

**Voluntary care workers' perceptions of the effectiveness of
their training to provide psychosocial care and support to
children affected and infected by HIV/AIDS**

By

CATHRIN VENTER

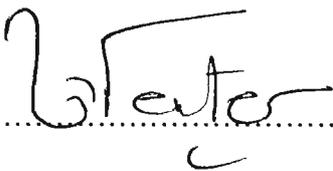
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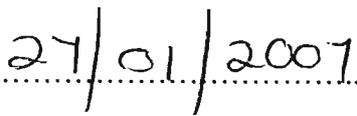
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DECLARATION

I declare that this dissertation is my own work. It is being submitted for the partial fulfilment of the degree Master of Social Science (Clinical Psychology) at the University of KwaZulu-Natal. It has not been submitted before for any other degree or examination at any other university.


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Cathrin Venter


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Date

DEDICATION

This Work is dedicated to my husband, Mias Venter for all his love, support and understanding, and my mother for her prayers and encouragement.

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First and foremost, I want to thank my Heavenly Father who loves me unconditionally, for all the opportunities, resources, and strength to complete this thesis. In addition to God's help, I would like to express my sincere gratitude to those who have contributed in varied ways to the completion of this study.

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ABSTRACT

The AIDS epidemic has a severe impact on South Africa's population. One of the most disastrous consequences is the thousands of children affected and infected by HIV/AIDS. Various non-government organizations (NGO) take responsibility for orphan and vulnerable children's relief activities within a community development model. Efforts are often made by NGO's to identify natural leaders (volunteer care workers) from the community and to train them to help with their OVC-psychosocial outreach programmes. However, the voluntary care workers need to be guided by appropriate, goal orientated training and to be provided with a vision to guide them in their community work. Ongoing training is important to reinforce existing and to develop new skills. However, not all programmes used by the various NGOs who are involved in the care and support to OVC are based on sound theoretical principles, nor carefully monitored and evaluated. Evaluation is thus an essential tool to improve care and support initiatives through identifying the shortfalls in a training program that may impact negatively on its effectiveness.

In light of the above, St Josephs Care and Support Trust, an NGO involved in the care of OVC, approached the researcher to evaluate the effectiveness of its care and support programme. The research focused on gaining insight into and exploring voluntary care worker's perceptions and experiences of the effectiveness of the training they have received in providing care and support to children affected and infected by HIV/AIDS with the view to improve St. Joseph's community outreach activities.

The use of participatory evaluation was viewed as an appropriate method to use for the study in facilitating an understanding of the voluntary care worker's own experiences with regard to their work and problems they experience in a specific setting. The study is qualitative in nature and utilized focus group discussions as a means of data collection. All (twenty one) voluntary care workers that form part of the St Josephs Trust psychosocial programme participated in the study. A thematic analysis technique was used to analyze the data of the present study.

The present study concluded that the training programme equipped the voluntary care workers with knowledge and skills enabling them to provide comprehensive care to the OVC and to mobilize existing resources. The training was also instrumental in providing the voluntary care workers with opportunities for critical reflection and self-development. However, working as voluntary care workers proved to be stressful at times and became apparent in the difficulties they experience in coping with the demands made on their professional and private lives. The much needed basic counseling skills did not form part of voluntary care worker's training and contributed to them feeling inadequate at times, that in turn contributed to increased experiences of stress. Although support efforts by the NGO was seen as helpful by the voluntary care workers, a greater focus and acknowledgment of their role and needs would strengthen their efforts in providing care and support to the OVC. Recommendations are made with regard to programme improvement, protocol development and supportive strategies for the voluntary care workers.

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CHAPTER ONE

Background to the study

1.1 Introduction

"Orphan pupil sent home", read a newspaper article of a little orphaned girl who was sent home from school because she could not afford the required stationery (Mhlongo, 2005). While this girl caught the attention of numerous people in Durban, many more children, infected and affected by AIDS throughout South Africa, go unseen and unheard.

The AIDS epidemic has a severe impact on South Africa's population. It is estimated that 64% (24, 5 million) of all people living with HIV/AIDS are to be found in the sub-Saharan African region (UNAIDS, 2006). Although there are a multitude of studies already done on the topic of AIDS, it is important to know that AIDS is a multifaceted and dynamic phenomenon. It affects all aspects of life as we know it, all people and in particular, children. One of the most disastrous consequences is the thousands of children affected and infected by HIV/AIDS. They are often referred to as orphans and vulnerable children (OVC). It is projected that the number of orphans will only reach its peak in South Africa around 2015 (Johnson & Dorrington, 2001). An orphan is defined as a child under the age of 18 who has lost one or both parents. A maternal orphan is as a child whose mother died and a parental orphan a child whose father has died. If both the child's parents have died, the child is referred to as a double orphan (UNAIDS, 2004). For the purpose of this study, an orphan is as a child who is without parents either through their death or having been abandoned by their parents. It also refers to children whose parents do not want to or are not in a position to take care of them: physically, socially, psychologically and emotionally. A child who does not have access to basic requirements will be referred to as a vulnerable child (Skinner, Tsheko, Mtero-Munyati, Segwabe, Chibatamoto, Mfecane, Chandiwana,, Nkomo, Tlou, & Chitiyo, 2004).

The following words of Esack (Singhal, Howard & Esack, 2003) capture the magnitude of the problem: "The statistics overwhelm the language and confound the imagination. Humankind has never known a tragedy of these proportions" (p.2). The question that

many people are confronted with relate to who will reach out a hand and who will look after the orphans and vulnerable children.

In a resent study by Swartz and Roux (2004) on local Government's AIDS projects in South Africa, it was evident that the Government's focus is primarily on HIV/AIDS awareness and prevention, and now treatment, but with inadequate attention to the care and support of OVC. Only 2.5% of AIDS related efforts are spent on identifying and helping OVC. The responsibility for OVC seems to be directed to Non-Governmental Organizations (NGO's) and extended families. While extended families have tried to absorb OVC, they too are overwhelmed by the consequences of HIV/AIDS and, in some instances, are overburdened by the sheer number of children in need of care and support (Ross & Deverell, 2004).

The slow response from national and local Government prompted action from various non-government organizations in taking responsibility for OVC relief activities within a community development model (Jackson, Kerkhoven, Lindsey, Mutangadura, & Nhara, 1999). As a first step, efforts are often made by NGO's to identify natural leaders (volunteer care workers) from the community and to train them to help with their OVC- psychosocial outreach programmes (Ross & Deverell, 2004). However, they need to be guided by appropriate, goal orientated training and to be provided with a vision to guide them in their community work (Ross & Deverell, 2004). Voluntary care workers require a good knowledge and skills base to draw from when confronted with care and support of OVC. Ongoing training is important to reinforce existing and to develop new skills. Continuous support for the difficult work and the impact it might have on their own health and well-being should be an integral part of any outreach initiative (Gueritault-Chalvin, Kalichmen, Demi & Peterson, 2000). While this community model encourages self-reliance and development of the people, it should be noted that most voluntary care workers work and live in a milieu of poverty.

Although various NGO's have developed programmes to address different aspects of HIV/AIDS including support of orphans and vulnerable children (OVC), some have had

only marginal success. This could be related to the inadequate training of staff and a failure to provide sufficient support for the care workers in dealing with their own work related stress and subsequent burnout (Gueritault-Chalvin et al., 2000). It is important for the NGO's to develop integrated strategies and innovative approaches to best address the needs of OVC because funding for HIV/AIDS is becoming progressively scarcer (Jackson et al., 1999). As resources will always be limited, the need to target resources efficiently will remain a priority (Grainger, Webb & Elliott, 2001). Not all programmes used by the various NGOs that include the care and support to OVC are based on sound theoretical principles, nor carefully monitored and evaluated. This results in great variation in the quality and effectiveness of these programmes. Jackson et al., (1999) argued that inadequate monitoring and assessment of programmes could lead to inefficiency in programme delivery. Because the evaluation of interventions is considered an integral part of their development and implementation, it is essential that NGOs consider the careful evaluation of their activities and especially the relevancy and effectiveness of the psychosocial training they provide to their voluntary care workers. Evaluation is thus an essential tool to improve care and support initiatives through identifying the shortfalls in a training program that may impact negatively on its effectiveness. It will also enable the development of strategies by both the management and the care worker to reduce possible stressors and facilitate more productive contributions by the care workers and thus ensure overall programme success.

St Josephs Care and Support Trust, an NGO involved in the care of OVC's, approached the researcher to evaluate the effectiveness of its care and support programme for OVCs. This NGO is an example of an organization that makes use of voluntary care workers to give psychosocial support to orphans and vulnerable children. The St Joseph's Trust is based in the Metsweding district and falls under the Kungwini Municipal Council and renders services in both Gauteng and Mpumalanga. It also played a key role in a pilot study conducted by the Department of Social Development for the development of guidelines intended for the establishment of community-based multi-purpose centers (Drop-in Centers). A community-based multi-purpose center (drop-in centre) is conceptualized as a "physical structure where comprehensive services focusing on

children and vulnerable groups within the community are rendered and viewed as a model for the practical implementation of the National Integrated Plan for Children And Youth Infected and Affected by HIV/AIDS” (Department of Social Development, 2004, p.2.).

While St Joseph’s focus was originally on Palliative Care (PC), they quickly expanded into a more comprehensive care programme that included both Home Based Care (HBC) for the terminally ill patients and Community Based Care (CBC) for the orphans and vulnerable children in the community. True to their vision of a holistic approach, other services were extended according to the community’s needs. Their community development approach (CD) led to the initiation of income generating projects as part of poverty relief as well as voluntary counseling and HIV testing services (CVT), Anti-Retro Viral Treatment Programmes (ARV) and psychosocial support programmes for OVC in particular.

This study will be a first step in the evaluation of St Josephs’ activities and will focus on the voluntary care workers perceptions regarding the effectiveness of the training they received in order to provide psychosocial support for orphans and vulnerable children. Voluntary care workers, as key role players in the successful implementation of the psychosocial programmes would be able to provide valuable information on the training they received in terms of the development of their knowledge, skills and confidence as care workers. The findings of this study propose to feedback on the existing programme and will be used to further develop and extend the existing training programme. This process will allow for the identification of new training needs and thus the ultimate improvement of the programme and the strengthening of care workers to ensure the best possible care to orphans and vulnerable children. As background to the evaluation study it is important to understand St Joseph’s voluntary care worker programme.

The St Josephs voluntary care workers' responsibilities and key work performance areas.

The voluntary care workers are expected to work twenty hours per week, and they receive a basic remuneration package as an incentive for their efforts. Their formal job designation is "Community child and youth care workers" and they form part of a multidisciplinary team at St Joseph's.

The voluntary care workers' duties and responsibilities are broadly divided in three domains which include service delivery, administration and promotion. Service delivery comprises identifying new children in need of care and identifying the needs of existing children. The processing of application documents for foster placements and grants is central in addressing the children's financial and care needs. The care workers have to play a vital role in referring children to the social worker for loss and bereavement counseling. They are expected to develop cultural and entertainment activities for the children, supervise their homework and assist in the feeding schemes by taking turns to cook for the children.

The care workers are expected to play a significant role in HIV/AIDS prevention and awareness campaign efforts of the NGO, and to actively create an awareness of HIV/AIDS as an illness, to decrease stigma and discrimination.. In performing their duties they are expected to implement the skills and training they have received. Administration duties form part of their responsibilities and include the attendance of meetings, keeping of records and statistics and making themselves available for regular stocktaking of supplies for the feeding schemes. Furthermore, they are required to promote a positive public image of St Joseph's and to foster healthy life- styles amongst children, adolescents and young adults.

The training programme attended by the voluntary care workers

The National Association of Child Care Workers (NACCW) was approached by St Joseph's (NGO) to provide the necessary training for the voluntary care workers involved in its orphan and vulnerable child care programme. The aim of the training was to

develop trained child and youth care workers that could provide psychosocial care for the children and their families affected and infected by HIV/AIDS in the surrounding communities. The National Association of Child Care Workers is a non-profit, independent organization in South Africa that focuses on specialist education, training and consultation to equip people with the necessary skills needed to intervene in the lives of children in need of psychosocial support due to the consequences of HIV/AIDS (The National Association of Child Care Workers, 2006).

The in-service training programme is based on the “Isibindi Model” developed by the NACCW, which is a cost-effective community-based model with the main focus being on providing care for the needs of vulnerable children and the provision of much needed employment for previously unemployed community members (The National Association of Child Care Workers, 2006). The training was facilitated by a NACCW member and was scheduled to run for twelve months. The sessions ran for five hours every month. The content of the training programme included modules on networking resources to protect children’s rights, child development during different ages, understanding essential elements that define a child and youth care workers, and proactive and active child care management. After completion of the basic training, the child care workers received a certificate in community child and youth care, which is considered a basic qualification.

1.2 Aim

The aim of this research is to explore voluntary care workers’ perceptions and experiences of the effectiveness of the training they have received in providing care and support to children affected and infected by HIV/AIDS with the view to improve St. Joseph’s community outreach activities.

1.3 Objectives

- To explore the perceived roles of care workers in caring for OVC
- To establish whether the voluntary care workers perceive their training programme as successful in providing them with sufficient knowledge and skills to care and support OVC

- To explore the ways in which care workers care and support OVC
- To assess whether care workers are aware of procedures to follow in identifying needs and grant applications as well as when to refer children to the social worker for counseling.
- To explore ways in which the care workers mobilize existing resources
- To determine existing barriers and facilitating factors in caring for OVC
- To determine whether the training programme provides self-enhancement opportunities and adequate support for voluntary care workers.
- To explore whether the programme contributes to transformatory learning and community development.
- To make recommendations to improve the basic training programme as well as the broader initiatives of St. Josephs.

1.4 Chapter outline

The study will be presented under the following headings:

Chapter One: An introduction and the rationale of the study are presented.

Chapter Two: The literature review is presented and the theoretical frameworks for the study are discussed.

Chapter Three: Research methodology is described; the research process, structure and function are explained. The methodology is discussed in terms of the sampling technique, the collection of data and the development of the research instrument, the data analysis process and ethical considerations.

Chapter four: The findings of the study are presented. In keeping with the qualitative paradigm, 'thick descriptive' data was used to substantiate the findings.

Chapter five: The discussion of the findings is in Chapter Five. The findings are integrated and assessed in light of the theoretical frameworks and compared to findings of previous studies discussed in the literature review. The recommendations and conclusions form the final section of Chapter Five.

CHAPTER TWO

Literature Review and Theoretical Frameworks

This chapter provides a discussion of the literature that is relevant to this study and a conceptual outline of the theoretical models that are appropriate and viewed as supportive in achieving the aims and objectives of this study.

2.1 Literature Review

2.1.1 Orphans and vulnerable children

Approximately 38,6 million people were living with HIV in 2005 and more than 2.8 million people have lost their lives due to HIV/AIDS worldwide (UNAIDS, 2006). The sub-Saharan Africa region remains the worst affected and the epidemic in South Africa shows no evidence of decline (UNAIDS, 2006). An estimate of 5.5 million people [4.9 million-6.1 million] with HIV were living in South Africa in 2005 with a prevalence of 18,8 % infected adults between the ages of fifteen and forty nine years of age (UNAIDS, 2006). Almost one in three pregnant woman attending public antenatal clinics was living with HIV in 2004 (UNAIDS, 2006).

In the UNAIDS (2006) report it was estimated that 12, 0 million children in sub-Saharan Africa have lost one or both parents to AIDS. The current number of orphans due to AIDS in South Africa is estimated at 1.2 million (UNAIDS, 2006). The HIV/AIDS epidemic is still gaining momentum in South Africa and the number of orphans is expected to increase by 2010 (UNICEF, 2004).

The HIV/AIDS pandemic compromises the basic rights of those children infected and affected by HIV/AIDS as the rights of children are often linked to those of their parents (UNAIDS, 2006). The constitutional rights of children include their right to a home, health, nutrition and education. Strebel (2004) clearly states that the importance of a human rights structure for OVC work needs to be emphasized. However the illness or death of a parent could limit a child's access to a nurturing and safe home environment,

health, education and welfare services, thus impacting negatively on the child's ability to thrive and succeed through life (UNAIDS, 2006).

