offered to children of those families (Gordhan 2006). Gow and Desmond (2002) predict that by 2011, 56% of the population will live in households where at least one person is infected or has died from AIDS. Orphaned children in impoverished households are more vulnerable to becoming involved in exploitative work, including the worst forms of child labour according to the AIDS Foundation (2009). They also become vulnerable to neglect and abuse, if they are not cared for by an adult who is willing and able to protect their interests.

The South African government is currently providing support to 238 000 AIDS orphans and to more than 20 000 homes where older children care for younger siblings after their parents die from the virus (Daily News, 1 December 2009). As much as these efforts are noted a fundamental issue is that children have to now assume the responsibility of caring for their younger siblings and in turn will lose out on their childhood.

Sekokotla and Mturi (2004) add that the increased number of children orphaned means that formidable transformations have to occur at the individual, family and societal level to accommodate the heightened levels of mortality. Furthermore, the multifaceted impact of HIV and AIDS on children demands a coordinated response from all sectors – government, non-governmental, private, donor, faith based and community organizations.

MODELS OF CARE FOR HIV-INFECTED CHILDREN

There are many different models of care for dealing with children infected and affected by HIV and AIDS. Most of the burden of care relies heavily on communities and families. However, the difficulty experienced at household levels are limited material resources for the capacity to cope and care for those that are dying as well as to provide support and care for those children infected with HIV (AIDS Foundation South Africa, 2008). Even though community and family are seen as dominant models of care However with high rates of poverty and unemployment, the capacity to provide optimal care is questioned (Barnett and Whiteside (2002).

In the early years of the pandemic the “community” was called upon to provide terminal care and support to orphaned children with very little support (Barnett and Whiteside 2002). Children should be supported in ways that help them to stay part of their communities. It is at this level, through children’s daily interactions with one another that attitudes are shaped and behaviour is influenced (AIDS Foundation South Africa 2009).

During their parents illness some children build up informal systems of support in their communities. These could include a supportive relationship with a neighbour, a teacher or a minister. These support systems become even more useful and valuable when they lose their parents and have to take care of their siblings. Even though the South African government has extended measures

to support orphaned and vulnerable children in their communities, given the prevailing levels of poverty has stretched communities to the limit.

Nevertheless, the AIDS Foundation South Africa (2009) reported that experience in South Africa and the rest of the continent is that the best models of care for vulnerable and orphaned children are generally found within the children's communities. They further pointed out that orphaned children fare better if they remain in familiar surroundings.

The dominant models of care are presented as follows:

FOSTER CARE

Foster care is provided by a family that takes in orphaned and vulnerable children and looks after them. The Children's Court has to officially appoint foster parents which is organized by social workers.

Foster parents receive a grant for providing material and emotional support for the children and to ensure that they attend school. It is vital for foster parents to be trained and monitored by social workers (Giese, Meintjes, Croke, Chamberlain 2003).

Foster care is clearly seen as the preferred option in alternate care of the vulnerable child in South Africa and internationally (Kiraly, 2001; Long, 2007; McKay, 2002; Morei, 2002 as cited in Perumal, 2008). The above statement appears to be shared by the findings of the study by Perumal (2008), that children preferred to live with families of origin as opposed to alternative care and should they be placed in alternative care, foster care was preferred to Children's Homes.

CLUSTER FOSTER CARE

Collective or cluster foster care is a foster care programme that could be facilitated by a social, religious or other non governmental organization or a group of individuals acting as caregivers of the children (Moodley 2006). It would be managed by the department of social Welfare or a designated child

protection unit. It is a scheme where a maximum of six children are placed in the care of foster parents. Cluster foster care is a form of massification of foster care, whilst at the same time avoiding institutionalization and capitalization on the existing foster care grant to incentivise potential care givers (Sloth-Nielsen 2008). Just as in foster care similar proceedings are followed to ensure that the child is in placed in the best and appropriate care (mhtml:file://F:\Care for children affected by HIV and AIDS.mht – accessed on the 14 August 2008).

CHILD HEADED HOUSEHOLDS

The phenomenon of child headed households has attracted a lot of attention. Older children have shown tremendous resourcefulness and resilience in caring for younger siblings (AIDS Foundation South Africa 2009). It can provide children with a sense of continuity and security to remain with their siblings. However, there are problems that associated with this arrangement. If these older children do not receive adequate support, they would be depriving themselves of an education, exploitation, early marriage, discrimination and their childhood (South African Child Gauge 2007/2008). There is concern shared by (Meintjies and Giese 2006; Ardington and Hosegood 2005) that while it may seem that many such households exist only temporarily, it is important to monitor the prevalence and the nature of child-headed households as the HIV and AIDS pandemic continues.

Despite the above limitations and challenges the Department of Social Development provides social support to child headed households.

HOME BASED CARE

Alternatively, home based care models have been found to be very effective in reducing rate of hospitalization and length of stay in hospital, reducing the impact of HIV/AIDS on primary health care services, reducing the costs and providing support for the family and increasing compliance to treatment regimes (Johnson et al 2001). In response to this, government support for home and community- based carers employed by NGO's and CBO's has

increased. The Department of Social Development funds a home community based care and support programme that assists more than 200 000 children affected by HIV and AIDS. The state has also promoted the training of lay counselors to promote voluntary HIV testing (AIDS Foundation South Africa, 2009). The concern however is the poor remuneration and resourcing for these individuals which affects the provision of long term care. Nevertheless, community and home based carers have been the backbone of the response to HIV and AIDS.

OVERVIEW OF POLICIES AND LEGISLATION

There has always been a disparity between policy ideals and policy implementation in the arena of HIV/AIDS (Raniga 2006). Raniga (2006) further asserts that one way to engage with social policy is to describe and critically analyse policies and those institutions that make up social services, as the ultimate objective of all HIV and AIDS policies should be to strengthen central, provincial, local government and civil society responses to the HIV and AIDS pandemic.

Social workers have always played a major role in welfare service delivery in South Africa, both in the government and non-government sectors, and saw the new democracy as opportunity to contribute to the achievement of social justice for all South Africans (Lombard 2006). Their acceptance of the White Paper for Social Welfare was testimony to the fact that the profession was ready to embark on a developmental approach to social welfare. However, despite the paradigm shift towards developmental social work, the first decade of democracy has been overshadowed by doubts about social workers commitment to the new policy of social development and questions relating to the profession's ability to contribute to, and deliver upon social development goals (McKendrick ,2001, as cited in Lombard, 2008).

There has been various responses to the rising incidence of HIV/AIDS in South Africa and according to Van Rensburg et al.(2002, as cited in Sewpaul and Raniga, 2005) as such calls have recommended holistic approaches in

preventing and managing the HIV and AIDS crisis and found that successful strategies involve government departments playing key roles in policy making and implementation.

Loffell (2008) points out that policies such as the UN Convention on the Rights of the Child, the Children's Act 38 of 2005 and Children's Amendment Act No 41 of 2007 are evidence that the South African government indicates a strong commitment towards the care and protection of children. The objectives of the previous Child care Act of 74 of 1983, were to strengthen and develop community structures which can assist in providing care and protection for children. The Act has been replaced by the Children's Act 38 of 2005, which was signed by the President on the 08 June 2006 (Children's Act 38 of 2005-<http://www.acts.co.za>). Act 38 of 2005 was passed to protect children against neglect and abuse and to provide for the placement of children in alternative care, with special attention given to community care. In March 2008 the Children's Amendment Act No 41 of 2007 was signed into law by the President (Department of Social Development 2009). Presently, the new Children's Amendment Act No 41 of 2007 (hereafter referred to as Act 41 of 2007) will provide a legislative framework comprehensive in its reach, capable of pulling together fragmented parts of the broader social welfare services network to serve vulnerable children and their families more holistically (September 2008). Patel (2005 as cited in September 2008) promulgates that the Act No 41 of 2007 provides an important window of opportunity to transform child welfare services within the context of the South African Government's broader social development strategies. The Children's Act 38 of 2005 and Act No 41 of 2007 recognizes that children have a constitutional right to social services and therefore the State is obliged to ensure that the services are provided and accessible to all vulnerable children.

The Children's Amendment Act 41 of 2007 brings South Africa's child care and protection law in line with the Bill of Rights and international law. Every child has the right to family care, parental care or appropriate alternative care according to (SANGO 2008). Furthermore in respect to care of children living

with HIV and AIDS, the Act provides for a new form of foster care, called cluster foster care.

The South African government has extended measures to support orphaned and vulnerable children, and the family networks and communities caring for them, according to AIDS Foundation South Africa 2009. One such measure is the extension of the Child Support Grant to all eligible children up to the age of 15 years and has committed to extending this up to eighteen years.

Additionally, the National Strategic Plan for HIV/AIDS and STD (NSP) for 2007-2011, was released and this was designed to reduce the impact of HIV/AIDS on individuals, families, communities and society by expanding access to appropriate treatment, care and support to 80% of all HIV positive people and their families by 2011 (National Department of Health 2009).

The implementation of the National Strategic Plan is the priority of the Minister of Health, whose priority is improving the quality of health care services and the AIDS epidemic decisively (Aids Foundation SA 2009) and is identified as four priority areas:

Priority Area 1: Prevention

Target: reduce the national HIV incidence rate by 50% by 2011.

Priority Area 2: Treatment Care and Support

Target: provide an appropriate package of treatment, care and support services to 80% of people living with HIV and their families by 2011.

Priority Area 3: Research, Monitoring and Surveillance

Objective: establish effective monitoring and evaluation as a policy and management tool.

Priority Area 4: Human rights, access to justice and law reform

Objective: create a social environment that encourages people to test voluntarily for HIV and, when necessary, to seek and receive medical treatment and social support.

Respect for and the promotion of human rights must be integral to all the priority interventions of the National Strategic Plan. It is positive to note that from all these policy documents that treatment, psycho-social support and alternate care for children that are infected and affected by HIV and AIDS is prioritised. However, Sewpaul (2005) in her critique of the draft National Family Policy contends that if the “burden of coping with South Africa’s huge problems is reduced to the levels of the individuals and families without recognition of the structural sources of unemployment, economic oppression and exclusion, inequality and poverty on people’s lives”.