In order for children to develop, grow, and to become productive members of society, they must grow up in a positive, safe and caring home environment (Singhal, Howard & Esack, 2003). This view is supported by UNICEF'S (2004) belief that children and young people are more vulnerable than adults to being hurt, neglected, abused and exploited. A literature review of the development, implementation and evidence-based interventions for the care of orphans and vulnerable children in Botswana, South Africa and Zimbabwe stated that the early identification of AIDS-affected children is crucial, as interventions should be initiated even before their parents die (Strebel, 2004). In the absence of identification, children are often left to fend for themselves (UNAIDS, 2004).

Regardless of the definitions used for orphans, the numbers of orphans is likely to only peak in the year 2015 (UNICEF, 2004). It was suggested that South Africa's capacity to deal with the increasing number of orphaned children is currently limited (Johnson & Dorrington, 2001). South Africa may therefore face long-term social costs if the consequences of AIDS such as juvenile crime, reduced levels of literacy, and the increased financial burden on the state are not managed effectively (Swartz & Roux, 2004). For too long South Africa focused predominantly on HIV/AIDS information and prevention initiatives, with a limited urgency for the care and support of OVC (Swartz & Roux, 2004).

This seems to be a general tendency as 39% of countries have been found to have no national policy to provide care and support for OVC, and 25% have no immediate plans to develop such strategies (UNAIDS, 2004). Many children are cared for by their extended families, though Townsend and Dawes (2004) emphasize that extended families as "safety net providers" is reaching a saturation point. However, in the current UNAIDS (2006) report it was stated that twenty one of the twenty five sub-Saharan Africa countries developed some care structures for orphan and vulnerable children, which took the form of reduced school fees and community based programmes. However, Roby and

Shaw (2006) argue that these responses are still inadequate to deal with the OVC crisis in Africa.

The formal framework for OVC in South Africa was reviewed extensively by The AIDS Law Project and The AIDS Legal Network (Barrett-Grant, Caesar, Fine, Gerntholtz, Heywood, & Nongogo, 2003). In contrast to many other African countries, South Africa does have a framework in the Child Care Act for placing children in need of care. The Child Care Act No: 74 of 1983 specify that orphaned children may be placed in “special care”. Places of placement include foster care, residential care (e.g. children’s homes), or adoption. A child that has been legally placed in the care of foster parents is eligible for a “foster care grant”. This grant is payable to the foster parent. Because children can only be placed in the care of a foster parent by a court and this is notably a lengthy process, children could be negatively affected (Barrett-Grant et al., 2003). People caring for children who are not orphans, can also apply for a “child support grant”. In order to obtain a grant, a means test has to be passed as it is specifically intended for the support of poor children living with families with a limited income. This grant can only be claimed for children younger than fourteen years of age (Barrett-Grant et al., 2003). A “care dependency grant” is payable to parents and guardians of children who have to care for children with severe mental or physical disabilities. However, very few people receive care-dependency grants and the amount that is paid is seen as hugely inadequate (Barrett-Grant et al., 2003).

The framework for OVC may assist in placing the children with their family under supervision of a social worker, placing the child in foster care (placement with another family), placing the child in institutional care such as a children’s home or placing the child permanently with another family, known as adoption (Barrett-Grant et al., 2003). While there is clearly a framework in place, its capacity to deal with the anticipated growth in OVC in South Africa and the complexities involved in placing children in foster care and assisting child “carers” is questionable. Barrett-Grant et al. (2003) argue that the placement options for orphans and vulnerable children are limited and that the lengthy procedures hamper the successful placement of children. Barrett-Grant et al.

(2003) also point out that the current framework of care does not reflect what is currently happening in many communities. Children are often forced to take care of their own siblings or alternatively are taken in by relatives or other members of the community as part of the extended family (Foster & Williamson, 2000). As the placement of OVC in more formal settings like orphanages is not ideal and is very costly, it should be seen as a last resort (Barrett-Grant et al, 2003). In many instances orphanages are not viewed as viable care models as it is not the best way to care for the increasing number of OVC (Lusk, Mararu, O’Gara & Dastur, 2003; Meyer-Weitz & Mabitsela, 2000). It is argued that it is important for children to remain in their respective communities in order to receive the attention that they need, to allow them to stay connected to their “roots” and to build a future for themselves in their own communities (Lusk et al., 2003). However family members are not always living in the same community. In some instances siblings are being separated as they are distributed among many relatives in different areas in order to share the responsibilities of fostering. In a research project report on a study done in the Kisumu and Siaya districts in Kenya exploring the possibilities for community-based interventions for rural orphan youth, respondents complained that relatives of orphans find it difficult to visit the children in different locations due to high travelling costs (Ayieko, 1997). The children then become estranged from their own siblings and other family members which in some ways renders the OVC invisible (Lusk et al., 2003).

The loss of important documentation, may also impact negatively on the child’s ability to access the necessary financial means to survive. Without special efforts made to identify the children and their needs and without acquiring identity documents, the OVC could remain unseen by institutions that could have provided the necessary support (Lusk et al., 2003). The difficulty in accessing grants has been confirmed in a case study done in South Kabras in Kenya’s Western Province. The study on community care for orphans and AIDS affected children, outlined the fact that in many instances the children are brought to the grandparents from other districts without the necessary documents (birth certificates or immunization records) which would otherwise have allowed the caregivers to claim the vital grant money needed for the support of the child (Lusk et al., 2003).

It should be noted that the difficulties faced by the OVC is extended to also include the family members who have the added burden and responsibility to look after them. The results of a needs assessment in Kenya (Lusk et al., 2003) revealed that people caring for OVC had less time to work in their own businesses and on their farms which implies a loss of income. Additional work is also created for these families as extra cleaning and cooking is required. It should be noted that the extra burden placed on them because of their own limited resources added to their stress levels and impacted negatively on their willingness to look after orphaned children (Salaam, 2004; Foster & Williamson, 2000).

The uncertainty of foster care, the lack of support and a wish or need for siblings to remain together has resulted in increasing numbers of child-headed households. More and more children are either choosing to be left or are left to stay on in the house of their deceased parents with the older children taking on the responsibilities of the parents (Market, 2001).

2.1.2 Child headed households

The increasing number of child-headed households poses various challenges to the care and support needs of OVC. When children become heads of households and have the responsibility to raise younger siblings it is often done without the necessary skills, training, or financial support (Nemapane & Tang, 2003). The magnitude of the responsibility to raise siblings forces the children to take on an adult role (Foster & Williamson, 2000) and they have to grow up too quickly with accompanied difficulties of coping with their changed circumstances and the uncertainty of their future (Nemapane & Tang, 2003).

Children who are solely responsible for their siblings could also struggle to keep their homes and land. Salaam (2004) reported that relatives of a deceased parent sometimes may claim the land and other properties, leaving the children destitute. Supportive strategies that could aid children in these circumstances include the appointment of “stand-by” guardians who can prevent property grabbing and to ensure that the children have birth certificates and a national identification that will enable them to make legal

claims to the land and other property (Salaam, 2004). If the parents infected by AIDS become too weak or die before they can teach their children the essential skills of farming in rural areas, little or no crops are yielded and this could result in children going hungry or starving (Salaam, 2004; Kyallo, 2001).

2.1.3 Community care

The safety net for OVC provided by the extended families is collapsing under the weight of the HIV/AIDS crisis in Sub-Saharan Africa (UNICEF, 2004). Multi-sectoral collaborations between national and local government, NGO and community structures appear to provide the most effective services for OVC (Strebel, 2004). The development of community-based care programmes and state assistance to those caring for orphaned children is seen as a priority to counteract the various negative consequences of AIDS in South Africa (Johnson, & Dorrington, 2001).

While the cost-effectiveness of family-provided orphan care is clear, foster parents may find it difficult to care adequately for the children due to a lack of resources and, therefore, would require support. The placement of orphans in home-based care structures is an appropriate and effective way to provide a safety net at a relatively small cost (Salaam, 2004; Meyer-Weitz & Mabitsela, 2000). This highlights the importance of the development and expansion of community based models of care for children who would otherwise slip through the safety net (Desmond & Gow, 2001). The community based care model has forced interventions and prevention programmes to shift their focus from individuals and families to the community. It is argued that children who are integrated in their respective communities will have better access to community connections and networks that could assist them in finding employment and independence in later years. Conversely, children growing up in orphanages would struggle to adapt to a life away from the orphanage resulting in a mentality of dependence (Salaam, 2004). Community care is regarded as very important in South Africa, especially in the light of the huge discrepancy between the needs of people and the resources that are available. Community outreach programmes could potentially reach larger numbers of people, and make care available to people in geographically and

economically inaccessible places (Ross & Deverell, 2004). Although HIV/AIDS has left many communities hopeless and in despair the social energies within a community could be helpful in reducing and preventing the effects of the epidemic (Johnson & Dorrington, 2001).

There are various community intervention models that are implemented with a wide range of success, however many NGO's are focusing on the "Locality or Community Development model". This is described by Ross and Deveral (2004) as a process where by the efforts of the people in the community are combined with those of the authorities. The aim is to improve the social, cultural and economic conditions of the respective communities. This could be achieved through the different efforts and initiatives of the community members themselves. The technical support they receive from the authorities could support their endeavours and make it even more effective (Salaam, 2004). This approach, where community members themselves are used in community outreach programmes, empowers the communities in both urban neighbourhoods and in rural areas (Ross & Deverell, 2004). Against this background, involvement of voluntary care workers in identifying and supporting orphans and vulnerable children in their own communities is central to OVC programmes. NGO's play an important role in information dissemination, linked to the training they provide to the care workers.

2.1.4 Voluntary care workers

Voluntary care workers are valuable human resources. The question was asked in the introduction: "Who shall reach out a hand and help the orphans and vulnerable children?" Psychosocial support by professional healthcare workers is rarely available in third world countries and the role of the community is, in this regard, emphasized. Voluntary care workers are the fingers of multiple hands reaching out to those who most need support.

NGO's have initiated outreach programmes that include voluntary care givers from the respective communities to give support and to identify individuals and households that need intervention (Richter, Manegold & Pather, 2004). This support may include formal

aspects, such as counseling, to more general aspects of care, such as cooking meals, cleaning houses, taking children to receive medical care and bathing little children. Even important aspects like playing and developing life skills are included in the programmes (Richter et al. 2004).

The general perception of a care giver is of a person who is cheerful, and someone who is generally good natured (Daykin & Doyal, 1999). However the caring role could be physically and emotionally demanding. The stress of the care giver could be exacerbated because of inadequate training and a lack of support. The focus of attention is often on the people with the more complex needs, such as the orphans and vulnerable children, but the needs of the voluntary care workers are sometimes overlooked for the more pressing needs of the community or children.

Psychosocial support for care workers in particular, is often overlooked (Salaam, 2004). They often experience extreme stress and their experiences are worsened by the constant emotional strain of working extensively with people, especially when they themselves experience problems (Ross & Deverell, 2004). Furthermore, the contexts of poverty, in which care workers live and work, pose major stressors and should be considered. In addition, fear of being infected with HIV in their caring role is a reality that many care workers face on a daily basis as they live and work amongst people who are HIV-infected or have AIDS (Ross & Deverell, 2004). This could affect the quality of care and support they are able to give to OVC. These stressors could result in the development of burnout (Ross & Deverell, 2004). Burnout is broadly defined by Cordes & Dougherty, (1993 in Gueritault-Chalvin et al., 2000) as a type of stress that occurs in a work context of an interpersonal nature and leads to diminished feelings of self-efficacy, depersonalization and constant emotional fatigue.

According to Cherniss (1980) people in occupations that demand the person to spend a great amount of time with other people and in a service role are more vulnerable to burnout. Bellani, Furlani, Gneccchi, Pezzotta, Trotti & Bellotti (1996) confirm this view and add that the excessive demands faced by the care giver, time pressure, close

interaction with their clients and other specific job stressors could further contribute to reactions of burnout.

Recent research has shown that occupational burnout is especially a problem for people working in AIDS care (Gueritault-Chalvin et al, 2000). The tendency of the care workers to feel concern and empathy for the people infected and affected by HIV/AIDS and their ability to identify with their client's plight, contribute to their emotional stress and add to the possibility of burnout (Gueritault-Chalvin et al, 2000).

Occupational burnout could have severe consequences and repercussions for any service delivery organization and could have the potential to reduce productivity, could result in high staff turnover, and absenteeism along with failure to achieve the main objectives and goals of the organization (Gueritault-Chalvin et al, 2000). Maslach and Leiter (2004) highlight the importance of both the employee and employer addressing the pressures that contribute to the employee's fatigue, pessimism and ineffectiveness.

The challenges for each care structure include taking care of the physical needs of OVC as well as their specific psychological and social needs. The OVC struggle for basic survival is compounded by the psychological consequences of losing a parent, one of the most difficult things for any child to overcome (Cook, Fritz & Mwonya, 2003).

2.1.5 Psychosocial needs of OVC

Psychological trauma/Bereavement

The psychological trauma of OVC does not only commence at the death of a parent, but is a factor of the prior experiences of their parent's illness and gradual wasting until death (Johnson & Dorrington, 2001, p. 27). The ill parent's inability to work causes a decline in the household income and may result in a scarcity of food. Although the basic needs like food and health require immediate attention, it is the psychosocial needs of affected children that are not well understood. Witnessing the slow death of their parents is one of the stressors that the orphaned children have to face (Johnson, & Dorrington, 2001).

Adults who is going through a grieving process, sometimes forget that children also need to be included in the mourning process as part of grieving. Being included in the mourning process enable the children to deal with feelings of guilt, shame and humiliation. Cook et al. (2003) stated that children frequently carry a heavy burden of guilt with regard to their parent's death. This guilt is reinforced in cultures where important subjects such as death and AIDS are not openly discussed because of associated stigma. This in turn prevents children from conveying their feelings and concerns. The way children react to grief varies but often includes fear of losing significant others, separation anxiety and fear of being deserted. Core related issues involve a sense of belonging, and identity, being in control and awareness of social justice (Cook et al., 2003). The fact that they are excluded and not informed could create the perception in the children that their loss is not important and this may diminish their sense of trust.

Parental death is an overwhelming loss and may inhibit children's normal psychosocial development (Cook et al., 2003). Infancy is marked as a period during which children are especially vulnerable to negatively altered perceptions of the world around them and their relationship to it. Early childhood is a time for developing a sense of self and a time when social relationships are formed (Cook et al., 2003). Adolescent orphans also need assistance and their needs are in some ways more complex than the needs of younger children. They are in the physical and psychological developmental stage of puberty and need to be carefully guided towards adulthood and independence (Ruland, Finger, Williamson, Tahir, Savariaud, Schweitzer & Shears, 2005).

Other vulnerabilities of orphans were illustrated by a study done by the Institute of Child Health (ICH) with orphans in Tanzania, which has shown that orphans were markedly more depressed and anxious than non-orphans; 34% of the orphans in the study had contemplated suicide (The United Kingdom Parliament, 2004). A comparative study in Mozambique confirmed that many children experience psychosocial problems. They were more likely to be bullied, spent less time playing and displayed resentful behaviour

towards adults at home because of their compromised trust in adults. Both studies indicated that the orphan's psychosocial development was at risk.

The stigmatization and discrimination that people affected with HIV/AIDS sometimes have to endure is often passed on to their children, making their struggle for survival much more difficult (UNICEF, 2004). Stigmatization and discrimination is still very prevalent in South Africa and should be recognized when devising community-based interventions (Strebel, 2004). The irrational fear of HIV/AIDS sometimes causes children to be denied access to schools and important health care (UNAIDS, 1999). The distress over losing their parents is often exacerbated by the embarrassment, apprehension and negative response experience by the OVC (UNAIDS, 1999). The term "orphan" in itself could also be linked to stigma and discrimination (Salaam, 2004). Although people are encouraged to be more sensitive with regard to OVC, there is overwhelming evidence to suggest that this does not happen (Ole, 2001). Strebel (2004) suggests that the focus of interventions should be on all vulnerable children and not just those who are affected by HIV/AIDS. He also suggests communities should develop their own criteria for identifying those children in need of support.