This has serious implications in the provision of reconstruction services to HIV infected children. It is therefore, imperative for professionals as well as communities to be informed of these policies with the aim of ensuring that government is held accountable for its implementation.

IMPLICATIONS FOR SOCIAL WORK PRACTICE

In July 2001, both the IASSW and the IFSW (2001:2) reached agreement on adopting the following international definition of social work:

“The social work profession promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being. Utilizing theories of human behaviour and social systems, social work intervenes at the points where people interact with their environments. Principles of human rights and social justice are fundamental to social work”.

The Children’s Amendment Act 41 of 2007 demands an increase in the number of social workers in the provision of care and protection of children. September (2008) aptly argues that the availability of social welfare services

falls far short of the needs of children and the demand increases every day as social stresses continue unabated.

Similar sentiments are shared by Earle (2008) that compounding the issue of reduced access to funding within the NGO sector has been the confusion that arose around the implementation of the developmental approach and its relationship to social work methods . Earle (2008) further points out that as NGO's and social workers in particular, continued to see the urgent and increasing need for social work methods other than community work, in particular in relation to the statutory requirements associated with the escalating HIV and AIDS epidemic, governments transformation effort was met with confusion and resistance. This became a serious concern of social workers thereby questioning their professionalism and confidence.

Loffell (2008) acknowledges that NGO's are under pressure to shift their resources towards prevention and early intervention but are simultaneously expected to continue to accept unlimited referrals of children requiring individualized statutory services. Thus, there have been no shifts in funding other than a tightening of the financial screws on organisations which are deemed not to fit the new paradigm sufficiently (Loffell 2008). Lombard (2006) points out that although both NGO's and government experience a human resource capacity problem, it is particularly the NGO sector that has borne the brunt of the crisis on social service delivery.

Furthermore there is also great disparity in the subsidy of social welfare services and between subsidies in various provinces. Additionally the migration of social workers from NGO's to government due to better salaries and better working conditions in government also poses as a challenge. According to the Chairwoman of the Network of Welfare Organisation Directors, Shelagh Hurford, "social workers employed by the government get at least 17 per cent more than social workers in the NGO's (Rising Sun, 14 August 2009). This has been an ongoing challenge facing social workers and has definitely had a negative impact on delivery of welfare services. Sewpaul and Holscher (2004), criticizing free market ideology and its impact on the

welfare system, maintain that even though the target groups are different in contemporary South Africa, the management systems continue to resemble those of the previous apartheid era.

Due to these initiatives social work became recognized as an important resource. Social work was then declared a scarce skill in the South African Department of Public services and Administration, and as a response the Department of Social Development formulated the Recruitment and Retention Strategy (2006). The impact on the shortage of social workers - and hence overburdened social workers carrying huge caseloads – is a direct result of the neglect of social services. (Lombard 2008).

In March 2009 , Dr Zola Skweyiya launched a recruitment and retention strategy for the profession aimed at making it more attractive to matriculants and improving salaries and working conditions. Two years ago the government established bursaries for those who wanted to become degreed social workers. This financial year 2009 –2010 the government allocated R210 million to the bursary scheme and there are 3529 students on the departmental scholarship programme (Skweyiya 2009).

According to the Minister, Dr Zola Skweyiya, the objectives of the retention strategy were:

- To provide a framework for the recruitment and retention of Social Workers as learners and professionals that will be committed to render services where they are most needed in the country
- To reposition the social work profession to meet the challenges of the 21st century
- To promote a positive image of social work as a career of choice
- To address the concerns and conditions of service that impact negatively on service provision.

It is evident that the government is making concerted efforts in addressing the above issues. Social work students who were in receipt of a bursary from the Department are secured employment by the Department upon completing the degree. The implications of this is two fold. On the one hand the Department of Social Development will be filling posts that are in need in the Department

offices. On the other hand the concern is who would fill the social work positions in the NGO sector that are already faced with the greatest of challenges according to Lombard (2008).

While the governments intentions of providing these bursaries are commendable so is the need to ensure that there is sufficient number of social service professionals to implement the services both in the department and NGO sector. Social workers are crucial role players in post apartheid South Africa, where the divide between the rich and poor keeps growing (Sewpaul and Holsher, 2004). Given the current realities and barriers in social work practice, the question is whether social workers especially those employed in the NGO sector will manage to adapt current practice approaches and strategies to take up the challenge of children infected with HIV and AIDS. The impact of HIV and AIDS is exacerbating the welfare needs of all South Africans, but particularly orphans and child- headed households that pose a particular challenge (Earle 2008).

CONCLUSION

This chapter provided an overview of the literature on HIV and AIDS in different contexts. The hierarchy of the presentation commenced with HIV and AIDS globally and Sub- Saharan Africa. Subsequently a discussion on HIV and AIDS in the South African Context followed. The impact of HIV and AIDS on children in South Africa was discussed. Additionally and outline of the various models of care for HIV infected children was presented.

An overview of policies and legislation was discussed and critiqued. Finally the implications for social work practice was outlined.

The chapter that follows provides an overview of the research process. It discusses the research design, the research participants, methods of data collection, reliability and validity and the data analysis. It also discusses the ethical considerations and limitations of the study.

CHAPTER THREE

RESEARCH METHODOLOGY

INTRODUCTION

This chapter provides an overview of the research process. It discusses the research design, the research participants, methods of data collection, reliability and validity and the data analysis. It also discusses the ethical considerations and limitations of the study.

RESEARCH DESIGN

Qualitative research methodology was appropriate for this study as the purpose was to explore the experiences of social workers who are directly involved in reconstruction services of HIV infected children. Marlow (1998) states that this design is compatible with social work research because it empowers subjects and reflects more accurately the diversity of opinions and perspectives in the field of social work.

According to Terre Blanche and Durrheim (1999) qualitative research is relevant where the purpose of the research is to study phenomena as they unfold in real world situations without manipulation. This helped the researcher to understand the challenges and experiences of both institutional social workers and child welfare social workers in the provision of reconstruction services to HIV infected children. Additionally by using a qualitative approach, it allowed social workers a platform to express their feelings about the services provided for HIV infected children.

A descriptive design was also found to be appropriate in the context of this study. It allowed the researcher to describe specifically the experiences of institutional and child welfare social workers in the provision of reconstruction services to HIV infected children. Qualitative description tends to be more concerned with conveying a sense of what it's like to walk in the shoes of the people being described – providing rich details about their environments, interactions, meanings and everyday lives (Rubin & Babbie 2005). McRoy

(2005 cited in Fouche & Delport 2005) further indicated that qualitative research also produces descriptive data in the participant's own written or spoken words.

SAMPLING:

The researcher utilized two sampling methods. Firstly availability sampling was used to select the five children's homes in the Durban region. Since the researcher was familiar with the institutions in the Durban area, telephone calls were made to five different institutions. A preliminary interview was set up with all Managers of the institutions. During this interview a brief description and outline of the research objectives was provided and it also gave Managers the opportunity to ask questions pertaining to the overall purpose of the research. There were three managers who awarded the researcher consent by signing the consent forms while two others required permission from their Board's of Management. All the Managers were very co operative. Having Managers' sign the consent form during the negotiating process was an advantage as it saved time and it allowed the researcher to commence with the interviewing process.

One social worker from each of the children's homes who was directly involved in the provision of services to HIV infected children was selected. Consent forms were signed by all social workers that were going to participate. Interviews were arranged directly with the institutional social workers. Telephone calls were made directly to each social worker and an appropriate time and date was scheduled. In-depth interviews were conducted with the sample of five social workers from the five children's homes in the Durban area. The duration of each interview ranged from one to two hours.

The second method of sampling was that of key informants. Two child welfare organizations that provided reconstruction services to the five children's homes were selected to be part of the sample. Three social workers from each of the two child welfare organizations were selected to participate in a focus group in order to understand their experiences in the provision of reconstruction

services to HIV infected children. A total of six social workers from the two child welfare organisations participated in the focus group. This was preceded by a telephone call to each of the Directors in order for the researcher to schedule an appointment. This was followed by a personal visit to the two child welfare organisations. During this visit the researcher informed the Directors of the purpose of the research as well as to request for permission from their Boards of Management to allow their social workers to be involved in the research. Subsequently many telephone calls were made regarding the consent forms that were left to be signed. Eventually the researcher had to make another personal visit to the respective agencies to access the consent forms. Written consent and approval was obtained from the social workers as well as the Boards of Management of all organisations.

The supervisors from the respective child welfare agencies arranged for the social workers to participate. The criteria for selection of social workers included: the organisations they were employed in, the areas of specific knowledge and expertise, the number of years of experience as a social worker, and their willingness to be involved in the research.

DATA COLLECTION

This section provides insight into the methods of data collection that was utilized during the research process. This included the use of agency records, in depth interviews and one focus group.

Agency records

For the purpose of the study it was imperative to obtain records from the five institutions in respect of admissions and children returned to families for the period 2005-2009. This information was given verbally by the institutional social workers at the beginning of the interview. All social workers had written records of the children that were admitted into the agency as well as those that

were released. They were very specific with dates of admission and dates of release.

In-depth interview's

A qualitative interview is an interaction between the interviewer and a respondent, where the interviewer establishes a general direction for the conversation (Babbie & Mouton 2001). In-depth interviews were held with the five social workers at the five children's homes. De Vos (2002 quotes Kvale as cited in Sewell, 2001:1) "qualitative interviews are attempts to understand the world from the participant's point of view, to unfold the meaning of people's experiences and to uncover their lived world from the participants point of view." The qualitative interview allowed the researcher to understand the experiences conveyed by each institutional social worker in the provision of reconstruction services to HIV infected children.

Through the interviews an intense description of the social workers experiences were captured on tape and then transcribed. All social workers were comfortable with the interviews being tape-recorded. They were assured that their responses would be kept strictly confidential and their personal details would not be disclosed. The flexible nature of the interview process enabled each social worker the opportunity to speak freely about the issues at hand and thus enabling the researcher to develop broad themes.

It was an advantage to the researcher that all the participants were previous colleagues and unnecessary time spent on introductions and developing a relationship was avoided. The familiarity also led to the social workers being more "open" and "free" to communicate their experiences and challenges. This confirms that in a relaxed and comfortable setting, the interviews generate empirical data by enabling participants to talk freely about their lives (Ulin, Robinson and McNeil 2002; Simmons and Elias, 1994). Their trust and willingness to participate also could be the fact that the researcher being a social worker holds firmly on the value of confidentiality.

A semi-structured interview schedule guided the objectives of the study was used which allowed the researcher to explore the social workers experiences in the reconstruction services of HIV infected children. The advantage of personally conducting the interviews was that the researcher was able to clarify any misunderstandings as well as clarify responses to the questions. This also allowed the researcher to probe further into specific themes which prompted a more in depth discussion. At times the researcher had to constantly remind the social workers to focus on the questions asked, as many did deviate. They used the opportunity to express many other issues regarding welfare and social work.

Focus group

Morgan (2005 cited in de Vos 2005) describes focus groups as a research technique that collects data through group interaction on a topic determined by the researcher. He adds that it provides a forum for sharing and comparing views among the participants (Morgan 2005 cited in de Vos 2005). One focus group was held with three social workers from each of the two child and family welfare organisations in order to explore their experiences in the provision of reconstruction services to HIV infected children. Thus the focus group included six social workers from the two child welfare organisations for one session.

This method of data capturing proved to be very effective because it allowed the group the opportunity to express their opinions and views explicitly. The researcher is inclined to agree with Greef 2005 (cited in de Vos 2005) that focus groups have the ability to produce concentrated amounts of data on precisely the topic of interest. He further adds that another strength is reliance on the group to produce the data. Since most of the child welfare social workers had minimum experience, they definitely did rely on each other for prompted response as well as to build on one another's views. The researcher also used group facilitation skills to generate the discussions by allowing each social worker to have an opportunity to respond. Open-ended questions were used to further probe and facilitate discussion.

RELIABILITY AND VALIDITY

Concerns about 'reliability', 'validity', and 'generalisability' are pertinent to all research. According to Babbie & Mouton (2001) precision and accuracy are important qualities in research measurement. Marlow (1998) further indicated that before a measuring instrument is used in the research process, it is fundamental to assess both its reliability and validity.

Reliability according to Babbie & Mouton (2001) refers to the likelihood that a given measurement procedure will yield the same description of a given phenomenon if the measurement is repeated. Validity refers to the extent to which a specific measurement provides data that relates to commonly accepted meanings of a particular concept. The whole notion of measurement validity according to Babbie & Mouton (2001) encompasses criterion-related validity, construct and content validity.

The triangulation in respect of the in depth interviews with the social workers and the focus groups, was considered as one of the best ways to enhance the validity and reliability of the data. Padgett (1998 as cited in de Vos 2005) describes triangulation in qualitative research as the convergence of the multiple perspectives that can provide greater confidence that what is being targeted is being accurately captured. The use of secondary data, direct observation, tape recording of the interviews and focus group, as well as the use of policy documents and current statistics obtained from the social workers enhanced the reliability, validity and the trustworthiness of the study. Additionally the familiarity and prolonged engagement that the researcher had with the participants contributed to the truthfulness and trustworthiness of the data (Babbie and Mouton, 2001). The active positive relationship shared with the participants as they were colleagues of the researcher posed as an advantage allowing participants to be more open and honest with their responses.

DATA ANALYSIS

Patton (2002 as cited in de Vos 2005) points out that analysts have an obligation to monitor and report their procedures. De Vos (2005) further indicates that data analysis is the process of bringing order, structure and meaning to the mass of collected data. In this study, face to face semi structured in depth interviews with the social workers contributed to content analysis. Interviews with social workers were tape recorded and later transcribed by the researcher. The qualitative data was analyzed according to themes and sub themes. De Vos (2002) emphasizes that employing qualitative analysis in interviews will attempt to capture the richness of themes emerging from the participants talk.

The focus groups in this study, was a group of social workers from child welfare organization. It was vital at this stage for the researcher to focus on the manner in which the social workers interacted with each other as well as the content of the group as this affected the content of the discussion. The questions in the focus group guide was used for organizing the section-by-section analysis of the discussion. The interview schedule had a similar set of questions to that of the focus group questions. It served as an advantage in the analysis phase and facilitated the comparison between the data obtained in this phase of the research.

ETHICAL CONSIDERATIONS

Ethical clearance was secured from the University of KwaZulu-Natal's Ethics Committee. Anyone involved in research needs to be aware of the general agreement about what is proper and improper in scientific research (Babbie 2005 cited in de Vos 2005). The following ethical considerations were been taken into account.

The purpose of the research, and the use of material was explicitly explained to both the institutional and child welfare social workers. The generally accepted standards of research ethics in terms of written informed consent

was obtained from the social workers and management of Children's Homes and Child and Family Welfare Organizations (See annexure 1 and 2). Verbal consent was also received from social workers to tape record the interviews and the issue of confidentiality was maintained at all times during and after the research. The social workers' consent was voluntary and all social workers were at liberty to withdraw from the research at any point during the process. They were assured of no physical, emotional, social or emotional harm to be inflicted upon them.

The researcher assured all social workers and their respective organizations the anonymity in reporting the findings and this was maintained and respected throughout the research process. All social workers were further informed that discussion and presentation of findings outside the research report will only be done for professional purposes and with people directly and professionally involved with the participants

LIMITATIONS TO THE STUDY

Babbie & Mouton (2001) maintains that although we should strive with everything in our power to do truly valid, reliable and objective studies, the reality is that we are never able to attain this completely. Even though every effort was made to conduct the study in an authentic and ethical manner, there were several limitations inherent in this study. These must be considered and the results interpreted in the light of these limitations.

The availability of all respondents to attend the focus group session presented as a limitation. Time was a challenge in arranging the focus group with the child welfare social workers. They reported that this was due to heavy workloads and constrained human resources at their organizations.

Furthermore some Boards of Management were reluctant in signing the consent forms, as they were concerned about the confidentiality issue. In this instance the researcher had to personally assure them that all issues

discussed would remain confidential as well as the anonymity of their employees.

It was during the data capturing process that the researcher felt that Department social workers should have also been included in the focus group as they also work with children from 12 –18 years old. This would have definitely contributed to the richness of the data captured.

The limited years of experience of some social workers who participated in the focus group presented as a limitation as the researcher had to constantly probe and initiate discussion. More experienced social workers generally appear to be more informative as the researcher experienced in the in depth interviews.

CONCLUSION

This chapter provided an overview of the research process. The research design was described together with the sampling strategies and the method of data collection in relation to the objectives of the study. The process of data analysis and issues relating to ethical considerations and limitations of the study was examined.

The following chapter discusses the results and the analysis of the study. Chapter four presents the findings obtained from the qualitative interviews undertaken on social workers experiences in the provision of reconstruction services to HIV children.

CHAPTER FOUR

UNDERSTANDING THE INSTITUTIONAL DYNAMICS OF THE PROVISION OF RECONSTRUCTION SERVICES: VIEWS SHARED BY SOCIAL WORKERS

INTRODUCTION

The objectives of the study were two fold. First to explore the experiences of social workers at five children's homes in providing reconstruction services for HIV infected children. Secondly to gain an insight into the experiences of social workers in two child welfare organizations in the Durban area, regarding the provision of reconstruction services to HIV infected children. This chapter analyses the data collected with the aim of understanding the experiences of institutional social workers and child welfare social workers in the provision of reconstruction services to HIV infected children.

Qualitative methodology was used to guide the process which consisted of five social workers, one from each institution, who participated in in-depth interviews. In addition to this one focus group was held with six social workers from child welfare organisations. Using semi-structured interview schedules, in-depth interviews were held with social workers from five children's homes and one focus group was held with six child welfare social workers.

Table 1: The following table provides the demographic profile of social workers

Institutional social workers	Age	No. of years of experience
	41	15
	48	22
	35	8
	32	8
	42	15
Child Welfare social workers		
	25	2
	27	2
	23	1
	23	6 months
	31	3.5
	25	2

It is interesting to note from the above table the number of years of experience of the social workers in institutions as compared to those at the child welfare organisations. The table reflects that institutional social workers have been in the field for more than eight years while the child welfare workers have recently entered the profession with one to three years of experience. This disparity could be linked to the challenges expressed by child welfare social workers that is discussed in theme four.

This is evident of the high turnover of social workers in the welfare sector which is further aggravated, according to Earle (2008) by factors such as poor salaries and working conditions, limited resources, high workloads and the lack of professional respect. Dominelli (2002) believes that the forces of globalisation have had a profound impact on the deprofessionalising of the

social work profession. She further states that this has been done by imposing the quasi market of the purchaser-provider split on reluctant professionals, increasing managerial control over front-line workers, undermining professional autonomy, bureaucratising the interaction between workers and clients (Dominelli, 2002).

There were five major themes and four sub-themes that emerged from the data in line with the overall objectives of the research study.

Theme 1: Admission of HIV infected children to children's homes

Theme 2: Services and programmes being rendered to HIV-infected children

Theme 3: Deliberating Policy Issues

Theme 4: Challenges experienced by social workers

Sub-theme 1: Difficulties experienced by foster parents and families

Sub-theme2: Challenges in recruiting foster families for HIV infected children

Sub-theme3: High Staff Turnover resulting in poor service delivery

Sub-Theme 4:Lack of resources

Theme 5: Recommendations

Even though these themes will be discussed separately it is important to bear in mind that they are closely interconnected.

Theme 1: Admission of HIV infected children to children's homes

Residential programmes must be purposive offering a range of options on the continuum of care such as prevention, early intervention, educational, bridging,

drop in shelter etc. Programmes should meet the developmental needs appropriate to the age and development phase of the young person, including their emotional, physical, spiritual, intellectual and social needs (Interministerial Committee 1996:8 as cited in Moodley 2006). However, due to the escalating number of children requiring institutionalisation, more especially due to the impact of the HIV/AIDS pandemic child welfare social workers cannot afford to be selective in which institution they want, but rather on what is available to place children.