It is acknowledged that accessible public health, welfare and education services is only one aspect of a comprehensive developmental approach needed to support OVC and vulnerable children. Acceptance in a non-discriminatory environment and psychosocial support is seen as vital in the holistic approach of helping these children (Grainger, Webb, & Elliott, 2001).

The psychological trauma that OVC have to face could result in difficulty in concentrating and may impact negatively on school performance (Cook & Oltjenbruns, n.d., as cited in Cook et al., 2003).

Schooling and education

Salaam (2004) sees schooling as vital as it will enable an individual to become part of the formal work force in the future. Education and professional training is essential to

becoming part of the significant populations of engineers, miners, police, and lawyers. However it is less probable for OVC to form part of this important work force because of their lack of support and resources (Foster & Williamson, 2000). This could have an adverse effect on the affected country's ability to overcome national poverty and the individual's ability to break the cycle of poverty (Salaam, 2004).

There are many ways in which attending school could benefit children. A study done with children in foster care concluded that young children staying at home with their foster parents during the day and not attending school had generally low levels of stimulation and that placing the children in a school with a structured programme had shown improvement in the care given to the OVC (Lusk et al., 2003).

The benefits derived from formal education include the mastering of basic skills such as counting, reading and socialization (Lusk et al., 2003). The study further noted that placing the children in schools provided the care workers with the extra time they needed to complete their own house hold chores. When the children came home from school their tasks would be finished, allowing them to focus on the children's needs and to spent quality time with the children (Lusk et al., 2003).

Although this study has confirmed the value of formal schooling for OVC, there seem to be various difficulties experienced with regard to the special needs of OVC. Orphaned children often experience poorer health care and increased health vulnerability due to the lack of financial resources, lack of schooling and exposure to stigma (Salaam, 2004).

Some of the orphans also experience the death of a parent as abandonment which results in problematic behaviour patterns such as acting out behaviour, poor school attendance and destructive behaviour including the destruction of property or the self (Nemapane & Tang, 2003). This was confirmed in a report written by Sila (2001) on a school programme's responses to the needs of OVC in the Kibwezi district in Kenya. It is stated that one of the constraints is the inability of the teachers to accommodate the diverse range of learning requirements for orphans with special needs. The reality that more time

and money needs to be spend on OVC has created a negative attitude towards OVC (Sila, 2001). The final analysis has also shown that, in particular, OVC with special needs often lack the support of a proper guardian, and this in turn may result in them having to wait until someone is willing to fill the important gap of a parent.

Salaam (2004) added that disadvantaged community schools rely on voluntary teachers who could be lured away from the community if offered a paying position. Additionally, the quality of the education could be substandard and the community schools could close because of financial difficulties, leaving the children without basic education. Furthermore, the fact that people are too ill to produce enough food to eat means that money in the family budget allocated to health care and education are used to buy the necessary food (Salaam, 2004). In addition the school is an important setting to provide information to learners about the prevention of HIV/AIDS (Salaam, 2004).

The educational system in South Africa in particular is under strain (UNAIDS, 2006). Fewer children are enrolling into schools despite the increase of school age (6-18 years old) children. This can be attributed to an increase in orphans and vulnerable children and the restriction of their access into schools (UNAIDS, 2006). Many orphaned children are taken out of school to assume an adult role, looking after their remaining family members (UNICEF, 2004). Adding to this problem is the reduced availability (5% between 1998 and 2003) of teachers to serve in public schools (UNAIDS, 2006). Twenty one percent of teachers between the age of twenty five and thirty five years are infected with the HIV virus and this contributes to many of the teachers resigning or dying in South Africa (UNAIDS, 2006). Teachers retiring or emigrating is also problematic (UNAIDS, 2006). It is clear that efforts need to be directed at improving the education system in South Africa as well as to assisting OVC to attend school and also to complete their schooling.

Psychosocial care and support for OVC

Richter et al. (2004) points out that psychosocial support is one of the most neglected areas of support for OVC. Psychosocial and cognitive development forms a vital part of

human development and help children to relate to others, to develop their own sense of self, and to deal with complicated feelings and thoughts (UNICEF, n.d.).

Play performs a key role in the developmental and learning process. Play helps children to make decisions, develop language and to express feelings (UNICEF, n.d.). OVC need the same play opportunities to develop their skills although there is a strong suggestion that the focus should be on all vulnerable children and not just those who are affected by HIV/AIDS (Strebel, 2004).

Children's psychosocial support should be considered within a framework of cultural, religious and recreational opportunities. Care givers should be aware of the developmental milestones to be achieved in terms of normal or optimal development. They should also know when to seek help and how to provide a caring and loving environment for children in order to fulfil their psychosocial needs (UNICEF, n.d.).

A holistic psychosocial community support approach for orphans and vulnerable children is viewed as one of the most effective ways to educate the children in terms of norms and values, and to develop the children's social identity. This is seen by the Catholic Institute for International Relations (CIIR) as one of the best methods to prevent HIV/AIDS in the long term (Jackson et al, 1999).

The community provides the context and framework within which children affected and infected with HIV/AIDS experience life and plays an important role in the way their beliefs, values and perceptions are formed (Lusk et al., 2003).

2.2 Theoretical Frameworks

2.2.1 People-centered development approach

A people-centered development approach should stand central to social development and research (Vlaenderen & Neves, 2004). The present study is embedded in a people-centered development approach and acknowledges the fact that only the voluntary care workers are able to remark on the issues that impact on their experiences as care workers

and on the quality of their lives. It is further argued that active participation will empower them to affect change and contribute to their own development.

Preference is moving away from the object-subject relationship on which social research was historically based to involving people in determining the methods for personal change and development (Theron & Wetmore, 2005). The focus of the people centered developmental approach is a participatory, growth and empowerment method in contrast to the top down policies of South Africa's apartheid's past (Davids, Theron & Maphunye, 2005). The people-centered approach is centered on participants making decisions about their own growth and development. For this to be effective people need to be empowered (Vlaenderen & Neves, 2004). Davids et al. (2005) view empowerment as the construction blocks with which a people-centered development approach is built. Swift and Levin (1987, as cited in Vlaenderen & Neves, 2004) described empowerment as the development of an individual's opinion and beliefs in terms of the person's self-worth and the person's belief that he has the ability to influence others. Empowerment also includes, changing the structure in such a way that the transference of power is permitted and opportunities for people are developed.

The individual's opinion and belief based on his experience and the reality of his situation is important (Yeich & Levine, 1992 in Vlaenderen & Neves, 2004). The value systems, opinions and perceptions of individuals are part of their experience, (Davids et al., 2005). Learning through involvement is part of the process of empowerment and, therefore individuals achieve participation in the development process (House, 1978 in Patton, 2002).

Participation is conceptualized as an effective and democratic way of relating to people in different situations (Kefyalew, 1996 in Baker & Hinton 1999). Through participation and empowerment, people, organizations and communities become masters of their own destiny. Participation is described as an internalized attitude, as well as an observable behaviour (Baker & Hinton 1999). This self-help philosophy helps to create an environment where organizations, governments and NGO's can work collaboratively and

in alliance. By these means they could prevent a dependant orientation and could discuss work related issues, stressors and problems in order to promote growth, and development (Baker & Hinton 1999). Learning could take place at both the individual and organizational levels (Baker & Hinton 1999).

2.2.2 The learning organization.

A learning organization can be conceptualized as an organization that encourages participation and involvement, and brings synergy to individual and organizational learning (Baldwin, 2004). This means that input and development from the workers is valued as well as information and guidance from the organization itself. Baldwin (2004) highlights the importance of complete understanding of the goals and objectives of the organization by all levels of employees as well as the importance of having a degree of ownership of these goals. Organizations that ignore participation of their employees might tend to impose their views on their workers which may result in the latter undermining the goals of the organization. For Baldwin (2004), greater participation of all employees facilitates organizational learning and development.

The theory of the learning organization is built on the sociological tradition of the relationship between organizational structure and behaviour (Gould, 2004). Weber's theory of bureaucracy focused on professionalization and emphasized the value of the qualified 'thinkers'. People had to obtain a qualifying education in order to form part of the leadership team of an organization (Gould, 2004). The human relations movement of the 1960's and 1970's felt that this way of learning and application of human resources was dehumanizing. Writers such as Maslow and MacGregor (1968, as cited in Gould, 2004) emphasized the importance of the individual and their needs in the work environment with the focus on quality of work life, job enrichment and personal growth. In the period the action-learning theories of Revans (1980, as cited in Gould, 2004) drew attention to learning as a specific issue within management development as well as an issue of shared problem-solving.

The concept of learning stands central to the progression of organizational theory and there is an overlap between concepts like 'organizational learning' (the process through which learning takes place) and the 'learning organization' (the characteristics of an organization that learns) (Gould, 2004, p. 3). They both share the notion that organizational learning is a collective process which means that it is more than individual learning and secondly, that the learning process is pervasive and takes place at all levels within the organization. This implies that the organization is willing to construct new meaning if necessary or to change outdated views (Gould, 2000, as cited in Gould, 2004).

In order for both the organization and the individual working for the organization to learn from each other and to value each other's opinion, open honest communication is fundamental to this process (Baldwin, 2004). Talcott Parsons, a theorist of biological evolution suggests that communication plays an important role in every culture and believes that language stands central to most human communication (Giddens, 1996). Louw, Van Ede and Louw (1998) further suggest that communication forms an important component of relationships and the way that people behave.

Organizations in South Africa face many problems in a multi-cultural society, and communication is a crucial skill in organizations (Adey & Andrew, 1993). Although the sender of the message plays an important role in the communication process, Adey and Andrew (1993) see reciprocity as the essence of communication. They also strongly believe that communication forms part of human relationships and is not only the conveying of knowledge or information. However, there are barriers that could prevent effective communication such as different perceptions, language problems, distrust, resistance to change, and inconsistencies in communication (Adey & Andrew, 1993). In order to overcome these barriers, it is necessary to use direct, understandable and unambiguous language. However, if a person is defensive, an encouraging and supportive approach should be adopted. Communication that is based on equity rather than superiority usually overcome barriers of defensiveness (Adey & Andrew, 1993).

2.2.3 Participatory evaluation research.

Participatory evaluation supports the notions of House's (1991, in Patton, 2002) people-centered development approach and the learning organization (Baldwin, 2005).

Evaluation research could play an important role in determining whether a programme achieved its goals and could create an understanding of the reasons why certain initiatives failed (Wagenaar & Babbie, 1992). Programme evaluations focus on the results and consequences of a programme. To facilitate the evaluations, measures, of which the results can be quantified, need to be used (Patton, 2002). However, Wagenaar and Babbie (1992) suggest that evaluation research is differentiated from other methods of research in that it focuses on the impact of social interventions. It is Patton's (2002) view that qualitative methods are essential to record the unique differences of programmes adapted for specific circumstances in communities and organizations. These programmes aim to develop the organizations, communities and individuals and, through qualitative investigation, it encapsulates the transformational development that has taken place (Patton, 2002). By involving all stakeholders, the evaluation can then be aimed at those issues that are considered important to the stakeholders and can focus on the issues that are affecting the stakeholders the most. Continual development and improvement of the programmes could ensure that the stakeholder's needs are considered (Zukoski & Luluquisen, 2002).

Participation is an important means to uphold the ethical principle that individuals and groups participating in research should retain control over their lives (Baker & Hindon, 1999). One of the most valuable benefits of Community-Based Participatory evaluation research is that it is collaborative in nature and provides immediate benefits to the participants in the study through promoting individual development and empowerment (U.S. Department of Health and Human Services, 2003). Another benefit is the strengthening of the community's resources and networks (Zukoski & Luluquisen, 2002).

Participatory evaluation necessitates the sharing of activities and understanding between researcher and participants. Paul (1987 in Baker & Hinton, 1999) stressed the importance of role-players working together to make important decisions, which he believed would,

in return, increase participation when action is needed. While voluntary care worker's participation and experiences stand central to the current research, it was hoped that the research process could have positive consequences for themselves and also for OVC in their care.

The current study supports the empowerment of the voluntary care workers as well as shared responsibility between the NGO and other role players responsible for the psychosocial support of the children affected and infected by HIV/AIDS. Participatory research is seen as important in achieving this goal.

CHAPTER THREE

Research Methodology

3.1 Introduction

This chapter provides an overview of the research design and the methods used in exploring the voluntary care worker's perceptions and experiences of the effectiveness of the training they have received in providing care and support to children affected and infected by HIV/AIDS.

3.2 Research Design

3.2.1 Participatory evaluation

The use of participatory evaluation was viewed as an appropriate method to use for the study in facilitating an understanding of the specific qualities of the context in which the voluntary care workers work, as well as their own experiences with regard to the problems they experience in a specific setting (Zukoski & Luluqisen, 2002). The evaluation process in itself became an integral part of facilitating change and learning through the creation of a greater consciousness and understanding by the participants of their roles as care workers. This was a formal reflective process with the ability to develop and empower the participants and simultaneously gain insight into the practice of care and support to OVC. This process guided all stakeholders into a collaborative partnership. The present study was conducted within a transformatory paradigm in which the control of the research is in the hands of the participant (Patton, 2002).

Focus group discussions, as a qualitative research method was used. This research tool is one of the most widely used in social sciences (Steward & Shamdasani, 1990), and has shown its value as a methodology to collect qualitative data (Morgan, 1993). Valuable insights and information can be obtained from the analysis and proper scrutiny of the perceptions, opinions, and attitudes expressed by focus group participants (Morgan, 1993). This was particularly relevant for this study.

Focus group discussions provided the researcher with an opportunity to facilitate and develop the discussion, particularly when a specific point was missed or when the discussion deviated from the topic at hand. It also allowed the facilitator to ask more in-depth questions and permitted the participants to elaborate on their answers (Morgan, 1993). The focus group discussions permitted the facilitator to rephrase a question when it was not understood correctly by the participant and provided an inter-cultural research setting where language and education levels differed from that of the facilitator.

3.2.2 Sampling

All the voluntary care workers (twenty one) that form part of the St Josephs Trust psychosocial programme, participated in the study. The care workers live in the respective communities that they serve. The “ideal” community worker is seen by James Yen as a person who lives among the people, learns from the people, plans with the people, works with the people, starts with what the people know, builds on what the people have, teaches by showing and learns by doing (Ross & Deverell, 2004).

All the participants had the same basic training in psychosocial support. However, they were divided by the NGO into groups that work in five different areas and communities. The sample was divided into five homogeneous groups. Each group consisted of participants working in the different communities and all were exposed to the same training programme. The focus groups consisted of between five to six participants. Morgan (1993) states that homogeneous groups can produce information with greater depth because they share similar key characteristics and can identify with each other’s experiences.

3.2.3 Instrument development and data collection

Focus group discussions were held at the St Joseph's head office in Bronkhorstspuit. All the people in the sample group were familiar with the premises and it provided a neutral and safe meeting place. The room where the discussions took place was chosen with care, taking into consideration practical aspects like noise, temperature and seating arrangements. The small details, often overlooked in the focus group process, could

affect the quality of the outcome (Greenbaum, 1998). All the participants in the sample could speak English, therefore the focus group discussions were conducted in English.

The researcher of the present study facilitated all the focus group discussions. The main objectives of the discussions were explained to the group. Each member of the group had an opportunity to cite one relevant topic. Each member's spontaneously mentioned topic was discussed in the group. The use of unstructured techniques allows the researcher to pursue those issues and topics that are of greater importance, relevance and interest to the group members themselves (Stewart & Shamdasani, 1990). It gave the Participants an opportunity to raise issues that might have been overlooked by the researcher.