All institutional social workers were able to provide a verbal account of their agency records of the number of admissions and discharges of children between the years 2005 –2009. For the purpose of this study it was imperative to determine the number of HIV infected children that were admitted and those that returned to families.

The table below illustrates the number of HIV infected children that have been admitted into institutions over the past four years as well as the number of children that have been returned to families or placed in foster care.

Table 2: Overview of the number of HIV infected children admitted and returned to families for the period 2005-2009

Institution	Number of HIV infected children admitted	Number returned to families or placed in foster care
1	35	12
2	50	15
3	30	8
4	20	6
5	30	10
Total	165	51

The above table reflects that 51 children were returned to families as well as placed in foster care out of a total of 165 children that were initially admitted for the period 2005-2009. The disparity of 114 children that remained in institutions implies the slow movement of HIV infected children from institutional care to family and community care. According to Gow and Desmond, Karim and Karim, (2005) there are several complex factors that contribute to the slow movement of HIV infected children in communities. These factors include high poverty and unemployment, lack of psycho social support and stigma and discrimination. Additionally it is important to bear in mind that the sentiments shared by Sewpaul's (2005) assertion that structural concerns such as unemployment, economic oppression and exclusion, inequality and poverty have a profound influence on families and communities coping with children infected or affected by HIV. Social workers are faced with several challenges such as lack of resources, high staff turnover, stress and burnout, and poor working conditions. This hinders their attempts to provide an effective and efficient service to children and families. These factors would be elaborated under the major theme 4.

Some of the sentiments shared by the institutional social workers in respect of admission of HIV infected children are as follows:

"...Over the past few years fifty percent of our admissions have been HIV positive children and we do not discriminate against them. Even though our programmes did not cater for the HIV infected children, we were still able to provide the best care possible".

".... Children as young as 6 months old have been admitted, but have been found to be in a very serious condition. It takes up to one year for the child to be rehabilitated and for the appropriate medication and treatment to be administered."

"....We have had an increasing number of 10 year olds being admitted in a very sick state. Most of them have been infected since birth but have only been recently diagnosed."

The above comments indicate that institutions have had to admit HIV infected children with the same number of staff and financial resources available. Naidu (2005) corroborates this finding as she states that initially institutions were not specifically set up to accommodate children who are HIV positive, but existed to provide accommodation for vulnerable children. In addition the study by Mohanlall (1998) argued for increased resources for children in institutions infected with HIV. Almost a decade later social workers have to deal with an increase in admissions of HIV infected children which has demanded an increase in resources and services. It is important to note that this has been done in the light of strained resources and funding cuts (Lombard, 2008). However, because of the increase in the number of abandoned and orphaned HIV infected children, they are being admitted into children's homes. The implication is that the demands of providing care for HIV infected children in institutions has increased and has changed the nature of programmes and services offered by institutions. This is explored further in theme 2 under services and programmes.

Theme 2: Services and Programmes being rendered to HIV–infected children

It is imperative that initiative and creativity are required from social workers in providing essential and supportive programmes to children infected with the HIV and AIDS virus. Theme two provides insight into the services and programmes by both institutional and child welfare social workers:

A wide range of non governmental organisations have responded to the HIV crisis, and they have come together in coalitions to promote a more coherent response (AIDS Foundation SA, 2002). This is evident from the views that were shared by both institutional and child welfare social workers on the services and programmes offered at their respective organizations.

In addition to providing care and supportive services to the children in institutions all institutional social workers indicated that one of their primary

responsibilities is to recruit families as well as conduct home visits. Here we see a redefinition of the social worker's role in order to facilitate movement of children into family and foster care thereby extending themselves to ensure appropriate services rendered to children. The following captures the efforts undertaken by the five institutional social workers in the recruitment of families.

"...We have taken it upon our selves as social workers to secure families. It has been difficult but our child care workers have been instrumental in going out to the communities and recruiting foster parents as well as locating natural families"

Two institutional social workers stated that:

"... We have been fortunate in having social auxiliary students that are involved in community work focusing on the recruitment of foster parents. These students are trained to conduct home visits as well as in the recruitment of foster families."

It is clear from the above comments by institutional social workers that concerted efforts are made by using their staff constructively in assisting in the recruitment of families. A study conducted by Moodley (2006) revealed that the training of childcare workers to conduct home visits was an initiative of social workers in institutions to promote permanency planning. This response captures well the essence of social work as highlighted by Martin (1995) that the profession of social work is living testimony to a political commitment to safeguard and further the welfare of all citizens, and the principles of humanity and concern can and should raise the standards of welfare practice. An address by the Minister of Social Development, Dr Zola Skweyiya on the occasion of celebrating World Social Work Day (2009) elaborates that: " In South Africa, despite the global economic challenges confronting social development, social workers continue to play an important role in addressing the major global issues such as poverty, HIV and AIDS as well as more specific professional areas such as foster care and inter-country adoption."

One of the important programmes offered by all institutional and child welfare social workers were the parenting life skills and health care programme for prospective foster care and parents.

“We stress the importance of budgeting to our clients so that even when the foster grant is terminated when the child turns eighteen years, they are able to cope without depending on it.”

The researcher found this response interesting as many families do believe that they are entitled to the grants and become over dependant on them. Presently most families do complain that the foster grant is insufficient to cater for the needs of the children, which include medical, nutrition, and educational. Jacobs, Shung and Smith (2005) call the current foster care system inequitable as it fails to provide adequate support for all vulnerable families. It further introduces a perverse incentive for impoverished families to place their children in the care of others for financial gain (Perumal, 2008). These comments are contrary to Sammson et al (cited in Raniga, 2006: 256) who maintains that “people in households receiving social grants have increased both their labour force, participation and employment rates faster than those who live in households that do not receive social grants.”

Another comment shared by child welfare social workers was:

...“With specialized training programmes, it equips parents with the knowledge as to how to administer medication especially antiretroviral therapy and the proper care and nutrition for the HIV infected child.”

and

“...All of our parents attend the Adherence counselling programme that is offered at the hospitals, and they have found them to be very beneficial”.

This collaborates the findings of the study by Skinner(1991 as cited in Harber, 1998) that special preparation and training is vital for prospective foster carers of children infected with HIV. Additionally, the study by Moodley (2006) indicated the importance of parenting programmes whereby one organisation had a 95% success rate of securing stable foster care placements that were sustained. This implies that these programmes are useful in

ensuring the sustainability of the placement. It also equips and prepares parents with the challenges that the children may present.

One institutional social worker also revealed that:

“We also motivate clients, especially those from impoverished backgrounds to start income generating projects to supplement their income, but they still complain, as to how are they supposed to access the material or the goods to start the projects”

It is evident from the above comment that communities are mobilised to become more financially independent. This is consistent with Lombard's (2008) assertion that given the funding crisis of social welfare services in South Africa, welfare organisations will increasingly have to become less dependant on state financing and find alternatives in generating an income.

Six child welfare social workers reported that:

“A very intense foster care programme is offered to all prospective foster parents which include budgeting, lifeskills, behaviour management, and medical care”

and

“We host many ‘Open days’ within the community focussing on child protection programmes, sexuality, victim empowerment

It is evident that even though there is an increasing number of children being affected and infected by the HIV and AIDS pandemic as well as the enormous pressure on Welfare organisations (high staff turnover, poor working conditions and the lack of resources) the above responses reveal that various programmes are undertaken by child welfare social workers at different levels to address the special needs of HIV infected children.

Five of the institutional social workers reported that the institutions provide a very comprehensive health care programme specifically designed to accommodate the needs of HIV infected children. Children that are HIV infected are regularly treated and specific medication which include antiretroviral therapy are administered to those that require them as well as antibiotics such as bactrim. One of the concerns raised by institutional social

workers was the ability of the family to institute the same care in the administering of antiretroviral therapy when the child returns to the family especially those families that are poverty stricken (Walker and Walker, 1997). A similar concern is noted in Moodley's qualitative study that social workers are in a dilemma when they recognize potential and feel that the home environment may not be able to sustain the child's care (Moodley 2006:82).

One institution had built a separate cottage to accommodate parents and close relatives who came from poverty stricken communities to visit the children over weekends. The cost of transport is provided as well as meals and overnight accommodation for families. The families were provided with practical and material assistance, it allowed them to strengthen their relationship with the children, but this was at an additional cost to the institution (human resource, use of cars, additional staff, food costs, electricity and water).

Theme 3: Deliberating Policy issues

For the purposes of this study it was important to gain insight into the knowledge that social workers had on current policies and legislation pertaining to children infected with HIV and AIDS. It was surprising that none of the social workers mentioned the newly legislated Children's Act 38 of 2005 and the Children's Amendment Act 41 of 2007 despite being in the child, family and welfare field. One of the gaps mentioned by Raniga (2007) in respect of translating newly legislated policies into action is the lack of awareness. Lombard (2006) argues that having world class policies means nothing if they are not implemented and further ascertains that social workers should not only have an awareness of policies but can play a critical role in influencing policies in legislation, regulations and institutions. Walker and Walker (1997) also indicate that social policy is of particular importance because it sets both the framework and constraints within which professionals work and the type and level of service they can provide. However the researcher noted huge gaps between the awareness of policies and implementation thereof.

The only policy issue that was mentioned by the institutional social workers was the Departments 16.2 extension orders (Department of Social Development 1999).

The responses from two institutional social workers were that they felt that the Department of Social Welfare's expectation as to when Section 16.2 orders are processed for children who are institutionalised, to be returned to their families or placed in foster care after a two-year period is not practical. If not social workers are expected to motivate as to why the child should remain in the institution. Even though almost all requests for extension of orders are given, social workers felt that in most cases two years is was not possible and practical for most children to be reunified with families, especially the HIV infected child. Similar concerns were noted in the study by Moodley (2006) whereby institutions indicated that a uniform time frame of two years was unacceptable and suggested that each child should be looked at individually and time frames set accordingly.

However the Children's Amendment Act No 41 of 2007 (hereafter referred to as Act No 41 of 2007) in respect of children placed in foster care with persons other than their family, the two year extension orders are no longer applicable Act No 41 of 2007 ,Section 186. (1) states the following: A children's court may, after a child has been in foster care with a person other than a family member for more than two years that

- a) no further social work supervision is required for that placement;
- b) no further social work reports are required in respect of that placement;
- and
- c) the foster care placement subsists until the child turns 18 years, unless otherwise directed.

Section 186 (3) Despite the above provisions, a social service professional must visit a child in foster care at least once every two years to monitor and evaluate the placement.

This could have some positive implications for child welfare social workers as it will reduce the administrative tasks (16.2 reports) considerably . However it is important for social workers to bears in mind the implications this has for the

child that is in foster care. According to the views shared by institutional social workers that the only time the child welfare social workers contact the home is when the Section 16.2 report is due. The social workers in the focus group agreed with this comment but referred to the constrained working environment, lack of technical resources that prevented them from regularly conducting home and institutional visits. Bearing in mind the structural social work theory social workers need to be able to respond at both micro and macro levels, and should take into account factors such as major economic and social trends that are having a far reaching impact at organisational levels (Ng and Chan, 2005). This implies that since there will be no need for a report to be submitted to court regarding the continuation of the foster placement, one wonders if any supervision would actually occur. The concern, however, is that children placed in foster care that are HIV infected need to be constantly supervised so as to avoid any further abuse or harm to the child, as well as to monitor their progress and development.

This was supported by one institutional social worker who stated that:

“... with the number of very sick HIV infected children being admitted it takes a while for them to get well and at that point many people are not wanting to foster the children in that state. I believe that there are no specific policies in that caters specifically for the HIV infected child that is institutionalized”.

Theme 4: Challenges experienced by social workers

The impact of HIV and AIDS has placed increased pressure on institutions in respect of the special needs that children demand which results in increased cost and diminishing services. The emotional and economic impact of the disease on the children and their families necessitates the provision of services by social workers which results in many challenges experienced.

There were several obstacles discussed by both institutional and child welfare social workers that hindered the provision of reconstruction services. Flowing from this were the following sub- themes that were explored.

Sub –theme 1: Difficulties experienced by foster parents and families

The five institutional social workers as well as the child welfare social workers believed that the current socio economic situation of our country does not allow many families the opportunity to foster children as they cannot afford to take care of themselves as well as their own children and this has severely impacted on service delivery. The following comments shared by the social workers explain the challenges and the experiences of social workers in respect of providing adequate reconstruction services to HIV infected children.

Two of the institutional social workers stated that:

“...extended families are located but do not want to take on the burden of taking care of an HIV infected child because of financial reasons”.

The Thandanani AIDS orphaned community care programme in Pietermaritzburg, warns that the number of children orphaned as a result of HIV and AIDS is increasing while the community's capacity to care for the children without adequate support is shrinking (Gow and Desmond, 2002). As indicated in the literature by AIDS Foundation of South Africa (2009) communities are being over-stretched as there are broader socio-economic and political factors that impact on families.

One social worker indicated that some foster parents have returned children back to the children's homes because they are unable to cope with the children becoming too ill and the negative impact on their family life. This finding is supported by Donati and Dumaret (2001:81) who suggests that the new parental role of fostering upsets the positions and roles of people involved and tensions can emerge with other children in the family either extended or fostered (Pillay 2003:44). Many families underestimate the amount of care and support that is required for an HIV infected child. This has serious implications for the child as it disrupts the child's emotional state and sense of belonging. Additionally the care (medical, nutritional, emotional and educational) provided to an HIV infected child does put a strain on the family who will require ongoing support from community based organisations as well as social workers. Therefore it is imperative for social workers to continue with regular home visits and supervision once children are placed in foster care. However the Children's Amendment Act No 41 of 2007 states otherwise, that

social workers will be required to do one visit to the foster family within a two year period. This may not be sufficient in order to assist families thereby avoiding children being returned back to institutions.

One institutional social worker revealed that:

"...we have recently had a few children come back very sick because family members were unable to administer the ARV's adequately and appropriately."

The social worker further stated that once the child is in the care of the foster parent, very little time is spent in providing care for the child, as the parents are occupied with their jobs or trying to secure other means of generating income. Children that are on antiretroviral therapy require very special care and regular administering of the treatment and if parents fail to adhere to the precautions it could result in the child becoming very ill.

Both institutional social workers and child welfare social workers pointed out that:

"... Many foster parents complain that the foster care grant is not enough to provide for the specialized nutritious and medical needs of the child."

This comment is supported by Raniga (2006) who ascertains that currently the social security system in South Africa fails to take into account the increasing number of children living in dire poverty and orphaned as a result of HIV and AIDS and who are in need of assistance. As indicated in the literature review communities are being over-stretched as there are broader socio-economic and political factors that impact on families. As much as the foster care grant is not sufficient as many social workers revealed however, families do rely on it to at least provide food for the children. At this point it is important to bear in mind Sewpaul's (2005) assertion that structural concerns such as unemployment, economic oppression and exclusion, inequality and poverty have a profound influence on families coping.

While another institutional social worker mentioned that:

"...many parents have to work in order to provide for these children's needs but the problem arises when the parents have to always take time off to take

the child to hospital and attend to the child's medical needs. This tends to affect their jobs."

Once again, bearing in mind the socio-economic status of communities, especially since most families are living below the poverty line can parents constantly afford to take time off from their jobs to attend to a sick child? "Employment is the key to avoiding poverty" according to Walker and Walker (1997) who further claims that having children increases the risk of poverty for both people and single people. This has serious implications for families who are placed in a very difficult position and this definitely contributes to one of the challenges that social workers experience in trying to find suitable families to care for HIV infected children.

The same sentiments were shared by the child welfare social workers. However, their concern was that many children that are on antiretroviral therapy experience side effects to the medication and this poses an additional difficulty and an additional cost for foster parents.

Sub-Theme 2: Challenges in recruiting foster families for HIV infected children

An overwhelming majority (95%) of both institutional and child welfare social workers agreed that the HIV and AIDS pandemic has presented enormous challenges to their organisations. This has severely impacted in the recruitment of foster families for HIV infected children.

Another concern shared by the six child welfare social workers:

"Some community members come in very enthusiastically wanting to foster and six months later they return the child complaining that they can not cope and we then realise that their intention was just to receive the foster care grant only."

This also appears to be a concern from the Children's Institute, that children may become commodities, as relatives are more interested in the grant than in providing good care (Children's Institute, 2006). Similarly according to Jacobs, Shung-King and Smith (2005:33) as cited in Perumal (2007) research shows

that “increasing numbers of poverty stricken families who are caring for orphaned children are relying on foster care placements as a way to access the more substantial financial support offered by the foster care grant”. It is evident that the high levels of poverty in the country have contributed to individuals using the foster care grant as a means of financial support. This affirms the validity of the structural social work theory as well as Sewpaul’s (2005:313) critique of the Draft National Family Policy contends that “the burden of coping with South Africa’s huge problems is reduced to the level of individuals and families, without recognition of the structural sources of unemployment, economic oppression and exclusion, inequality and poverty on people’s lives”.

One institutional social worker revealed that:

“...It was interesting to note that it is mainly Black middle aged women and grandparents are willing to host HIV infected children but they themselves are sickly and lack the resources”.

Although grandmothers as well as the elderly have traditionally provided care to orphans and other children, the HIV and AIDS pandemic has meant that they are relied upon more now than ever. Studies have shown a high incidence of orphan households are headed by grandparents (Mukuyogo and Williams 1991 as cited in Harber, 1998). Additionally due to the extreme levels of poverty among households, it could imply that women would use foster care as a means of generating an income. According to Makgetla (2004 as cited in Triegaardt, 2006) black women are still more likely to be unemployed, to be paid less than men when employed, and to perform unpaid labour. Furthermore, she adds that social grants have continued to be a major source of poverty reduction for millions of South Africans.

Four of the institutional social workers poignantly stated that:

‘We also find that many communities are still ignorant and are concerned about the stigma attached to HIV and AIDS.’

Many institutional social workers believe that many communities are still in denial and still fear the stigma attached to AIDS. They further expressed that more community awareness programmes need to be conducted. Sharing the

same sentiments were child welfare social workers who also believe that despite the increasing number of children being infected by HIV as well as the publicity, many communities are still very ignorant. This is further supported by UNICEF (1991 as cited in Harber, 1998) that the secrecy and stigma surrounding HIV/AIDS means that parents are less likely to call on wider family help in the fear that the nature of their illness will be revealed, thereby putting more responsibility on their children. And finally stigmatisation puts AIDS orphans at greater risk of being rejected or abandoned by their kin if the cause of the parent's death becomes known. The stigma which is attached to HIV and AIDS and its modes of transmission, leads to feelings of guilt, shame and denial, not only for individuals, but for families and whole communities.

One institutional social worker indicated the difficulties experienced in recruiting foster parents for HIV infected children with multiple disabilities.

“... we have some children that are HIV infected as well as blind and deaf. This is really presenting as a problem as our resources are so limited and our staff have made several efforts in attempting to recruit families for these children.

and

“... even more problematic is that when these children turn eighteen years they will no longer receive any grants and it places us as social workers in a difficult position as we do not know where else to release these children and we do not get any support from the Department of Welfare.”

It is important at this point to note that according to Section 28.1 (b) of the South African Constitution “every child has the right to appropriate alternative care when removed from the family environment.” (Perumal, 2007:45). However, no provision is made for the child that turns 18 years and that is still in need of care. Once again the social workers have been resourceful in securing placements with the help of faith based organisations. But however, their concern is how long can they rely on these organisations to assist them.

Child Welfare social workers indicated that they only provide services to children between the ages of 0 to 12 years old. The 12 –18 year old children are serviced by the Department of Social Development. However, they are still faced with severe challenges in placing younger children into families. This is

supported by Professor Lombard (2006) who believes that although non-government organisations and department organisations experience a human resource capacity problem, it is particularly the non government sector that has borne the brunt of the crisis on social service delivery.