A more structured discussion followed after the unstructured discussion. A set of broad concepts (Topics) important to the research were identified. The general concepts were then formulated into a set of brief discussion guidelines that was used by the facilitator during the discussion (See Appendix B) to further probe and explore key issues. Morgan (1993) feels strongly that the quality of the focus group discussion depends on the quality of the questions asked. Open-ended questions were formulated within that framework. Literature suggests that the use of open ended questions help to stimulate useful trains of thought in the participants otherwise not anticipated (Morgan, 1993).

All sessions were tape recorded by the facilitator. This allowed for accurate recall of the details mentioned in the focus group discussions (Wagenaar & Babbie, 1992). The length of the focus group discussions varied depending on the participants and on how much information they wished to share. The approximate running time for each focus group discussion varied between 60 and 80 minutes.

3.2.4 Analysis

All the taped focus group discussions were transcribed and analyzed to ensure that conclusions drawn would be representative of the whole sample. The transcription provided a written record of the interview. This could be shared at a later stage with other relevant parties in order to facilitate further analysis (Stewart & Shamdasani, 1990).

Editing of the transcriptions was kept to a minimum in order to maintain the true character and flow of the group discussions. A thematic analysis technique was used to analyze the data of the present study. Thematic analysis is a process whereby themes and patterns emerging from the study are identified and used to build a valid argument (Aronson, 1994). Literature provides important information that is used by the researcher to make inferences from the data collected (Aronson, 1994). The validity and reliability of the findings gained through the process of thematic analysis are improved when it is combined with relevant literature (Aronson, 1994). A qualitative cut-and-paste technique described by Steward and Shamdasani (1990) was used in this process. This technique is among the most common analytic techniques used by focus group researchers and is seen as a quick and cost-effective method for analyzing a transcript of a focus group discussion in the absence of computer programmes. This process was considered beneficial in analyzing the transcripts for this study and consisted of five major steps (Steward & Shamdasani, 1990, p.104):

1. Sections that are seen as important and relevant to the objectives of the research were identified as a first step in applying the method.
2. Major topics and issues are categorized and coded in a system that is developed shortly after the initial reading of the transcripts.
3. After the coding process was completed, the coded copy of the transcript was cut apart and sorted according to particular topics (this provided a set of sorted material and was used as the basis for a summary report)
4. The various pieces of transcribed material were used as supporting material and incorporated within an interpretative analysis and a short introduction was developed for each topic
5. Themes and sample statements within themes were identified (e.g. Concepts were grouped into broader categories in which properties and dimensions were identified to inform understanding).

Non verbal communication, gestures, and behaviour observed by the facilitator were recorded. This observational data was used to supplement the transcript data.

Reliability of the data was found in the repetition of the themes and issues that emerged from the different focus group discussions. Credibility was addressed during the prolonged and continued engagement with the participants in the focus group discussions (Stewart & Shamdasani, 1990). The researcher also summarized the comments and asked the participants whether it reflects their views. Emerging themes were also discussed in detail with a supervisor in order to enhance reliability of coding.

3.2.5 Ethical considerations

The proposal was submitted for ethical approval to the Ethics Review Committee of the University of Kwa-Zulu Natal. In addition, St Josephs Trust was approached for consent. All participants were informed of the following important information, the nature of the research project, the procedures of the study and the insurance that participation was voluntary. The names and details of the participants participating in the focus group discussions will not be revealed and will be kept anonymous.

Written informed consent was obtained from every participant in the focused group discussions. This consent was verbally reaffirmed before the onset of the group discussions. Participants were encouraged to ask for clarity or more details on anything they wanted explained. The participants were asked if they objected to the focus group discussions being taped. There were no objections.

CHAPTER FOUR

Results

4.1 Introduction

This chapter depicts the findings of the collected data. In keeping with the qualitative paradigm, ‘thick descriptive’ data will be used to authenticate the findings. The data is presented in terms of the themes that emerged from the perceptions of the voluntary care workers regarding the effectiveness of the training they received in providing care to the children affected and infected by HIV/AIDS. Following this will be the voluntary care workers’ appraisal of the stressors that affect the effectiveness of the care and support they provide to the children and the coping strategies they employ in dealing with the stressors.

4.2 Motivations to Become a Voluntary Care Worker and Subsequent Rewards

The findings of this study suggest that the voluntary care workers had different reasons for becoming involved in care work. While some were primarily motivated by their own needs, others became care workers because of more altruistic reasons or a combination of these reasons. The data suggest however that the participants who were initially motivated because of their own needs soon found personal fulfilment in their caring role.

A group of the voluntary care workers were mainly motivated by their own emotional support needs and financial needs in making the decision to become involved as care workers in the community. They described that being care workers provides them with a valuable support system especially when they experience personal crises. On the other hand it also provides them with the opportunity to reach out and help other people in need.

Participant: “I once lost my fiancé. I wanted to eh... I had a child, who doesn't have a father. So, I think in my mind... I thought to become a volunteer. In my heart I want to be a helping hand to other people. That is a good thing for me. It just became more and more that if you, if you need help, if you can't take care of other people, and then things goes wrong... until you face the truth, so that you

when other people are in crisis or having to make tough decisions, you are not able to help them, so... but what comes around, goes around. So what I've realized that I have to stand up. Especially where we are living now, there are many children in the park... I thought; let me take care of these children."

Those care workers that entered into care work because of the financial security of the anticipated stable income found that care work also provided them with knowledge and insight in dealing with children. This seemed to provide emotional fulfilment from which they drew inspiration and continued encouragement which enhanced their work performance.

Participant: "Because it was the first time, and not knowing about training we thought they are going to tell us...cook so (the whole group is laughing) nothing deeper. But when you come...you...oh! It is so! This...and also of this...and you see then we are gaining a lot! It changed me because...I was telling my family I'm just looking for money...I was only looking for my job. I didn't understand...I was just coming here because...I'm looking the money...I will get paid every time to cook, but when I underwent the training... I knew the right of the children, and I know how to deal with the children."

The altruistic motivations expressed by the care workers can be described as recognizing a need in their communities and responding to that need, wanting to make a positive difference in the lives of people in need, or as fulfilling "a calling"

Participant: "Yes, we were focusing on food, because of this disease. Because...because the children are orphans and just think about ourselves at home we are getting everything... we are eating and then what about these children that their parents are gone. And they are staying alone, and they don't have anybody to look after them. Then we'd just act like parents... taking from us to them...ja (yes) and then we started to cook for them, to look after them, to give them something to eat or the clothes... we try and help them because there is nobody else in the house who can look after them. So we are like parents..."

The satisfaction care workers experienced in their work seems to be partly related to their reasons for becoming care workers. Some voluntary care workers found the positive results of their work on the lives of the children and families they worked with very rewarding. They also mentioned the fulfilment they experienced in their own personal lives as a result of their work. The acknowledgement and recognition they receive from the children, parents and community play an important role in giving meaning to their

lives. This had a profound and positive impact on them in assisting and supporting the children in fulfilling both their physiological and emotional needs. Being able to provide the children with shelter, clothes and food was seen by the voluntary care workers to be a significant contribution.

The acknowledgement from others and knowledge that they contribute to relieve the plight of others also seemed to contribute to the care workers' feelings of self-worth. The fact that they are able to make a constructive difference in their communities filled them with a sense of pride

Participant: "For me the best part of my work is when a family got helped and that smile on the children's faces or even on those sick parent's. It really gives me a boost. That means I am important, and I am able to help some other people. Knowing that most of the families get help and they enjoy getting helped...So, the part of helping is the best part."

The attention to the children's emotional needs seemed to benefit not only the children but themselves as well. The care workers experienced satisfaction in seeing the children happy despite their difficult circumstances.

Participant: "You know the best part is to see children being happy. When they come to you...maybe you know...at home there is nothing. You feel very great catching a smile."

and

Young Participant: "It is when I am playing with children, I like children. When I have make the home visit...knowing how the children are doing at home. That is what is best of my job."

The care workers understood that children needed to belong and according to the voluntary care workers seemed to find great fulfilment in being able to provide the children with the fundamental need of "belonging".

Participant: "I like the job, because it brings these families, these children... it make these children to feel, belonging."

The difference they are able to make in their communities is explained in terms of the various functions they fulfil as care workers. Their assistance in accessing grants for the families in need is seen to be valuable as explained by this care worker:

Participant: "...it is nice, because now, many of the orphans are given the grants because of us. Because I am there and nothing is stopping me to be there, so the community can cope now. Because the stress of the community now it's low because when the parents its die, the community now know where they are suppose to go. They are just coming to me, shoe!"

4.3 Experiences of the Training Programme

Many voluntary care workers reported significant personal changes and growth after their training. Their experiences are as follow:

4.3.1 Knowledge gained during the training

Despite some negative aspects of their work which would be discussed in more detail, participants show evidence of positively reframing their perceptions regarding the work that they do. Group members realised that looking after the needs of children entails much more than feeding them. "Childcare" seemed to have been an alien concept to many of the voluntary care workers. Several voluntary care workers reported that they thought looking after orphans and vulnerable children meant that they needed food and not much more. The training they underwent alerted them to the psychosocial needs of the children they worked with. These needs were often much more complicated than they anticipated. They understand that orphans and vulnerable children need to be supported in a holistic way and all psychosocial aspects should be addressed. However, despite the fact that they realised that looking after children is more complex than they thought, the voluntary care workers showed a willingness to be receptive to the new learning and to incorporate their new knowledge in their practices.

Participant: "...but after the training...I realized that we are not doing everything. The training had a good effect. After the training, we went back and implemented what we have learned from the training. You know, I thought I would take care of the children. Just to cook for them ...as long as they just eat I had no problem. But then I found out that there are so much more than I can do

for them. What I am expected to do for the children...especially after the training. But since after our training we have learnt you have to look at the child holistically you know, because the child can eat the food and go to bed warmly, but we found out emotionally they are hurt, they've got anger."

The voluntary care workers were able to reflect on their own beliefs and subsequent treatment of people in general and children in specific. The voluntary care workers found it revealing that children should be considered and treated as individuals and that they need to be consulted with regard to things that concern them. They explained the difference between empathy and sympathy and its role in child care. Empathy was seen to allow them to stay objective and enable them to support the children.

Participants: "My perception has changed a lot. It started with my perception of looking at another person...your perception of your own behaviour, your own treatment to your family and to look at a child as a full human being. No longer...no he doesn't know...he is a child...he doesn't even think properly. You start to change yourself first... know yourself, and after that you'll be able to know a child. So, you have to take the child as a person like yourself... we have learnt that the child is an individual. We don't just sit down the topics that the children need to do. We come up with the topic and do it with the children. But now, we sit down with the children...they came up with their own topics so that we can discuss it... You must have empathy not sympathy with the child you must use the empathy style, so that the child must know that you feel for him. But, you can plan your steps towards the emotional clearance of the child.

Initially the Participants treated children belonging to different age groups in a similar way; however the training made them aware of the fact that children from different age groups have different needs and those needs should be taken into consideration when you work with children. The voluntary care workers are able to identify the different developmental ages of children and they have learned to treat the children appropriately with regard to their developmental stages.

Participants: "The training has taught us that when you have a word with the children you have to look at their training, you have to look at their developing area, so that we can develop where the child is lacking."

In order to facilitate a sense of belonging and responsibility, children of an appropriate age are encouraged to take responsibility for some of the tasks at the feeding scheme.

Helping families resolve their issues and allowing the children to stay part of that family is also seen by the voluntary care workers as an important way of enhancing a sense of belonging within the children.

Participant: "You know...we did belonging, so that the child has to feel that he belongs somewhere have a family or somewhere he can belong to. And then, independency, where the child know... we'd teach the child the skill, how to do the things for themselves."

and

Participant: "...family preservation, that is what I think to be important...you get in deeper with the family, together with the family and child... to bring the family together...so that the child is feeling that he belongs somewhere...have a family or somewhere he can belong to."

Challenging their own perceptions also caused a significant change in the way that the voluntary care workers behaved at home as well as at work. Several voluntary care workers admit to violent behaviour and to having hit their children when they were naughty. However, the voluntary care workers now see communication as an appropriate way to discuss their expectations with their children.

Participant: "...and then, some times you get the children who are so naughty they can't do anything ne... that time, you just give the child a hiding). But now, I know how to deal with a child. Because I am the professional, I understood that disciplining a child is all about teaching a child. So, the discipline... you teach the child, he cannot be hurt. I didn't see it that communication is the cure to solve the problem. I thought that acting was the better way. Umm... that was the better way that I used to solve the problem. But I just saw that it (communication) really works. Even with my children or who ever..."

Better treatment of children also includes the realization by the voluntary care workers that they shouldn't make empty promises to children. Children trust that the voluntary care workers will deliver what they promised. A trusting relationship forms the corner stone in their relationships with the children and they understand it is the responsibility of the voluntary child care workers to maintain the rapport.

Participants: "The facilitators told us, we must never ever promise a child something that we can't keep...if you promise the child something, you must make

sure that you keep your promises. Because the child hoped for that and then the child is going to suffer, and you call yourself a care worker... but you break that trust, if you promise him or her something and you don't do it..."

4.3.2 Skills gained during the training

Initially, participants tried to help the children without a specific plan and with limited knowledge of the orphan and vulnerable children's needs. The present study indicates that the training programme equipped the voluntary care workers with numerous skills. These skills assist the voluntary care workers to give the necessary assistance and support to the orphans and vulnerable children. The following illustrates this

Participant: "The training had a good effect. After the training, we went back and implemented what we have learned from the training. We were doing something out of our mind, because it was the right thing to do...because we were not trained."

The training helped the voluntary care workers to develop different strategies to identify children in need ranging from emotional needs to more physical or health and psychological needs such as the need for food, shelter, a need for a medical doctor because of ill health or a need for counseling.

Participant: "We identify them in a different way. We went to the school and asked them if the children are orphaned and vulnerable, and sometimes in the church. You identify them in a different way. Sometimes you go from door-to-door. And sometimes you just find out from the school and assess and attend to go to that home to see whether there is a need and how I can help them because their need is different."

Their newly gained skills gave the voluntary care workers the confidence to address issues relating to the children's needs. They are able to give the necessary assistance and support to the orphans and vulnerable children and intervene appropriately. Looking after the physical needs of the children is seen as very important. They cook for the children and make sure that the children are clean and neatly dressed. They also perform other duties and give support when the children's parents are too ill to take care of them.

Participants: "You have to be there for the children if the parents are sick...you have to be there. You go in the morning, prepare the children to go to school hmm... maybe before they go to school, you wash their clothes, or if there is an older one, you'd teach him or her how to look after the younger ones or...and to help the mother also to take the medication. If the home-based care is not there... You have to be there for the family as a whole. You give them support..."

The voluntary care workers acknowledged the importance of children attending school and therefore invest a lot of time in making sure that OVC are enrolled in a school.

Participants: "...if the children are not going to school, then I know that they must go to school, and if their granny is too old and their granny is sick, I am the one who is going to the school to register the child with a letter from the social worker."

The voluntary care workers sometimes experience difficulties with schools who demand that the OVC should pay school fees despite the fact that they don't have the necessary resources. They feel that the teachers take advantage of the ignorance of the children's care givers.

Participant: "And what I have realized, with the teachers is that... some of the rules... they know some of the rules, but they are not talking nicely to the children. They are not supposed to chase the child out, they are really not supposed to tell the child that...eh... if you don't... if your parents... if you don't pay tomorrow, you mustn't come to school. That is not the business of the child. So as...umm...I feel that...ehm... more care workers should be trained. Because mostly the parents don't know the rights about their children, so the children wouldn't be abused."

Previously the voluntary care workers relied on the social worker to negotiate school fees for the children or to communicate with the children's teachers. However, Participants reported that their ability to communicate and to negotiate was greatly improved by the training and allowed them to hold their own in discussions with regard to the OVC rights and care.

Participant: "...I didn't know how to help a child and also to negotiate for them and to network with other organizations, because there are other organizations in our community. But I didn't know how to negotiate for a child... we learned what

are the rights of the children and how you can as the child care worker go and advocate for that child...go to the school if the child is an orphan or if the child cannot afford school fees.