Sub-Theme 3: High Staff Turnover resulting in poor service delivery

Five of the institutional social workers expressed their concern on the impact of high staff turnover of child welfare social workers in the provision of reconstruction services to HIV infected children. Staff turnover resulting in understaffed agencies also means more responsibilities for existing staff and social workers. They are unable to meet the challenge of implementing new policies and their work load. This is captured by the following responses from the institutional social workers:

“...there appears to be a high staff turnover among child welfare social workers, so many cases stagnate and there are no follow ups and unfortunately the children suffer”.

This indicates the seriousness of staff turnover, which negatively affects service delivery. With the increasing number of caseloads in view of the increase of children infected with HIV and AIDS this will lead to a deepening crisis in welfare organisations. Naidoo (2004) asserted that staff turnover resulting in understaffed agencies means more responsibilities shouldered by existing staff and social workers. The shortage of social workers according to Lombard (2006) is aggravated by professionals leaving the country to practice in other countries. She further states that this is mainly attributed to the poor working conditions and meagre salaries that social workers earn, especially in the NGO sector, where salaries are significantly lower than in the government. Similar sentiments were shared in the study conducted by Gordhan (2006) that staff turnover increased with more social workers going to work for the State Department of Welfare. Social workers barely completed a full year of service, she added. It is apparent from the above comments that the local impacts of globalisation and neoliberalism according to Baines (2007) include a reduced

welfare state and labour markets dominated by insecure, short - term forms of employment, lower wages and few benefits.

There is no doubt that Globalisation is having a substantial impact on social services. Much of its impact on the social work profession has been articulated through the 'new managerialism', whereby welfare states are becoming cost –effective businesses (Dominelli, 2002). This new managerialism, has definitely not contributed to a reduction of the heavy workloads, and the further development of the dedicated professionals who work hard to meet the needs of clients in impossible situations (Dominelli, 2004). Naidoo (2004) also expressed that social workers were frustrated by their challenges of new policies; their workload; lack of funding for projects and lack of community support.

Three child welfare social workers revealed that:

“Added to a high staff turnover, the organizations do not fill many posts, so we are left to take over other case loads which in turn adds to higher levels of stress and burnout amongst social workers”.

This implies that burnout and stress invariably leads to high staff turnover, which also impacts on service delivery. The deep-seated frustrations regarding quantity of workload is supported by Gillespie (1981 as cited in Gordhan, 2006) who indicated that caseload size is the most frequently identified organisational variable associated with burnout (Marlow and Van Rooyen (2001); McKay (2003); Naidoo (2004), as cited in Moodley, (2006) were amongst the several people who found social workers caseloads to be too high for effective service delivery. Case loads seem to get higher, the demands greater, but salary and benefits, less attractive.

All five institutional social workers indicated that once the placement of the child is done by the child welfare social worker, there is minimum to no follow ups conducted thereafter by the social workers.

“...Once the child is placed at the children’s home’s the social worker believes that the child is safe and all needs (physical, shelter, emotional, nutritional, medical and educational) are met.”

and

“...Even though child welfare social workers are over burdened with high case loads and tend to focus on crisis cases, they do not see the child at the institution as a crisis.” However, should we as institutional workers take over their responsibilities as we ourselves have enough to do.”

It is evident from the above responses that as much as institutional social workers understand the challenges experienced by child welfare social workers, that once the child is placed at the institution, the child becomes the responsibility of the institution. Similar sentiments are shared by social workers in the study by Moodley (2006) that whilst many institutional social workers are practicing reunification services, social workers felt less committed to do extensive reunification work because they felt that it was the job of the child welfare social workers and the Department of Social Welfare should fund institutions for this service. Child welfare social workers agreed that they are overstretched with high caseloads and the high staff turnover does contribute to delays in their work. They did share their support to institutional social workers in their attempt to recruit families for children.

Social workers are faced with significant challenges on a daily basis as well as the difficult conditions under which they are expected to execute their duties. These concerns also appear to be shared by the Minister of Social Development, Dr Zola Skweyiya on the occasion of celebrating World Social Work Day on the 17 March 2009. He states that “As a department we observe this day mindful of the socio economic challenges confronting the social development sector in light of the current global economic turmoil. The minister further adds that in South Africa we face an acute shortage of social service professionals, and this hinders our ability to meet the increasing demand for developmental social services.”

Social workers are well positioned to contribute to and/ or to build a strong civil society as our history testifies (Lombard, 2006). This statement is true in that as professionals, social workers have played a vital role in the attainment of national priorities such as poverty alleviation, youth development, social crime prevention and social cohesion (Minister of Social Development, Dr Zola Skweyiya, 2009) and these achievements would have only been possible through hard work, dedication and working together as a team. With this in mind, it is with anticipation that the Departments launch of the Recruitment and Retention strategy would revive social workers. This could be used against the structural forces facing welfare as the Government is committed to the retention strategy.

One child welfare social worker commented that:

“One should not compare the work done by social workers in institutions to the duties executed by child welfare social workers as our work revolves around crisis situations on a daily basis. On a daily basis we are faced with severe challenges facing children and families which include extreme poverty, neglect and abuse of children, an increasing number of households suffering from the HIV and AIDS virus. There is only so much we can do. Instead we should all try and work together in the best interest of the child, after all we are all social workers.”

This statement is true and supports Dominelli and Payne (2002) who so poignantly state that many of us find it difficult to reconcile the invasiveness of our professional role with the concepts of working together, partnership and participation in an attempt to portray a more equal relationship between ourselves. As professionals we should strive to work together rather than apart as we all are working towards achieving the same goal. The implications of the above comment by a child welfare social worker is that social workers are expected to play a significant role in advocating for structural changes for the empowerment of people. Noyoo (2006) and Sewpaul (2005) which further implies that social workers are also victims of oppression. Baines (2007) reaffirms that social workers in child welfare must be prepared to challenge oppression, both within larger systems and as found in oppressive agency practices and policies. Furthermore, “workers need opportunities to reflect on

and evaluate their practice in a supportive rather than a censorious and blaming atmosphere” (Strega 2007:81).

Sub-Theme 4: Lack of resources

Baines (2007) revealed that social workers indicated that the lack of resources constrained their capacity to find services to clients and provide them with the things they need.

All six child welfare social workers reported that:

“We also work under stressful conditions with very limited resources, especially restrictions to telephones, computers. We are only allowed R75 a month to make cell phone calls. Once this amount is over we need to wait till the end of the month or go to our supervisors and explain why we need to make a call. Most families have only cell phones, so there is no other way. This affects our work as we are unable to contact families as and when we want.”

The above comments serve to highlight the extent of the difficulties experienced by child welfare social workers due to the lack of adequate resources. Very little do we realise the day-to day difficulties and challenges experienced by these workers but as professionals we tend to judge and label each other. Instead we as social workers should rather encourage professional growth and provide opportunities to assist each other and share ideas. This is consistent with Earle’s (2008) assertion that social workers are frustrated with the overwhelming needs of the community in relation to their own low numbers and their limited access to resources such as adequate supervision, stationary, office space and furniture, information technology, administrative and language support, vehicles and supporting professionals and institutions such as places of safety. Furthermore with statutory work by law taking precedence over group work and community work around which the programmes attracting government funding are built, the latter is generally crowded out and social workers find themselves continually torn between the two. Also bearing in mind the HIV and AIDS pandemic which has added exponentially to their workloads, has also contributed to the morale and the status of the social workers. Lack of resources can contribute to the

frustrations and feelings of inadequacy in rendering services, especially to children that are vulnerable and HIV infected.

Theme 5: Recommendations

The following were the recommendations made by the institutional social workers and the child welfare social workers.

All social workers strongly believe that the government should look at a special grant over and above what is presently being paid to take care of HIV infected children. They also expressed that if government works in partnership with NGO's and communities with the aim of setting up specialized networks it should mitigate the effects of this devastating pandemic. Once again government must shift the focus from social security to providing more specialized care for HIV infected children. On the contrary they do believe that the social grants is a particularly important aspect as a poverty alleviation strategy.

The above sentiments confirm Lombard's (2008) view that Government continues to promote 'development ' while growing 'welfare' and this is having a major impact on the role of social work in service delivery. On the one hand, government has adopted a 'developmental approach to social service delivery – to promote the goals of sustainable development in order to redress past imbalances. On the other hand, government 's focus on social security - mainly through social grants and pensions – has consumed the lion share of 'welfare' funding, such that there is very little left for 'developmental' service delivery.

One institutional social worker is of the opinion that a specialized organisation needs to be created to accommodate those children that are 18 years and older that would still require care. Even though the child will not fall under the Child Care Act after turning 18, more programmes need to be considered to empower the child into a young adult thereby becoming independent and self sustainable.

This is contained in the following comments by three institutional social workers:

“Organizations should work closely with other FBO’s and NGO;s to assist with the recruitment of families and the placement of older children into foster homes...”

and

“... the Department to consider subsidizing children’s homes so as to employ staff to specifically be involved in reconstruction services.”

Most of the institutional social workers admitted that working in close proximity with social auxiliary workers has contributed positively in the recruitment of families. The same sentiments are shared by the South African Child Gauge (2007/2008) that one of the solutions that could address the shortage of social workers is the recognition and remuneration for social auxiliary workers and child and youth care workers, to undertake some of the tasks traditionally assigned to social workers.

The child welfare social workers are also of the opinion that there are too many resource centres and community halls available, however, they are not fully resourced and equipped to deal with the issues of the community.