The voluntary care workers are also well-informed as to the resources for referrals available to them. They work closely with other professionals for example social workers and often refer orphans and vulnerable children to the appropriate professional.

Participant: "We now know after the training, how to use the resources that is in our community...If maybe they need the grant, I know to refer them to social services...we know that you can apply for a food parcel from the organization and also like programmes in the community, where they plant vegetables. You are even able to go there and ask for something for the family...and we know if we can't do this, we now know how to refer."

Grants are considered to be important financial resources that enable parents or guardians to pay for the basic necessities of their children. However the parents or guardians do not always have the skills and knowledge to apply for these grants. The voluntary care workers play an important role in informing the foster parents about grants available to the children and in helping them to go through the necessary steps to apply for these grants.

Participant: "I didn't understand anything, but now, I know how to deal with a child.... I can go to help with the granny...and explaining for the granny, now, you can get that grant but you are suppose to do this, and this and this before you get the grant. You are supposed to go to the courts, and the court will talk with you before getting the grant. And then you see the course is very important to me, working with the children."

Important documentation is needed for the application of grants, birth certificates and food parcels. The ability to fill in the necessary application forms and to register the OVC for food parcels and grants is seen as an important part of looking after the needs of OVC. All the participants reported that the training enabled them to register children who need a birth certificates, grants or food parcels for their families.

Participant: "And another thing that we are doing...we did not know how to do formal registration. But in the training was the "right of the children" We know what documents are needed, and what proof is needed and how you can strengthen the case to the school.

Interviewer: "And if a child doesn't have a birth certificate, do you know how to apply for a birth certificate?"

Participant: "yes"

4.3.3 Transformatory learning and self-enhancement opportunities

The training that the voluntary care workers received seemed to have gone beyond the immediate objectives of the training programme and had a significant impact on the personal lives of the voluntary care workers. All the participants mentioned the added benefits of the training programme. They have found it to be immensely useful not only in almost all aspects of their work but also in many aspects of their private lives.

Participant: "I didn't know what the training was about, and it was, I was feeling like...ahh...what is this training for? Why am I going there, But, on the first day when I was there, I see that this training...ehh... it really benefit me, you know, I am a new person since I got this training. Because...I, I know what to do. At first I was just doing things without knowing...what to do in a proper way, you know. But this training has helped me a lot because, because it has helped me to deal with myself first. Before I can help someone, I have to help myself first. And before I can care for someone, I have to care for myself first. Before I can say I love that person I have to love myself first. So, that is why I can say this training, helped me a lot.

What clearly changed after the training was the voluntary care worker's ability for self-reflection. This introspection helped the care workers to contemplate their strengths as well as their shortcomings in their own homes as well as in their work context.

Participant: "The training that we have done...it also took me back to look myself... who you are and what are the things that you know about yourself. And what are the other things that the other people know about you, but you are not aware of those things. It started making me aware off... okay...there are these four sides of me that I have to consider and that I have to allow people to tell me if I am doing something wrong..."

and

Participant: "I think maybe after the training. I... I just learned things that I did not realize... some things are good and some bad. What type of mother, I am. I was a woman who was always impatient; maybe after the training I realised I was not using communication."

The training seemed to have provided the impetus to positively change certain aspects of themselves and their own practices. They became aware of the way they relate and build rapport with other people. They also reflected on their own shortcomings and the way to improve their interpersonal interactions and even their own parenting.

Participant: "For me, things started to change in the palliative course that I have done with the care centre. Okay, I was this person who didn't want to hear someone else's opinion. I was just myself living as myself, and not know if anyone else is next to me. So, from there it started to teach me that you have to greet people. You have to talk to them nicely, and you have to be able to know when you talk about something that you don't hurt other people and to be sensitive to each and every person who is next to you."

Participant: "I just learned things that I did not realise... some things are good and some bad. What type of mother, I am. I was a woman who was always impatient; maybe after the training I realised I was not using communication. When we did the training, it actually open our...my eyes...how to treat an orphaned child, how to treat my children."

These changes seemed to have impacted positively on their relationships with their own children as explained by the following participants:

Participant: "It changed my lifestyle, even at home... I went through this training, you know, I would sit down and they told us to make the ground rules for the house, the house rules, you make your rules with the children. It even balanced my entire family..."

One voluntary care worker felt that the training was therapeutic in that it helped her to come to terms with the death of her child's father and allowed her to deal with the anger she expressed towards people.

Participant: "Going through the course was therapeutic for me, because after the loss of my son's father I was angry, and I was snapping at people, and I was shouting at the children. After the training I realised that I have to change, and

give other people a chance to say something...see how they feel. My whole character changed...umm... it is actually a development... some things have been added.... and others have been taken off, but only for the better. So it's... yes, the training really helped to change the way I see child care now. It is more...beginning from the inside out, than from outside in. That is where you get the full development. You get a full sense of what you are doing. The satisfaction and the rewards..."

The significant impact of the training on the care workers' self-confidence and self-esteem should be noted. All the participants mentioned the benefits of their improved confidence. They felt that they are now able to face difficult situations and resolve issues in a more competent way.

Participant: "Yes, (the whole group agrees) we are doing it on our own...I can stand up now and talk, whatever I'm supposed to talk..."

The participants explained how they have gained respect, appreciation and recognition in their respective communities and are seen by many as "professionals" since they have become care workers. Community members quickly learned that they can rely on the voluntary care workers and turn to them in times of need.

Participant: "It makes us feel proud. I've been trained...I'm a professional childcare worker. I am now very proud about my community. They know if they have a problem with a child they can come to my house...they can bring their problems there, and then I have to solve them, their problem. And the communities recognise us, because of this training, you know."

and

"...in November, December time the other pastors they did give us the certificate that show they appreciate what we are doing for the children. So, you know that some of them... they recognize us."

The voluntary care workers also experienced the recognition and acknowledgement from St. Josephs as positive. They feel the NGO is proud of their work and achievements and trust that they are able to implement their knowledge and training in their work with the OVC. The care workers feel empowered by the NGO and this in turn seems to motivate them to work even harder than what is expected of them. This also seems to give them courage and inspiration to continue their work during difficult times.

Participants: "They (NGO) are proud of us...hmm... they empowered us...hmm, yes (the whole group is agreeing). I think that they trust us, because we are the ones going to the families, and we tell them how the children are coping, they get a lot of information from us. I feel happy, and it gives me courage...we are there for the children. We are walking the extra mile almost every day. It is not written down, it is not exactly recorded. We are doing more than is expected. I think it is a good thing."

The training also motivated the voluntary care workers to plan for their own future and some feel inspired to further their studies to become "professional child care workers" or social workers in order to work with children on a more permanent basis. They believe that this would help them to be further recognized and acknowledged.

Participants: "We want to be professional child care workers, not the volunteers or not the part-time job, the permanent job, like a social worker."

and

Participants: "Ja... professional, really professional... doing the professional work... to be recognised. I see myself being a social worker, I've already studied in the first level, I would also like to have a diploma in child care and to continue being a community worker, and to be near to all the people in the community and to be a resource in the community. I don't want to be in an office where I am on my own, I like being a community worker. I would always want to be a community worker."

4.4 Work Related Problems

Working as voluntary care workers presented them with numerous challenges. These challenges can broadly be divided into challenges pertaining to their work contexts and those of a more personal nature.

4.4.1 Poverty and limited resources

The prevailing poverty in the rural areas in which the care workers find themselves contributes to feelings of anxiety and helplessness. While assistance for families in need of food is available from St Josephs, the complex and slow administrative and bureaucratic process seems to be experienced as being very frustrating to both the care workers and the families. This frustration is intensified by the fact that they are fully aware of the families' critical conditions and the urgency of the needs of these destitute

families. The care workers feel helpless in affecting any change in the time consuming bureaucratic systems.

Participant: "When the family does need help, I'm going crazy... I cannot sleep...I can't eat. You know that is why we go step by step. If I go to the family there is nothing. So when I go back to my seniors I expect them to do that immediately, because I saw the people in that house. So I just expect them to be there immediately, but they can't... maybe I just need a food parcel. I need to fill in a form - I'll take it to the social worker so that they can see there is a need for a food parcel, and then they can approve the food parcel and then what happens I must see that those families get something."

While the participants understand the reasoning behind a careful selection process and protocol with regard to the allocation of food parcels, the process is perceived by the poverty-stricken families as too slow. This results in families placing pressure on the care workers to provide food for them and making them feel personally responsible for their plight. These demands often result in the care workers taking food from their own homes to give to the needy families despite the fact that they themselves might not have enough food for their own families.

Participant: "They think we are lying when we tell them that it is a process to get a food parcel. The family thinks that we are lying; we are not telling our supervisor that there is in need of food. If the family tells you about the food now you end up being afraid to do a home visit."

Participants: "Yes, they will come and knock on your door and ask you where the food is; and even know there is no food... you take something out of your own groceries and give them."

Another challenge they are confronted with is when families don't meet the criteria of the NGO for help, but nevertheless demand assistance from the care workers.

Participant: "...Sometimes the community members would come and they don't meet the criteria in our program, and they come, and they say...register us in the programme and you say no you are not qualifying...you don't meet the criteria. So, if I don't do it they feel that I hate them or that I don't want to help them just because I am their neighbour or community member or church member. It is very difficult working there and staying there in the communities."

4.4.2 Stigmatization and discrimination

The secrecy, stigma and discrimination that surround HIV/AIDS in the community make their caring role with children that are affected by HIV/AIDS through their infected parents very difficult. Despite the fact that parents often try to hide their positive HIV-status from their children, children often learn of their status through rumours in the community. The voluntary care workers feel that it is very important for children to know their parents HIV status, especially if the parents are very ill. They believe that the secrecy may cause undue stress and anxiety for the children and also reinforce HIV/AIDS stigma. Because of this “silence” and “secrecy” the children are unable to talk about their fears with anyone. The voluntary care workers believe that disclosure will assist the children to come to terms with their parent’s illness and subsequent death. Furthermore, the “secrecy” interferes with the voluntary care workers ability to assist the parents in planning for their children’s future.

Participant: I think that they need to know, so that they know how to treat the parents. You know...and because it is not normal...the parent is there ... very, sick and the people are talking outside and the children don't know what to say. Sometimes they are... they are talking about it at school amongst the children...they are discussing it, and the child gets stressed, and get worried about it, but they don't know how to confront their parents.

HIV-positive parents and children who are not willing to disclose their status to the care workers, impact negatively on their ability to deliver much needed care and support to the children. While the families generally disclose their positive status to home based care workers because of the service they deliver to the very ill community members, these care workers are unable to disclose their status due to confidentiality requirements.

Participant: “...on the same issue. It also causes difficulty in a situation where we find that the parent or one of the children is HIV positive. You find maybe one of them... the children you find out that he is HIV positive, and now it is much difficult again, because the child won't say to you as a child-care worker. But the home base care worker will know, who will be working with that family...you know ...even if the child is having some problems with his behaviour...you are not able...you can't really say...you know, what is happening now...why don't you do it like this. You just have to try and make... manage the behaviour, on the other side, knowing what the problem is and where the problem starts. And to

understand that it is maybe anger denial or what ever, but you are not able to just say I understand that this is the situation...so let us two work on it, both of us. So it becomes difficult, because it becomes in a cage...sort of. It becomes a cage so that you are not able to get through...ja (yes)... ja (yes)...so it is a difficulty.”

4.4.3 Setting boundaries and foster care

The care workers find it difficult to work in the same communities where they also live. It seems that they have difficulty in setting boundaries in their caring role as they often found themselves in very difficult circumstances when problems are encountered with community members they know.

Participant: “The part that I find difficult, it is like...being a care worker in the community where we stay...ehh...when something happens in your neighborhood area...umm... like...Margaret, had done something horrible to a child and now I have to take Margaret to court... (group member gave a big sigh).”

Many care workers mentioned the difficulty in working with the grandmothers (gogos) who often are responsible for looking after the children. What clearly emerged from the data was the conflict between the voluntary care worker’s beliefs that children should be consulted in major decisions that will affect their lives while the grandmothers persist in ignoring the input of the children when decisions pertaining to them are made.

Participant: “The difficulty is when we have to talk to the grannies that are living with the children. It is difficult for them to understand, dealing with us you know. When you come to meet to make the ground rules, they don’t include the children. When it comes to decision making, they just make the decision for the children...they don’t let the children make decisions for themselves. So, we try to help them to understand, but what ever they are doing, it has to be at the best interest of the child, you know. Even, if they make the rules, the child must be included.”

Many care workers reported feeling frustrated by the fact that foster parents allow the children to spend their grants on items that are considered by the care workers as “luxury items” for example DVD players. The voluntary care workers identified those children as children in dire need of shelter, food and clothes.

Participant: "The person who is the foster parents...she saw the magistrate; she is capable enough that she can take care of the children. But now when they came in, they buy the children a DVD"

Apart from considering some foster parents incapable to guide the children how to manage their grants in a responsible manner, foster parents themselves often mismanage the grants. The care workers reported feeling despondent after spending so much time and effort in obtaining the grants for the children to see it being used in an inappropriate way and not on what it is intended for. In the attempts by the care workers to assist in the responsible utilization of the money, they are accused by some families that they want to have the money for themselves. The fierce and angry reaction of some family members results in care workers fearing for their own safety and fearing rumours would be spread about themselves.

Participant: "... I find it difficult when the people get their grant, they change. You know, they want to use the money like they want to, and they just want to misuse them, and in my heart...I think of them, they must buy food, blankets, clothes, because I know the need. And when you intervene, they think that you wanted that money, they once came into my house and smashed me...they end up spreading bad rumours about us, that we want their money. But we take care of the children, and we worry when children come to the feeding scheme, when we know that they are receiving a grant."

The abuse of grants by foster parents is viewed to be a consequence of the high levels of poverty in the area. The participants explained that some community members are willing to foster children because they see it as some form of income from which their own children could benefit.

Participant: "They want to foster these children because of the money...the, the grant you know. They want to benefit from the grant...that is why you can't give these children up for adoption, because they benefit. And all of them...the grant, they (the children in foster care) don't benefit anything...their children are benefiting."

4.4.4 Personal problems experienced

The care workers' personal lack of financial resources also brings forth complexities. Although devoted to their work as voluntary care workers, they come from the same poor community as their clients and also struggle financially. Many of them are the only bread winners in their families and they are unable to get better paid jobs. They feel that the monetary incentive they receive from the NGO is not adequate to fulfil their financial needs. The lack of money forces some of the voluntary care workers to look for other job opportunities despite the fact that they love their work.

Participant: "Since we are working here, some of us you know that we are devoted... but some of us are a breadwinners and maybe we are stressed about the children's problems, and we have the stress of our own, because you are a breadwinner, and that children are relying on you to support them. They need food...everything... we end up not doing enough, even for our own children...you end up stressed. You have your own problems, and then, you end up in the same thing, because I don't have enough money."

Because the voluntary care workers are impoverished themselves and in need of financial assistance, they seem to struggle at times with feelings of resentment, bitterness and even annoyance towards the OVC's. They feel that the OVC's benefit directly from their efforts and end off being financially better off than their own children. However, these feelings of resentment stand in sharp contrast to the positive feelings the voluntary care workers also experience towards orphans and vulnerable children in general.

Participant: "I remember last year...the 25th December...Christmas Day...all the children... happy. We were going to supply all the food parcels... so now I'm supposed to sit down and eat...lekker kos (nice food). We leave our family... go to children... and you are now bound by contract...orphan help...orphan help...orphan help."

Feelings of resentment and anger towards OVC's are also experienced by the voluntary care workers families, especially their own children despite efforts to explain and justify their caring roles. This is brought about by the fact that the care workers' time and resources are often shared with other children not even known to their own children. The unhappiness their own children feel brings sadness to them and causes internal conflicts.