“We have many resource centres that have been set up by NGO’s. However, these centres are run by volunteers such as HIV counsellors, para legals, but they eventually get tired and leave. We believe that the government should look at subsidizing these centres so they will be more effective to the communities.”

and

“We also have too many halls that have been built by the local municipality, which seems to be used only for community meetings. There are no tables and chairs provided and we believe that it could be put to more greater use like hosting regular workshops, and life skills training programmes”

It is evident that there are resources that are made available to communities, however it is evident that the people need to be mobilized and empowered for these resources to be sustainable. According to Homan 1999:373 (as cited in Lombard, 2006) that Community Economic Development builds on the

personal wealth, talents and skills of its people. Once again as viewed in previous themes, social workers are expected to work in severely under resourced environments and with demotivated communities. At this point it is relevant to acknowledge Payne (2002:23) that “social work is a service, not the manufacture of a product.” As Payne further explains that it is vitally important as to how we manage the relationship between the service and the people served, as they are citizens, who have a right to service, whether or not they can pay.

CONCLUSION

This chapter provided an insight into the experiences of institutional social workers and child welfare social workers in the provision of reconstruction services to HIV infected children. The researcher presented the findings in respect of the key questions outlined in Chapter one.

It appears that from the findings that social workers are faced with multiple, interrelated challenges to the delivery of social services to children in South Africa especially in the provision of reconstruction services to HIV infected children.

CHAPTER FIVE

CONCLUSION AND RECOMMENDATIONS

INTRODUCTION

Abdool Karim, Director of the Centre for AIDS Programme of research in South Africa ,Daily News, 2 December 2009) aptly states that “one of the daunting social development challenges facing our young democracy in South Africa is the HIV and AIDS pandemic which is spreading unabated throughout the country and has seriously impacted on the increase of HIV infected children”. The consequences of not caring for infected and affected children will be felt throughout society for many generations to come. To avert this social disaster will again call for an imaginative response and it will have to come from both the public and private sectors working in partnership.

The high rates of children infected with HIV has had serious implications for social workers who despite the many efforts made (parenting and life skills programmes, financial planning with parents, foster care programme) still experience severe challenges in the reconstruction services to HIV infected children. What exacerbates the lack of support for these children is that South Africa has a shortage of social workers who are responsible for identifying vulnerable children and providing them with the necessary support.” (Gail Eddy, Daily News, 1 December 2009).

One of the concerns that I had as a practitioner was the slow movement of HIV infected children from institutions, hence the overall purpose of this study was to explore the experiences of social workers in the reconstruction services provided to HIV infected children. This chapter summarises the main findings of the study, discusses recommendations for social work practice and further research.

SUMMARY AND DISCUSSIONS OF FINDINGS

The summary of the findings and its implications will be discussed under the main objectives as listed below:

- To explore the experiences of social workers at five children homes in providing reconstruction services for HIV positive children.
- To gain insight into the experiences of social workers in two child welfare organizations in the Durban area, regarding provision of reconstruction services to children infected by HIV.

This research study used a qualitative descriptive methodology that guided the research process. There were two sample groups: one consisted of five social workers from five different institutions and the second consisted of six social workers from two child welfare organisations. Data was collected by means of semi-structured in depth interviews with the institutional social workers. One focus group was held with child welfare social workers for the purpose of enhancing the reliability, validity and trustworthiness of the study.

The Implications of New Managerialism for Social Work Practice

The structural social work theory was used to explore the experiences of social workers in the provision of reconstruction services to HIV infected children. It further provided an understanding of how new managerialism in the context of the expansion of global neo-liberal economic order has impacted the functions of social workers and more in particular the provision of reconstruction services to HIV infected children.

Furthermore it is argued that the impact of the global economic policies at a macro level has translated into high rates of poverty and unemployment facing South African communities and families. Sewpaul (2005:105) contends that

“economic globalisation with its dominant neoliberal capitalist orientation has had its profound effects on families and communities in developing countries”.

Globalisation is having a substantial impact on social work services (Dominelli and Hoogvelt 1996; Dominelli 1999; Khan and Dominelli 2000).

A primary outcome of globalisation is a reduction in state responsibility in respect of citizens social and welfare needs through privatisation.

Governments have become purchasers rather than suppliers of services (Dominelli 2004; Sewpaul and Holscher 2004). Much of its impact on the social work profession has been articulated through “new managerialism” whereby welfare states are becoming cost-effective businesses (Dominelli, 2002).

A primary concern of social workers in contemporary South Africa is the call for being more productive and efficient within increased bureaucratic controls and funding cuts while additional resources and services necessary for service delivery has not been provided by the national department of Social Development. Consequently worker client relationships are increasingly characterised by control and supervision rather than care. However, Dominelli (2004:17) poignantly states “social workers have to oppose existing structural inequalities and oppression, including those which they perpetrate, if they are to become more inclusive.

The underlying assumption at the onset of the study was that social workers are experiencing difficulty in the movement of HIV infected children from institutions. This assumption was confirmed as the findings show that social workers at child welfare organisations and institutions are experiencing complex challenges in the provision of reconstruction services to HIV infected children. In Chapter 4, sub theme 4, the lack of resources revealed that child welfare social workers lack the resources such as adequate space, stationary, vehicles and information technology to deal with the number of HIV infected children in communities. Low salaries, unsatisfactory working conditions, high staff turnover and increased workloads are some of the major issues affecting social workers at child welfare organisations and institutions.

Clearly these challenges are underscored by new managerialism which was identified in the focus group session has reduced the number of support staff like drivers, and secretaries as well as limited access to telephones and computers and funding cuts, while social workers are still expected to deliver adequate services. This new managerialism has definitely not contributed to a reduction of the heavy workloads, and the further development of the dedicated professionals who work hard to meet the needs of clients in impossible situations (Dominelli and Khan, 2000). Instead the social work profession is shaped by the fragmentation of services, by financial restrictions, by increased bureaucracy and workloads, by the domination of care management approaches and the use of business concepts transferred into welfare (Dominelli , 2002).

Marlow and Van Rooyen (2001:253) indicated that social workers of KwaZulu-Natal cited heavy workloads, lack of resources, lack of time and lack of education as obstacles for their low level of advocacy and activism related to environmental issues. Social workers are expected to adopt principles of workload measurement which involve attempts to quantify the work that has to be undertaken and ensure some kind of equitable distribution of this work (Dominelli and Payne, 2002). Therefore it is imperative for social workers that are working with children who are HIV infected to realise a just and un-oppressive practice within the profession. On that note Dominelli (2002) proposes a notion of anti-oppressive practice to the dilemmas posed by new managerialism in the profession of social welfare. Anti-oppressive practice aims to empower individuals and communities and transforming social conditions. Therefore, everything we must do, must in some way contribute to the goal of social transformation and to restructure society along socialist lines according to Mullaly (1993).

Additionally, Raniga (2006) poignantly states that social workers need to persist in their roles as enablers, facilitators, researchers and policy advocates in their struggle to act as change agents at both personal and structural levels. There is a need to change the structure of welfare organisations so that they

are well equipped to handle the challenges posed by the increasing number of HIV infected children.

It was evident from the findings of the study that at the micro level (foster or extended family and children residing in institutions) that despite the efforts made by social workers in the provision of relevant programmes and services (parenting and life skills, financial planning, foster care training, adherence counselling) to families and communities of children infected with HIV, several challenges and obstacles were revealed.

The Effects of Poverty and Unemployment on Foster Families

The majority of foster families experienced difficulty in providing adequate care to HIV infected children. Sub-theme 1 which reflected on the difficulties experienced by foster parents and sub-theme 2 focussing on challenges in recruiting foster families for HIV infected children, revealed that issues of poverty and unemployment, inability to administer antiretroviral therapy appropriately, taking time off from work to care for sick children, as well as the amount of the foster care grant are reasons why families are unable to cope with the care of HIV infected children.

Due to the extreme levels of poverty at household levels, many families use the foster care grant as a means of generating an income. Raniga (2006) indicates that there is great concern among policy makers, community leaders and academics about the role of poverty as a co-factor in the aetiology of HIV and AIDS. Furthermore, she adds that poverty and inequality do limit the capacity of millions of people in Africa to translate awareness. This has implications for social workers according to Walker and Walker (1997:60 as cited in Adams, Dominelli and Payne, 2002) who believes that social workers who “work with the poor need to look beyond individual hardship – and sometimes personal inadequacy – to the structural factors which exclude the poor from sharing in the lifestyles of the wider society.”

Although the state places emphasis on family care as a superior option to care in institutions, the emphasis on South African families capacities to cope with caring for HIV infected children appear overrated in view of the historical challenges that the country has faced (Sewpaul 2005). Furthermore Perumal and Kasiram (2007) state that dominant ideologies of foster care being the preferred option for South Africa's vulnerable children – where poverty plagues families and whilst there exists infrastructural support offered to Institutions, is meaningless and counter to promoting the child's best interests and rights.

Most care of children living with HIV in South Africa is provided by communities and families according AIDS Foundation South Africa (2009), but it may not always be feasible or in the best interest of the child, against structural deficiencies. Many families underestimate the amount of care and support that is required to take care of a HIV infected child.

Discourse of Policy Practice

According to September and Dinbabo (2008) considerable demands will be placed by the Department of Social Development upon child welfare service sector and upon social work as a key profession within that sector on the implementation of the Children's Act 38 of 2005 and Children's Amendment Act No 41 Of 2007. The Children's Amendment Act No 41 of 2007 as well as the Children's Act 38 of 2005, is a pioneering step forward in the realisation of a developmental approach to social welfare services for children and this needs to be celebrated. The Act as a whole will provide a strong legislative foundation that was so desperately needed to enable the country to respond adequately to the needs of vulnerable children according to the South African Child Gauge 2007/2008. Although advocacy and policy intervention are the forte of social work (Gray 2006:63 as cited in Lombard, 2006) policy making is a neglected area of social work practice (Sewpaul, 2001:309; Gray and van Rooyen, 2000 as cited in Lombard, 2006). Many social work authors have consistently reiterated the importance of policy analysis and development in South Africa (Patel 2005; September 2008, Raniga 2007).

The study reflected that the majority of the social workers had a very poor understanding of legislation that guided the care and support for HIV infected children. Considering social workers have played a significant role contributing to the upliftment of society and more especially in addressing the challenges facing HIV infected children, it is of vital importance that social workers have a clear understanding of relevant policies and legislations such as the Children's Act 38 of 2005 and Children's Amendment Act 41 of 2007.

A further interesting finding of this study was the high (165 children) admissions of HIV infected children in institutions and the disparity (51 children) in those returned to family and or community care for the period 2005-2009. Clearly the increased number of children admitted into institutions calls for a formidable transformations to occur at the family, organizational and societal level. Furthermore, the multifaceted impact of HIV and AIDS on children demands a coordinated response from all sectors – government, non-governmental, private, donor, faith based and community organizations as well as the NASSW (SA). Dominelli (2004:250) notes that such acts are a commitment to ensuring social justice and equality to provide the “basis for developing a new vision for social work and innovative methods for its realisation”.

Despite constraints under which social workers practice during the current era of restructuring and cutbacks they still continue to advocate for the poor and marginalized (Baines, 2007). This is reflective of the initiatives taken by social workers both at institutions and child welfare organisations on the various programmes and services provided to families, communities and children infected and or affected by the HIV and AIDS pandemic as stated in theme 2. Institutional social workers have made concerted efforts in assisting in the recruitment of foster families for HIV infected children. Additionally both child welfare and institutional social workers have implemented innovative life skills, parenting and financial planning programmes as well foster care training for prospective foster parents.

It is clear that despite the global economic challenges translated to new managerialism and the funding constraints placed on the welfare sector, social workers continue to play an important role in addressing the major global issues such as poverty, unemployment and HIV and AIDS (Payne, 2005).

Recommendations for Social work practice

- Social workers need to accept that structural forces such as the economy, political, poverty and unemployment have a profound impact on organisations as well foster families to taking care of HIV infected children. It is necessary for social workers to advocate and lobby for adequate resources such as vehicles, access to telephones and computers and regular supervision, in the provision of reconstruction services.
- Social workers need to move away from the victim mode but instead arm themselves with updated knowledge regarding relevant policies and legislation that impact service delivery. Policy makers from the Department of Social Development should implement workshops with social workers
- Child welfare social workers and institutional social workers need to work collectively and in organizing their skills and run joint screening for prospective foster families to facilitate optimum reconstruction services to HIV infected children. This process could prevent children from remaining for long periods in institutions.
- Child welfare organisations need to host practical workshops on how to cope with stress in a disempowering environment.

- A further recommendation is for all social workers to mobilize communities with the intention of addressing the issues of stigma and discrimination on HIV and AIDS.
- All welfare organizations together with their Boards of Management to revisit strategies to address the high turnover of staff. This could be effected by lobbying support from the National Ministry, National Professional Association and Council for Social Work Service Profession.

Recommendations to the Department of Social Development

- The struggle against the HIV and AIDS pandemic can only be successfully won through the solidarity and joint action between the Department of Social Development and non- government organizations. Furthermore, the Department of Social Development should work in collaboration with the Department of Health and Education so that efforts could be made to ensure that HIV infected children continue with schooling, thereby developing them into more independent individuals.
- Additional subsidies should be provided by the National Department of Social Development to institutions for services to accommodate family and prospective foster parents who stay over at institutions. Despite lack of funds and resources institutions are presently providing this service to families to encourage and develop the relationship between children and families.
- Separate subsidies for salaries to social workers and social auxiliary workers who work in institutions should be provided by

the National Department of Social Development over and above the existing subsidy.

Future Research

- It is recommended that similar qualitative study be replicated with a larger sample in all provinces and a comparative analysis be formulated to explore the experiences of social workers in the provision of reconstruction services to HIV infected children.
- It is recommended that a comparative qualitative study on the experiences of Department of Social Development social workers and child welfare social workers regarding the provision of reconstruction services to children infected with HIV with a larger sample in KwaZulu-Natal be conducted.
- Specific areas pertaining to alternate care for children of the Children's Act 38 of 2005 and the Children's Amendment Act 41 of 2007 to be further researched in respect of an awareness of the Children's Amendment Act 41 of 2007 using a multi faceted triangulated study that investigates the implementation of the Act among social workers
- Further research conducted using a qualitative methodology to hearing the voices of foster parents as the sample group in order to understand the challenges that they are faced with in respect of fostering HIV infected children.

CONCLUSION

Faced with reduced social funding, neoliberal, global capitalism, many social workers question whether human needs can still be met in fairness and dignity (Baines, 2007). The increased admission of HIV infected children at institutions and the slow provision of reconstruction services of child welfare social workers in a concern in contemporary South Africa. Social workers at both institutions and child welfare organizations bear the brunt of high workloads, few resources and support, high staff turnover as well as poor salaries. These daily challenges hinder the capacity of social workers to deliver optimal reconstruction services to children infected with HIV.

In the absence of family support and structures, social workers need to play a key role in providing protection services to children and, at the same time, integrate them in communities that will support them in sustainable development (September 2006:70 as cited in Lombard, 2006).

It is hoped that social workers would benefit from these findings and the recommendations that are presented in dealing with the impact of HIV and AIDS on children. Baines (2007) reaffirms that social workers in welfare organizations must be prepared to challenge oppression, both within larger systems and as found in oppressive agency practices and policies. Furthermore, “workers need opportunities to reflect on and evaluate their practice in a supportive rather than a censorious and blaming atmosphere” (Strega 2007:81).

However, Earle (2008) promulgates that “despite the negative effects of globalization and neo liberalism social work has not lost its original identity of being the advocate of the poor and marginalized, with poor working conditions and salaries indicating that, within a neo liberal context, social workers are considered as valueless as those they seek to serve. Despite this, or perhaps because of this, there is still a pervasive idea that social work is a ‘calling’.

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Semi – Structured Interview Guideline

PERSONAL DETAILS:

Gender: _____

Age: _____

Qualification: _____

Number of years as a social worker: _____

Key Questions:

Question 1: Social Worker's Experiences

- 1.1 Describe the programmes offered by your organisation in the provision of reconstruction services to HIV infected children?
- 1.2 To what extent are you and the child care staff involved in the planning, implementation and evaluation of the impact of these programmes?
- 1.3 Describe your networking relationship with child welfare social workers involved in reconstruction services of HIV infected children?
- 1.4 Can you describe some of your own experiences in the provision of reconstruction services to HIV infected children?
- 1.5 What is your perception of how communities handle the impact of HIV on children, ie. Those children infected with HIV?

Question 2: Recommendations

- 2.1 What are your recommendations in respect of adequate/ appropriate programmes that your organisation could implement that will positively impact the reconstruction services to HIV infected children?
- 2.2 Do you have any suggestions for alternate care programmes for HIV infected children?
- 2.3 What would you recommend to communities as the best way of coping with HIV infected children?

Focus Group Guideline

Key Questions:

Question 1: Social Worker's Experiences

- 1.1 Describe the programmes offered by your organisation in the provision of reconstruction services to HIV infected children?
- 1.2 To what extent are you and other social workers involved in the planning, implementation and evaluation of the impact of these programmes?
- 1.3 Describe your networking relationship with child welfare social workers involved in reconstruction services of HIV infected children?
- 1.4 Can you describe some of your own experiences in the provision of reconstruction services to HIV infected children?
- 1.5 What is your perception of how communities handle the impact of HIV on children, ie. Those children infected with HIV?

Question 2: Recommendations

- 2.1 What are your recommendations in respect of adequate/ appropriate programmes that your organisation could implement that will positively impact the reconstruction services to HIV infected children?
- 2.2 Do you have any suggestions for alternate care programmes for HIV infected children?
- 2.3 What would you recommend to communities as the best way of coping with HIV infected children?

Informed Consent

Attention: Social Worker

Dear Sir/Madam,

I am currently registered for a Masters Degree in clinical studies in Social Work at the University of KwaZulu-Natal. One of the requirements of the Masters degree is the submission of a research dissertation.

The purpose of the study is to explore the experiences of social workers in providing reconstruction services to HIV infected children that are presently institutionalized. It is further envisaged that this study will provide insight to policy makers and practitioners in respect of alternate care for HIV infected children

The sample will comprise social workers employed in Children's Homes as well as Child & Family Welfare Society's

It would be highly appreciative if you will able to participate in the study. No other details will be required of you/ your institution. All the responses will be kept highly confidential and the results will be used to make recommendations to all service providers. The study will be undertaken under the guidance of the School of Social Work and Community Development at the University of KwaZulu-Natal. There will be no costs incurred on you/the organization/the social worker.

Kindly complete the consent paragraph below.

Yours faithfully,

Velo Govender

Tel: 083 709 4410

Dr. Tanusha Raniga

0828308211

Informed Consent:

I agree/do not agree to participate in the study under the conditions mentioned above.

I agree/do not agree to consent to my staff member's participation in the study under the conditions mentioned above.

(Delete whichever is not applicable)

I, _____ the undersigned understand the contents and conditions of the study and consent to me, the staff and my organization participating in the study

Signature

Date

Informed Consent

The Chairperson

The Board of Management

Dear Sir/Madam,

I am currently registered for a Masters Degree in clinical studies in Social Work at the University of KwaZulu-Natal. One of the requirements of the Masters degree is the submission of a research dissertation.

The purpose of the study is to explore the experiences of social workers in providing reconstruction services to HIV infected children that are presently institutionalized. It is further envisaged that this study will provide insight to policy makers and practitioners in respect of alternate care for HIV infected children

The sample will comprise social workers employed in children's homes as well as child & family welfare societies.

Social workers' participation is essential and shall be highly appreciated. No other details will be required of you/ your institution. All the responses will be kept highly confidential and the results will be used to make recommendations to all service providers. The study will be undertaken under the guidance of the School of Social Work and Community Development at the University of KwaZulu-Natal. There will be no costs incurred on you/the organization/the social worker.

Kindly complete the consent paragraph below.

Yours faithfully,

Velo Govender

Tel: 083 709 4410

Dr. Tanusha Raniga

0828308211

Informed Consent:

I agree/do not agree to participate in the study under the conditions mentioned above.

I agree/do not agree to consent to my staff member's participation in the study under the conditions mentioned above.

(Delete whichever is not applicable)

I, _____ the undersigned understand the contents and conditions of the study and consent to me, the staff and my organization participating in the study

Signature

Date