Participant: "When it comes to the money...shoe... it is a serious problem. The problem is we have the children at home who are at school. Our children cover a... a...what... a jealousy, because we work with these children. When you come at home, you are tired. Your child wants to sit next to you, and talk to you... you are tired... you don't like to talk... you see. Maybe you must go out with the children (the orphans)...You leave your children alone, and it is very painful. One time, I bought this child, the OVC shoes and then my child asked me why I did not also give him shoes...I said, no, that child's mother is sick, so you cannot get the shoes. I can't... I don't know how to tell him. He said to me: "You always say that you are sick(care worker)...they must also send me the shoes. And always these vulnerable children...orphan...they go out with the bus, and all the children are looking for them...they climb in the bus going out, and they also feel maybe...oh... if my mother is dying, I am going to be like them, ... going out, eating well, getting some clothes. You see, it is really painful. There is no money for taking my child somewhere. Friday, Saturday, Sunday, you are out with those children, you leave your children at home... no outing for them. Now, how are they going to feel, and how do you feel also. At the end of the day, you don't like your job... everything... because of your family."

The amount of time spent with work related issues posed a problem for the voluntary care workers. Most of the Participants have families of their own and some of the care workers are single moms. They have to share their time between work and their own children. Pressure from their own families and demanding working hours caused them to feel physically unable to cope with these demands. This also makes them feel torn between their love for their work and their inability to attend to their own families because of their physical exhaustion.

Participant: "Even in our job is very... we are working very hard... and... I have five children... and all of them are at school...I am a single mum. All of these children are waiting for me, to pay the school fees, and to do...to do all for their needs. And it is very difficult... you find that the client is waiting at 10 o'clock. The client needs to be attended, at that time. I can't even give my love for my own children...I am giving too much...and I like...I really like child care work."

The stress the voluntary care workers experience is not only related to the duration but also the intensity of the care required. The voluntary care workers felt that it is sometimes difficult to emotionally distance themselves from the problems the orphans and vulnerable children are faced with and reported being emotionally affected by the children's circumstances. This in turn affects their ability to cope with the situation.

Participant: "Ja, maybe I can try to cope...because...I don't know why I am so weak. Maybe when we go out to the children and do a group discussion, the children start to talk with their pain...I also feel their inner pain, and I can't cope any more. I see it is the problem, because I may not cry in front of the children. But for me, it is very difficult."

The voluntary care workers also expressed feeling of guilt. They feel that they are not doing enough for the orphans and vulnerable children despite the fact that they sometimes work harder and do more than is expected of them.

Participant: "...I feel that we don't do enough, because I feel that we don't fulfill their dreams sometimes...since you can't do everything for them. At first I thought I would be there for them 24 hours, but now since I can't be living with them, I think I'm not doing enough for them. I blame myself, because when I enter as a care worker I thought I would help them twenty four hours."

Some care workers also reported feelings of frustration directed at the government for taking so long to acknowledge the importance of voluntary care workers. They said that many communities are still unaware of their existence and the significant role they play in assisting OVC.

Participant: "I feel that the process of the care workers is very slow, because the last time I was working there for five years...the last conference that I attended the chairperson of the care workers said that...I think it was at that time that they said...now the government is recognizing the care workers. And they counted the benefits that the care workers should be granted with, but it is three years now. But...and this is the very, very important job that we are doing (the whole group is agreeing). I wanted to say that we've not been adequately acknowledged by our communities, even to...to the world you know."

4.5 Psychosocial Support

Working as voluntary care workers could be stressful at times. The voluntary care workers use different strategies to cope. The following resources were mentioned as being available to them to assist them in coping.

The findings show that the voluntary care workers appreciate the support they get from the NGO. They explained that they have a support group called "Care for the Carers"

that meets once a month. This support group provides a forum for the care workers to talk about work related issues as well as personal problems. Apart from sharing their own problems with others, they felt valued that others also share their problems with them. Through this process they are enabled to re-evaluate their own situation and normalize their feelings. On the other hand, talking in the group about their problems is experienced as painful by some and it was suggested that individual therapy should be available to them as an alternative option and where personal problems and emotions can be expressed in privacy.

Participant: "I think what we need... is individual therapy. The group is great, but it hurts more. Even if you came from the outside Sometimes we are having problems of our own, and then I think...then I think that my problem will affect them, and sometimes I can't share my problem with the group."

The participants also perceive their colleagues as an important part of their support system and often seek assistance from them.

Participant: "...sharing experiences, especially because I am one of the youngest in the group...sharing with the older people. There are quite interesting examples that they can share with us and I was also not that far...not that long from being a teenager. So I could... I was in between that stage and the stage I was just coming from...and this stage I'm going to. I could place everything together so easily, so quickly...it make the picture clear quickly, when you share it with other people."

Personal coping strategies, for example prayer, were also used by the voluntary care workers to deal with stressful situations.

Participant: "To deal with my own problems, I am praying, and I have cried a lot...that is when I can release the anger that is in me. That is how I can cope. If someone hurts me and if I can talk with her I become much better...If I can't talk with that person, maybe he is not a understanding person...when I have cried, that pain goes out...that is how I can cope."

After appraising their existing support system, the voluntary care worker proposed various other coping strategies that they believe will alleviate their current stress. The

participants believed that time spent away from their work could help them to cope, and that extra money will improve their performance as care workers.

Participants: "We want to ask the social worker to go on a camp...some sort of a camp. We won't talk about the work...we can just forget about the problems that we saw, something like that..."

and

Participants: "Okay, how can I put it...the salaries that we get is not enough to cover everything...to cover our own needs and to cover the cost of going up and down. And also you sometimes find...you find the situation whereby you have to phone now...you have to phone the social worker now...you need the transport now. So, maybe if they can...umm...if they can do something with our salaries."

The training, extra money, meals and supervision were all mentioned as important incentives they received from the NGO that assist them to cope better in their work situation.

Participant: "They give us training...at least they are paying us, because we are not working...we are voluntary. They are paying us for transport...to give us that training...it was...ehh...you know it was a big thing to us. And then they pay us transport and they even prepare meals for us. We have supervision with the social worker, they are calling it supervision...they ask you about your work and your personal life...things like that. They have something to help us. So...ja (yes)...so it was good for us..."

Practical suggestions for further help from the NGO included assistance in getting their drivers licenses so that they would be able to make more visits in the community and thus be better able to reach their targets. The care workers suggested that the NGO need to build a place of safety for children. They explained that they often have to remove children who are abused from their current living conditions but do not have a place where these children can stay during the interim, while more permanent living arrangements are being negotiated and investigated. This often results in them having to stay in unfavourable conditions.

4.6 Suggestions for Programme Improvement

For many of the voluntary care workers it is very important to be included in the discussion and deliberation process. They feel that they are working directly with the children and can contribute valuable information when decisions are made with regard to the children.

“I, I feel that the supervisors must include us immediately if they know something to do with the children, because we are not included that much. They told us maybe that there will be an outing for the children, but if you are the one who is working with the children, I feel that we need to be included more and you must be the one to say whether it is right for the children. I think that they must include us more in decision making.”

An important aspect was the fact that several voluntary care workers felt that they would benefit from further training programmes and skills development.

“I think that the training was very well...not changing the training but the only thing that we can get...we can get more training. The different ones, because we are dealing with a different situation, because we are doing the child care we know how to cope with children, even if sometimes we are not doing well, we get more challenges, but I think the childcare is okay, but if we can get different training.”

4.6.1 Skills identified to be developed

The voluntary care workers felt that the training programme should incorporate more skills training which would help them to care for OVC. The following skills were specifically mentioned:

Counseling skills

All participants reported that they felt they lack the skill to counsel and that the training programme should include a module in which they are trained to do basic counseling. Counseling skills training did not form part of their initial training programme. This need emerges from the observed and expressed needs of the broader community, parents and the children in their care.

Participant: " I thought it was good to be concerned and to understand other people's problems, so that you can be able to handle those problems and support, how to support those people, because as the care giver, especially in children you must be able to give even in others."

A general opinion was voiced that although they are involved with counseling they are not fully trained to do so.

Participant: "...We are counseling the children but we are not trained."

The desire to improve their counseling skills was also related to their understanding that a lack of skills on their part could cause harm.

Participant: "We feel that we are supposed to have some counseling training so that we would know how to engage, because if you council without any knowledge you can destroy a child or you could do more damage."

The voluntary care workers are able to identify problems within a child but do not necessarily refer complicated cases to the social worker to assist them in handling a particular problem such as abuse. This results in them feeling inadequate and contributes to burnout.

Participant: "Because... ehh... their problems are deeper sometimes. Maybe a child is being abused by his uncle... O.K... you can identify that the child, she or he has got a problem...instead of going on with your engagement, you carry the burden...but I never do counseling. So, I don't know...because I'm expected to do counseling, but I'm just talking."

and

Participant: "Uhh...like maybe... if a child has been abused or rape or what ever. So...um...how can I sit down and counsel that child according to... to... maybe for... for... like being raped...I know that when I am going to counsel a child that was being abused or raped I don't know how to counsel that child. So... but I...I... don't have a clear way... what should I tell that children to...to..."

Their inexperience and lack of skills contributed to the voluntary care workers feeling bewildered by the complexities of the problems some children are faced with. They perceive themselves as responsible for dealing with these complexities. They are

confronted with a range of issues on a daily basis. They would benefit from knowing how to manage them and they view counseling skills as essential. Although there is a person appointed to deal with psychosocial counseling, the Participants felt that psychosocial counseling is part of their work and that the person appointed to do the psychosocial counseling training, had only basic training herself and is also not equipped to do in-depth counseling.

Participants: "We feel that we are supposed to have some counseling training...yes, we are the ones suppose to work with these children day in and day out."

It is clear from the data that the complex problems that they are faced with, challenge their existing skills and motivated their desire to improve their counseling skills. HIV/AIDS in particular presented them with major challenges. Having to deal with HIV/AIDS related issues was seen by the voluntary care workers as difficult and they felt that they needed these skills in order to provide adequate care and support as care workers. The first issue was how to assist people to come to terms with being HIV infected.

Participant: "Maybe he is HIV-positive or what...I don't know how to counsel him."

Due to a lack of specific counseling skills they felt helpless to intervene and as a result made promises to the children that they were unable to keep. This inevitably led to feelings of guilt.

Participant: "...I will try and convince them it will be al right. We are fooling ourselves because it won't be all right (lots of verbal and non verbal agreement from the other group members). But we are telling the children that it will be all right. So it is all lies, we can't lie to the children."

Within the broad domain of counseling skills, the voluntary care workers identified particular skills they would like to develop. They wanted to know how to initiate a discussion with a child, and to build rapport.

Participant: “Yes, sometimes I don’t know where to start and then maybe the child talks to me and probe me about his or her problems. I don’t know how to start; I don’t know what I must say.”

Despite the lack of formal counseling skills training, a trusting relationship is seen by the voluntary care workers as a key element in building rapport and is viewed as central to successful interaction with OVC. The ability to establish a bond with a child leads to feelings of achievement in the care workers.

Participant: “For me, my relationship with the children is growing when the children open up and tell me their problems. Because sometimes when they are closed, I don't know what kind of help I can offer them... So, if we are friends, and they say, this is what I am suffering from I know how to help them. I know what kind of treatment I can give that individual. So when we've got this rapport, I enjoy that.”

4.6.2 Other skills identified

While care workers identified counseling skills as the most important skill that should be included in their training programme, they also specified other skills as essential to providing a professional service to their clients.

Their rights as care workers seem to be unclear and the messages that they receive from the NGO are contradictory and ambivalent. The discrepancy between the expected working hours (20 hours a week) as stipulated by the NGO and the training programme’s explanation that a child care worker is suppose to be available twenty four hours a day, created confusion for the voluntary care workers. Because of this discrepancy they expressed the need to be informed of their rights as care workers and to learn time management skills.

Participants: "Yes, I want to know whether they expect us to help someone if they wake us in the middle of the night. I must go there, or what? They told us if it is a matter of death, maybe I can go, but if it's not a matter of death... but, sometimes you end up blaming yourself If you didn't go there, because we don't know about our rights. It is confusing... they (NGO) just give us hours that we are going to work with them, but in training we are told that a care worker works 24 hours. But here (at St Josephs) we have working hours to work on and on training, they work 24 hours."

Many of the voluntary care workers felt that administration work and working responsibly with money fell outside their field of expertise, however they expressed a need and willingness to learn more about administration work and basic management skills. The issue of basic literacy was also raised.

Interviewer: "If you could include something in that training programme that was not there, what would you include?"

Participants: Hmm... the management skills... I don't know how to manage...hmm... it is like we...we...we don't have budgeting skills, all the...the...the manage...the office work, we don't know anything about that. Managing skills, and how to manage the... the... our money...the children's money"

and

Participant: "I would... I don't know whether it is relevant, but I would think of... because we are working as volunteers... you will find that most volunteers did not go very far with their studies. So I think we also need some basic writing skills and stats fill in skills... because you find that most of the housewives are interested in this field. They will join this field, and now when they have to come up with the filling in of the stats or submitting the reports it becomes a little bit difficult."

Greater collaboration between key role players

The voluntary care workers felt that it would make their work easier if there were greater teamwork between them and other key role players. Especially collaboration with the home based carers and working as a team would contribute to better care. The home base care workers are trusted by the community. They are privileged with information for example the HIV status of parents in the community; however this information is never shared with the voluntary child care workers which means a delay in their care for the children.

Participant: "On the same issue... it also causes difficulty in a situation where we will find that the Child or one of the children is HIV positive. Now, it is difficult again, because the child won't say to you as a child-care worker. But the home base care worker will know...who will be working with that family. You know, but you can't really say, you know what is happening. You just have to try and manage the behaviour. However, knowing what the problem is and where the problem starts. And to understand that it is maybe anger denial or what ever, but you are not able to just say I understand that this is the situation. It becomes a cage so that you are not able to get through...ja, ja...so it is also the difficulty.

and

Participant: "Maybe if the relationship can be strengthened between the home-based care workers and child care workers. I'm taking care of the mother, she is HIV positive, and she has children, so please help the children. Then I would just go if I am referred by a home-based care worker to come and take care of the children. Even if you are doing home visit, u can go at the same time to the family so that the child can also trust. So, if I can talk to these two people it would remain the only ones who would know. Maybe it will be best. It will be easier."

The voluntary care workers also feel that better collaboration between them and school teachers would be to the benefit of the children who need help. While they acknowledged the importance of school teachers, they felt that teachers sometimes abuse their positions and do not always have the best interests of the children at heart.

Participants: "The school teachers must come to us and we must go to them so that we can sort this thing of the children, because we are working with the children."

Duration of training

The voluntary care workers felt that the training programme was too long. They were told that it would be approximately twelve months; however it took longer to complete the programme.

Participant: "Yes, if it is one year, it should be one year training not 14 months training. Because, if you tell somebody that I am doing a one year diploma but, the next year you are still going there, they took too long, to finish the training."

In the next section the discussion of the findings will be presented.

CHAPTER FIVE

Discussion

This chapter presents a discussion of the key study findings, implications and limitations of the study as well as recommendations. In exploring the voluntary care workers' perceptions and experiences of the effectiveness of the training they have received in providing psychosocial care and support to children affected and infected by HIV/AIDS, an insight was gained into their work and the challenges they face.

The training played an important role and proved to be very helpful in equipping the voluntary care workers with skills and knowledge to provide the necessary psychosocial support to the orphans and vulnerable children in their care. The positive impact on the children was visible in the domains of financial security, education and health, food and children rights. In addition, a direct positive impact of the training was also evident in the personal lives of the voluntary care workers. However, working as voluntary care workers proved to be stressful at times and became apparent in the difficulties they experience in coping with the demands made on their professional and private lives. The much needed basic counseling skills did not form part of their training and contributed to them feeling inadequate at times which in turn contributed to their increased experiences of stress. Although support efforts by the NGO was seen as helpful by the voluntary care workers, a greater focus and acknowledgment of their role and needs would strengthen their efforts in providing care and support to the OVC.

5.1 The Motivating Factors in Becoming Voluntary Care Workers

Voluntary care workers are faced with many obstacles, which make their work very difficult at times. It is also important to understand that looking after children affected and infected with HIV/AIDS requires a long term investment of a person's time and necessitates special skills (Baron & Byrne, 2003). However, despite these obstacles and contrary to Mfecane, Skinner, Mdwaba, Mandivenyi, and Ned (2005) findings, the present study did not have a high turnover of staff members at St Josephs and the

voluntary care workers continued to volunteer their services even in the presence of obvious difficulties.

Their commitment and motivation can possibly be understood in terms of Batson and Thompson (2001, as cited in Baron and Byrne, 2003) suggestion that self-interest, moral integrity and moral hypocrisy are three major motives that need consideration when people are acting in a pro-social manner despite having to face obvious difficulties. Self-interest is based on persons' own needs and the fulfilment of those needs. In contrast, moral integrity sometimes requires the individual to make self-sacrifices and the motivation and behaviour stems from considerations of goodness and fairness (Baron & Byrne, 2003). The third category is where people are driven by self-interest but wants to appear moral and caring, referred to as moral hypocrisy (Baron & Byrne, 2003).

The data suggests that most of the volunteers were motivated to become voluntary care workers by feelings of altruism as described by Baron and Byrne (2003). They were mainly motivated by moral integrity and to a lesser extent by self-interest. The voluntary care workers believed that their involvement in community matters could make a significant difference to the lives of the people affected and infected by HIV/AIDS. Most participants were motivated by feelings of social responsibility and they acted in an empathic manner, elements central to an altruistic motivation (Baron and Byrne, 2003). A programme that is run by the Family AIDS Caring Trust in Zimbabwe also ascribed the main reason for their volunteer's commitment and the sustainability of the programme's activities to the unselfish and altruistic commitment of the volunteers (Richter et al., 2004).

Altruism is a deep seated, unselfish concern for the wellbeing of other people and is often interchangeably used with pro-social behaviour (Baron & Byrne, 2003). It should however be born in mind that many other factors may also influence a person's decision to act in a pro-social manner. Despite the fact that most people attribute their helpful behaviour to unselfish motives, Baron and Byrne (2003) argues that it is unlikely that there are not some aspects of self-interest involved. As many of the voluntary care

workers in the present study are single parents with limited financial resources, money and the acquisition of a support system did play a role in some care workers' decision to volunteer as child care workers. Instead of conflicting with their altruistic motivation, the voluntary care workers saw it as a practical way of providing for their own needs by earning money and an opportunity to reach out and help other people in need.

The voluntary care workers had specific ideas as to the needs of the OVC in their communities and the role that they would play to alleviate the OVC distress. Their initial views about caring however changed significantly after their training as child care workers. House (1978 in Patton, 2002) argues that increased understanding and change in perception develops through the process of learning. This would be discussed in more detail in the following subsection.

5.2 Voluntary Care Worker's Perceived Role as Child Care Workers

The voluntary care worker's initial perception of their role as child care workers stood in contrast to the NGOs vision of a holistic psychosocial intervention programme for the orphans and vulnerable children. The voluntary care workers thought that their role would be predominantly to care for the physical needs i.e. to cook for the children and to look after them. Although important, a child's physical needs form only a small part of children's needs. A situation analysis of OVC services in the Kopanong Municipality district in the Free State province highlights the fact that interventions targeting OVC should offer holistic care that is to address their physiological, material and psychosocial concerns (Mfecane et al., 2005).

Although cooking for the children formed part of the voluntary care workers' responsibilities, they were also responsible for the children's psychosocial needs. The fact that the voluntary care workers' original focus was on the physical needs of the children can be explained by impoverished conditions faced by the voluntary care workers themselves and the need of basic support such as food in a context where many people go hungry. Maslow's "Hierarchy of Needs Theory" identifies five distinct levels of individual needs (Schermerhorn, Hunt & Osborn, 1997). He suggests that

physiological needs such as food, water and clothes are considered the most basic human needs, and an individual has to satisfy these needs before moving on to the next levels of needs. The next levels of needs include safety needs, social needs, affiliation needs and esteem needs (Schermerhorn et al., 1997). Baron and Byrne (2003) argue that regardless of how perceptions of roles are formed, people tend to link their roles to aspects of their self-concept and their own experiences. Nevertheless, the training seemed to have increased their understanding and broadened their perceptions about care, and contributed to improved self-confidence. Enhancing the voluntary care workers feelings of self-worth and competency empowers them to identify and support the OVC in their respective communities. The voluntary care workers' perceptions changed to a more holistic approach for OVC care and they valued their role in achieving this. Empowering community members to make a difference in their own communities stands central to a community developmental approach (Ross & Deverell, 2004). Efforts and initiatives of community members themselves contribute to the improvement of the social cultural and economic conditions of the respective **communities** (Ross & Deverell, 2004).

The voluntary care workers' change in perception extended to the way they saw children in general. Before the training they viewed children as "incomplete" human beings without the full range of emotions and understanding and therefore felt that children did not need to be consulted with regard to things that affect them. It also meant that children could be treated in a way that was less respectful. The way people from different life stages are perceived by other people is greatly influenced by cultural differences and also by material circumstances (Giddens, 1996). It is thus possible that within cultural understandings of development, children are viewed as lesser than adults and elders (Giddens, 1996) and it therefore did not occur to the voluntary care workers that the children needed to be considered in any decisions regarding the children. It is clear that the training brought another insight into children and their needs. The change of the voluntary care workers' perception and their understanding that children need to be involved in the decision making process stand in contrast to that of the grandmothers who still consider children too young and immature to be involved in decisions

concerning children. The discrepancy of perceptions contributed to the work related stress experienced by the voluntary care workers.

The advocacy role that the voluntary care workers assumed after the training they received regarding the “Rights of the Child” was impressive. They demonstrated confidence that implied that they were able to stand up for the children where necessary. This critical awareness also filtered through to their personal lives and homes, and many reported a change in the way they treated their own children. They were less likely to use physical punishment and saw effective communication as a good means to get their point across. These noted changes in the care workers’ perceptions of their role as child care workers, of the children’s developmental needs and of the approaches to children in general, contributed to their perceived effectiveness in their ability to provide psychosocial support to OVC. This was also evident in the way that they see themselves as mothers and the way they started to treat their own children and families. Although socialization continues throughout life, with a deepening awareness of self and an expansion of knowledge of a given culture, Giddens (1996) suggests that some individuals may change their previously accepted values and patterns of behaviour due to a process of resocialization. Resocialization refers to a change of a person’s behaviour and attitudes (Giddens, 1996). While change of values and behaviour take place mostly as the consequence of a stressful situation, it could also change due to “agencies of socialization” which include family, peer relationships, formal schooling, media and other socializing agencies such as work and community (Giddens, 1996).

5.3 Knowledge and Skills Obtained During the Training

Not only did the voluntary care worker’s perceptions changed with regard to the children and their role as child care workers but the training proved to be instrumental in equipping the voluntary care workers with various other important skills needed for OVC care. This included skills such as communication and negotiation skills, the ability to follow procedures in grant applications and the ability to refer more complex cases of psychological and social need to the social workers. Salaam (2005) clearly states that caring for orphans and vulnerable children is a complex task and various skills are needed

to accomplish this undertaking. They suggest that programmes addressing the needs of OVC should be strengthened it was noted that training along with education could be helpful in this regard (Salaam, 2005).

5.3.1 Communication and negotiation skills

After parents infected with HIV/AIDS die, their children often struggle with financial constraints and limited resources which impacts directly on their education. It is the plight of many OVC not to be able to afford school fees, books and other basic equipment that are needed for schooling and a good education (Salaam, 2005). In an article written in News from Africa, Mr. Nelson Mandela was quoted as saying “It is through education that the daughter of a peasant can become a doctor, that the son of a mineworker can become the head of the mine that the child of farm workers can become the president of a great nation” (“Education”, 2006). The importance of a good education is undeniable and was also emphasized in the training the voluntary care workers received. Despite the fact that South African **and many** other countries have a policy of reducing or eliminating school fees for OVC (Salaam, 2005), it was evident that this policy is not implemented and that children in some schools are expected to pay the full school fees. This suggests schools are often ignorant of the problems orphans and vulnerable children face that are directly related to HIV/AIDS and possible death of parents (Salaam, 2005). In this context it is not surprising that many OVC drop out of school and do not acquire the necessary skill to obtain employment and thus perpetuate the cycle of poverty (Salaam, 2005). The fact that the care workers felt a great responsibility to advocate on behalf of the OVC augers well for a greater sensitivity and awareness of schools and communities of the needs and also existing policies and grants available to address their needs. It was also suggested that children need care givers who are able to stand up for them and who can negotiate with the schools on their behalf and who can make sure that they receive formal education (Salaam, 2005).

The communication skills gained from the training seemed to have enabled the care workers to translate their feelings of social responsibility for the children into practice. Good communication skills proved to be a valuable skill utilized by the voluntary care

workers in the present study. This enhanced their confidence in their ability to negotiate around school fees and to intervene on behalf of the children thus supporting the children in their quest for a formal education. This emphasizes the importance of interpersonal communication as a centre stone of human relationships (Adey & Andrew, 1993).

5.3.2 Skills and knowledge in grant application

The advocacy role of the care workers was extended to include seeking grants for the OVC to meet their other financial needs. This process required specific knowledge regarding policies and procedures to follow. The Eastern Cape Department of Social Development South Africa (2006) stated that proper procedures needs to be followed and criteria adhered to in order to secure a grant. The children need to be identified, identification papers need to be located and, if needed, other stakeholders must be engaged in order to facilitate the process. It should be kept in mind that many children do not have the necessary identification documents and without documentation the children would not be able to receive grants (Mahati, Chandiwana, Munyati, Mashange, Chibatamoto and Mupambireyi, 2006). The care workers were particularly proud of their own knowledge and achievements in this regard. It seemed that obtaining a grant for a vulnerable child was viewed as concrete evidence of their value as care workers. This seemed to play a role in enhancing their status in the community as well.

5.4 Self-enhancement Opportunities

The training did not only provide the voluntary care workers with skills and knowledge but it also provided opportunities for critical self-reflection and self-development. The training gave the voluntary care workers an opportunity to become increasingly more aware of their strengths and to recognize their shortcomings. The voluntary care workers made an effort to focus on their strengths and to positively change aspects of themselves that they perceived to be shortcomings. The transformation of the voluntary care workers' perceptions and behaviour is consistent with Jack Mezirow's theory of "Transformative Learning" (Dover, n.d.) which suggests that a person can be transformed through a process of critical reflection. This theory was influenced by Paulo Freire's theory of "Critical Consciousness" which describes an individual's ability to deepen his

awareness of his reality that is social and culturally based and which empowers him to take action and implement change (Dover, n.d.).

Positive feedback from the community and a growing sense of value contributed to the voluntary care workers' building of a good self-esteem. The communities became dependent on the voluntary care workers' involvement in the community and relied on them to deal with difficult situations. The training helped the voluntary care workers to feel more competent and equipped them with the necessary skills to effectively deal with these challenges. Swift and Levin (1987, as cited in Vlaenderen & Neves, 2004) suggest that a person is empowered through the development of the individual's self-worth. And empowerment is seen as central to a people-centered development approach (Davids et al. 2005).

Being successful in the work that they do gave the voluntary care workers a sense of value and contributed to their seeing themselves as professionals. This had a direct influence on the voluntary care workers' self-efficacy. Self-efficacy is seen by Bandura (1992) as a person's evaluation of his competency or ability to perform a task and to overcome obstacles.

The trust shown by St. Josephs, also contributed to the voluntary care worker's growing sense of esteem. A study by Gomez, & Rosen, (2001) has shown that a manager's trust in an employee can be positively associated with the employee's perceptions of being part of the group. This sense of belonging and perception of a good relationship related directly to the employee's experience of psychological empowerment (Vlaenderen & Neves, 2004). The employees experienced feelings of self-motivation, higher levels of proficiency and a feeling that their efforts had some meaning. This study emphasized the importance of good interpersonal relationships between managers and employees.

The voluntary workers' growing self-esteem, sense of responsibility and levels of empowerment played a key role in their ability to provide better care and support to the children affected and infected with HIV/AIDS.

5.5 Problems Experienced by the Voluntary Care Workers

The responsibilities of the voluntary care workers include the identification of OVC and screening for assistance, attending to the children's emotional, social and physical wellbeing, the facilitation of the grant application process and the referral of complicated cases to the social worker. Not surprisingly, the voluntary child care workers encountered numerous difficulties in the carrying out of their tasks. These difficulties experienced by the voluntary care workers could be divided into two broad areas. Firstly, the challenges that were related to the execution of their task as child care workers and, secondly, the challenges they faced on a personal level.

5.5.1 Boundary problems

The data illustrated that the voluntary care workers operate in a context that is very complex. HIV/AIDS impacts on all aspects of life; including financial, physical and psychosocial aspects (UNAIDS, 2006). Very clear boundaries were set by the NGO with regard to the voluntary care workers' scope of practice. However the communities that they serve are very poor and the expressed and observed needs in the communities challenged these boundaries. The need for assistance is so critical and the expectations of the communities so high that the voluntary care workers found it progressively more difficult to maintain their boundaries on a professional as well as a personal level. This pressure which they experienced compelled them to take responsibility for cases that were beyond their capabilities. Liimatta (2002) noted that a lack of professional boundaries can contribute to an "improper" sense of responsibility which affects the counselor's objectivity. Being unable to resolve the children's and communities' difficulties made the voluntary care workers doubt their own efficacy at times. It is clear that their expectations and those of the community seemed to be at times unrealistic.

Although the NGO only expect the voluntary care workers to work twenty hours a week, living in the communities that they serve meant that people approached the voluntary care workers for help at all hours. The voluntary care workers in the present study complained of feeling tired, weary and sometimes angry. Bellani et al., (1996) warn that caregivers faced with extensive demands could suffer from burnout. Contributing to the

problem was the fact that the training programme emphasized the availability of care workers when needed by the children. The voluntary care workers felt obligated to attend to the community at all times. This interfered with the voluntary care workers' ability to spend quality time with their families and to take much needed time for themselves. Working extended hours and the demands of their own families caused them to feel worn out and fatigued. As a result their ability to care for the OVC was compromised. Bellani et al. (1996) emphasize the importance of caregivers regulating their working hours to prevent burnout.

Maslach and Leiter (2004) suggest that the employers could play an important role in addressing the pressures that contribute to the employee fatigue. Improvement of the voluntary care workers' basic skills, a clear and accessible referral system and knowledge about their own limitations could prove to be valuable in alleviating their stress and could assist them in addressing the problematic nature of boundary issues. Liimatta (2002) points out that, professional boundaries should not be confused with a lack of involvement. It provides a framework where the counselor could execute proper judgment and allow for empathic counseling.

5.5.2 Poverty and limited resources

Poverty and limited resources in the communities contributed to the NGOs problems and subsequently added to the voluntary care workers' problems. Poverty is especially a problem in African communities and people experience hunger, discrimination and exploitation (Salaam, 2005). High unemployment rates and the HIV/AIDS related deaths of many young adults of working age are some of the leading causes of general poverty in South Africa (Davids et al., 2006). The government and other organizations are overburdened by the sheer numbers of people who need assistance. Under the tough economic environment the NGO and the voluntary care workers as their employees are faced with a daunting task. In this study it was clear that St Josephs (NGO) had to implement a careful application and selection criteria for assistance, to make sure that the neediest were helped first. Although the voluntary care workers seemed to understand the reasons behind the careful selection procedures and the subsequent delays, working on

ground level meant that they experienced pressure from the community and families to provide immediate assistance. Major problems arise when decisions have to be made to distribute limited resources to a group of people in need (Baron & Byrne, 2003). These limited resources are often not enough to give to all the needy people in order to make a significant difference. Lusk et al. (2003) warns that the “targeting” of specific vulnerable people could lead to suspicion and feelings of envy from the other members of the community. Sila (2001) suggests that negative attitudes towards OVC are starting to emerge because of more money and time spent on OVC. This was also confirmed by the present study in that voluntary care workers and their family members at times envied the privileges bestowed upon the OVC.

The process of identifying and selecting the most vulnerable households in the community and the voluntary care workers’ inability to help all the needy people made them feel that they failed the children as well as the community. This finding in the present study is consistent with a qualitative assessment of orphans and vulnerable children in two Zimbabwean districts (Mahati et al, 2006). Some of the voluntary care workers said that it is demoralising to visit poverty stricken households. The study has found that the care workers felt stressed and embarrassed when they were unable to help (Mahati et al, 2006). The continued pressure also resulted in feelings of anger and guilt. According to Baron and Byrne (2003), pro-social behaviour and the ability to help other people create good feelings and when a person is prevented from doing so, could have the opposite effect.

5.5.3 Abuse of grant money

Part of the voluntary care workers’ frustration could also be attributed to the abuse of grant money by the OVC and their families. They noted that because the application for grants are so complicated and time consuming they had to put in an extra effort to make sure that the OVC received their grants. In spite of their efforts they reported that the money were often abused and spent unwisely. They also discovered that some of the OVC families took the money for their own gain and that the OVC did not benefit from the grants. This is supported by another study done in Virginia and Welkom in South

Africa which found that OVC are often adopted for financial gain and that the money intended for the care of the OVC is frequently used for other things (Davids et al. 2006). Mahati et al. (2006) suggest that family and carers of OVC should be carefully monitored to ensure they use the grants to the benefit of the children placed in their care.

5.5.4 Stigmatization and discrimination

Stigmatization and discrimination against OVC and people living with AIDS impact negatively on people's willingness to disclose their HIV status (Mfecane et al., 2005). People are scared that they would be rejected by other members of their community should they find out that they have been diagnosed with the HIV virus (Salaam, 2004). These aspects repeatedly prevented the voluntary care workers in the present study from intervening on behalf of the OVC. The voluntary care workers found that parents with HIV/AIDS often did not disclose their own or their children's HIV status because of their fear of stigmatization and discrimination. When they were severely ill and in need of help, they disclosed to the home-base carers. Understandably disclosure should be treated with the utmost confidentiality (Ross, Danawi, Mizwa, Cogan, Klein, Magongo, Kgangakga, 2005); however disclosure should be extended to child care workers to ensure a holistic care approach. This is very important in order for the voluntary care workers to take immediate action in the provision of psychosocial support to the children who are affected and infected by HIV/AIDS. However, Guest (2001, p.164) points out that stigma "breeds secrecy" which prevents people from seeking the necessary help. Lusk et al. (2003) argue that without special efforts being made to identify the children and their needs, the OVC could go without the necessary support.

Contributing to the problem is the fragmented approach and the lack of collaboration between the home-based carers and the voluntary care workers which make it difficult for the voluntary child care workers to attend to the needs of the children involved. Despite the fact that the voluntary care workers unofficially knew about the parent's HIV status, they were unable to assist and were rendered powerless to help prepare the children for their parent's nearing death or for the children's own illness. Important issues such as birth certificates, financial issues and care for the children in case of parental death were

therefore left unattended. In order to prevent a vertical intervention approach, the Salaam (2005) emphasized the importance of collaboration between different programmes. Greater collaboration between role players would lead to the improvement of programme effectiveness and assist care workers in their caring role.

5.5.5 Difficulty with OVC care givers and families

Family members of the OVC also contributed to the difficulties experienced by the child care workers. The grandmothers (gogos) in particular were perceived to be difficult. The training programme emphasized the importance of children's rights through this voluntary care workers in the present study have learned that children are individuals and needed to be involved in the decision making process, especially with regard to decisions that would impact on them. However this differed from the grandmothers' beliefs that children should not be burdened with issues that could be handled by adults. The grandmothers' resistance should also be evaluated in the light of the tremendous burden on their shoulders. A CRS Report for Congress (Salaam, 2005) made special mention of grandmothers that had to care for a dozen or more children with little or no income. Many of them are overworked and exhausted. Although their resistance is understandable, the disparity in opinion and their refusal to change their view added to the voluntary care workers' concerns for the children and contributed to their feeling that they were prevented from acting in the best interest of the children. It should however be important to understand the central role of grandmothers in the African culture (Salaam, 2005) and special efforts by NGO offering to reach out to them and involve them more directly could be beneficial. Salaam (2005) suggests the development of grandmother support groups as a means to discuss and find solutions for problems that are experienced.

5.5.6 Lack of counseling skills

One of the major problems the voluntary care workers encountered was their perceived lack of counseling skills and knowledge. They felt that the training programme did not equip them with the necessary skills they needed to counsel the orphans and vulnerable children and even sometimes parents and other members of the community. Their lack of

counseling skills left them ill equipped to deal with some of the difficulties they face as care workers regarding OVC and their families. They encountered numerous children who have lost family members or their parents and who subsequently needed bereavement counseling. Mahati et al. (2006) reiterate the importance of counseling OVC who have lost parents and other family members in order to prevent deep psychological scarring. The voluntary care workers' inability to deal with these issues made them feel that they should rather lie to the children and assure them that everything would be fine despite the fact that their experience told them that the children would not be fine. They reported a sense of guilt and fear that they would further harm the children instead of providing the necessary support. The counseling skills that were identified by the care workers varied from the more basic skills to help people to come to terms with their diagnosis of being HIV positive to counseling skills that would allow the care workers to deal with the more complex emotional problems of the OVC. The need to equip voluntary care workers with good counseling skills and adequate knowledge of HIV/AIDS has been supported by Ross et al. (2005). The required skills that were identified by the care workers in this study are similar to those suggested by Ross et al. (2005).

More complex difficulties that need counseling included cases of child sexual abuse. This is consistent with findings in a CRS Report for Congress (Salaam, 2005) that suggests the regular occurrence of sexual abuse and exploitation of OVC by their new caretakers. Since the voluntary care workers in the present study were frequently the first people who noticed the abuse they felt that it was crucial for them to have the necessary skills to build rapport with the children and to have the ability to counsel the abused children. Mahati et al. (2006) confirms this belief and added that care workers should also have knowledge on laws that protect children from any form of abuse and have instruction on how these laws can be enforced. Having counseling skills was therefore seen by the voluntary care workers as an essential part of emotional support. However, the lack of counseling skills made the voluntary care workers unsure of their specific role in helping these children. Despite a good referral system; their inability to recognize issues beyond their scope of practice resulted in them dealing with issues that were beyond their capabilities (Liimatta,

2002). Working with these problems and their inability to resolve the problems meant that they felt helpless to successfully support the OVC and this led to their feelings of guilt. What can be concluded is that counseling training would be instrumental in helping the voluntary care workers to practice within their scope and would also give them the knowledge to appropriately refer difficult cases.

5.5.7 Personal problems experienced

Lack of finances

The voluntary care workers also had their own personal difficulties to cope with. The care workers sometimes felt torn between their own family's needs and that of the OVC. Doing voluntary work, while their own families sometimes struggle to find something to eat due to a lack of money, did not enhance their work. Feelings of guilt emerged when they were unable to focus on their families or when they were unable to fulfil their family's financial needs. The families of the voluntary care workers also got angry when they felt that the attention of the voluntary care workers was divided between them and the OVC. This jealousy was exacerbated by the fact that the OVC received food, clothes and other items that were also desperately needed by the voluntary care workers' own children. This placed the voluntary care workers in a position where they felt powerless and vulnerable and brought internal conflict. On the one hand they felt deeply compassionate towards the OVC; however, they also felt resentment because their children sometimes had less than the orphans and vulnerable children that they served. Some development workers argue that it is illogical to stop orphan support due to possible envy from other people (Guest, 2001) however; caring for OVC in tough economic circumstances is seen by many voluntary care workers in the present study as a daunting task and contributes to their experience of stress. Results in a Qualitative assessment of Orphans and Vulnerable Children in Two Zimbabwean Districts (Mahati et al. 2006) support the findings of the present study that voluntary care workers find it very difficult to do voluntary work when they are not financially secure. They perceive helping other families when their own families are starving as counter productive and illogical. These issues should be addressed rather than ignored.

Emotional Problems

The findings in the present study indicate that the voluntary care workers are emotionally affected by the children's circumstances. They felt it is difficult to distance themselves from the children's suffering which in return affects their ability to cope with the situation. The voluntary care workers often mentioned feelings of guilt and helplessness. Care workers working with HIV related issues see many clients with complex family situations and seemingly endless difficulties (Ross et al, 2005). Ross et al. (2005) emphasizes that facing human suffering and hardship on a regular basis and the care workers' inability to "fix" all the problems could lead to feelings of guilt and other emotional problems.

The tendency of the care workers to feel concern and empathy for the people infected and affected by HIV/AIDS and their ability to identify with their clients' plight, contribute to their emotional stress and add to the possibility of burnout (Gueritault-Chalvin et al, 2000). Evidence in a study on HIV/AIDS and burnout noted an increase in incidences of occupational burnout in people working in the field of HIV/AIDS care (Bennett & Kelaher, 1994 in Gueritault-Chalvin et al, 2000). Further adding to the care workers' stress are high case loads and limited resources. Taking the above mentioned literature and the study of Mahati et al. (2005) into consideration, voluntary care workers should be equipped with coping strategies and provided with adequate and appropriate support. According to The Center for Humanitarian Psychology (n.d) debriefing sessions are valuable therapeutic and preventative measures. Debriefing could assist individuals who are faced with difficult circumstances to reflect on their experiences and normalize their responses (Davis, 2004).

5.6 Coping Resources

Cherniss (1980) noted that people in the helping profession are more vulnerable to burnout. The current study found that the voluntary care workers engaged a multiplicity of coping strategies to prevent burnout. Some of these strategies were put in place for the voluntary care workers by the NGO, whilst others were individual strategies and resources they use.

The NGO in the present study played an important role in implementing coping strategies for the voluntary care workers. The importance of a supportive role played by NGOs is emphasized in a situational analysis done in the Rustenburg Local Municipality (Mahati et al, 2006). St Josephs developed a monthly support group “Care for the caregivers” to support the voluntary care workers on an emotional level. This gave the voluntary care workers an opportunity to share their unique difficulties and problems. Sarason, Sarason and Pierce (1994, as cite in Baron & Byrne, 2003) emphasize the importance of the support and comfort provided by other people. The voluntary care workers also expressed their appreciation of situations whereby they could listen to other care workers sharing their problems. Helpful feedback came to the fore and it also helped to normalize their feelings. Literature highlights the fact that support groups for care providers can reduce feelings of isolation and could lead to new ways of coping (Ross et al, 2005). In a study done in Kenya the care givers identified learning from each other, sharing ideas and solving problems together as the most important aspects that helped them in care giver support groups (Lusk et al., 2003).

The NGO also provided the voluntary care workers with outings. These outings away from the voluntary care workers’ normal routine gave them an opportunity to interact on a social level and provided them with well deserved time out. Van Auken (1979) suggests that time spent completely away from caseloads and problems could assist in the prevention of burnout. These excursions proved to be very popular amongst the voluntary care givers. However they expressed a need for it to happen on a more frequent basis.

In addition, the voluntary care workers relied on each other for support. This was especially useful in situations where they had to work with people that were their neighbours or relatives. This helped them to maintain objectivity. Helping one another is seen by Ross et al. (2005) as an important coping mechanism for care workers.

Other key coping strategies such as progressive relaxation and breathing techniques (Ross et al, 2005) have not been utilized by the care workers. However, one care worker did mention that spirituality and praying helped her to cope better. Ross et al. (2005)

argues that spirituality and religious beliefs may take on an increasingly important role as a coping strategy for people infected and affected by HIV/AIDS and their care givers.

5.7 Conclusions and Recommendations

UNAIDS (2006, p. 17) stated that the situation with HIV/AIDS should be seen as extraordinary and requires exceptional responses on both national and international levels. They noted that the response should be changed from a sporadic approach to a strategic response that uses evidence informed strategies (UNAIDS, 2006). It is thus seen as essential to implement monitoring and evaluation activities to assist with the implementation of adequate services and the betterment of existing programmes that focus on populations (including children) that are infected and affected by HIV/AIDS (UNAIDS, 2006).

Throughout the focus group discussions in the current study it was clear that the training of care workers played an important role in the voluntary care workers' personal development as well as the improvement of quality care for OVC. The training programme equipped the voluntary care workers with knowledge and skills enabling them to provide comprehensive care to the OVC and to mobilize existing resources. The process of transformatory learning was also essential in the voluntary care workers' development. The training deepened the voluntary care workers' awareness of the plight of the impoverished communities they live in and enabled them to critically self-reflect on their own perceptions and behaviour. This empowered them to implement change in their own personal lives as well as the communities that they serve. However, it was evident in the present study that the voluntary care workers were from time to time faced with challenges that made it difficult for them to provide quality care to the OVC. The complexities of living in the same community that they work in and the emotional dilemma of ensuring a standard of care to others that the voluntary care workers are not able to give to their own families, was especially problematic to the voluntary care workers.

It is clear that the voluntary care workers need continued support to cope with the difficult task of providing psychosocial support to OVC, and this should not be overlooked (Bweupe & Lovick, 2004; Baggaley, Sulwe, Kelly, Macmillan, Ndovi, & Godfrey-Faussett, 1996). Emotional support and financial resources are key elements in this regard. Gomez, and Rosen (2001) also suggest that organizations can support the empowerment of employees by providing them with the required resources, information and with sufficient responsibilities and authority. Despite the challenges, the voluntary care workers have shown commitment and a desire to care for the OVC and made significant compromises in their own personal lives.

The NGO played an important role in the support of the voluntary care workers and the supervision of their efforts. However, key challenges that are faced by the NGO are lack of funds and other resources. This makes it difficult for the NGO to give more monetary support to the voluntary care workers and limits the voluntary care workers' potential to reach as many OVC as possible.

It is important to understand that there is no simple solution to the complex issue of OVC care and support. Guest (2001) argues that no "child care model" could solve all the problems faced by thousands of orphans and vulnerable children. However, she suggests that willingness by all role players such as government, NGO, donors and community leaders to co-operate and to challenge the stagnation of existing care programmes could contribute to effective OVC care. Baldwin (2004) further notes that the participation of all the role players, including the employees, will facilitate organizational learning and development.

From the results of the present study a number of clear priorities for programme improvement emerged. It is suggested that the following areas are further researched and prioritized for programme improvement:

Recommendations for training programme improvement and development

- More attention should be given to the acquisition of counseling skills. The training programme should include a module on counseling skills that would support the voluntary care workers ability to intervene on different levels with the OVC, their families and the broader community.
- The Child Care Training programme should include issues related to emotional support of OVC, for example, stigma and discrimination, future planning, bereavement counseling, crisis management, coming to terms with an HIV/AIDS status.
- Training should provide a clear understanding of the voluntary care workers' scope of practice and guidelines for the identification of situations that need referral to a professional for intervention.
- Training for voluntary care workers should also include life skills training and coping mechanisms such as boundary setting, stress management, anger management and goal setting skills, self-esteem building and assertiveness training which is needed by the voluntary care workers to effectively deal with difficulties in their work situation.
- The boundary setting session should include a module which will teach the voluntary care workers when it would be appropriate for them to use their counseling skills and when they should refer to other professionals such as the social workers.

Recommendations on protocol development

- It is important to review the current collaboration between different outreach programmes within the specific NGO to improve the sharing of information and resources between the different departments.
- A protocol of shared confidentiality between voluntary child care workers and home based care workers should be developed. This would be helpful in the expeditious identification of OVC in need of intervention.
- A protocol should be developed to monitor the utilization of grant money by the families and care givers of the OVC in the NGOs support programme.

Recommendations on support strategies for the voluntary care workers

- Voluntary care work can be stressful, therefore, care workers should be provided with continued support efforts such as counseling, peer supervision and support groups. Additional training could also alleviate stress.
- Working hours should be reiterated and the consequences of extended working hours and possible burnout should be explained to the voluntary care workers.
- The furnishing of incentives proved to be valuable in the support of the voluntary care workers and a continuation of tokens of appreciation by the related organization could assist the care workers in the continuation of their services.
- Individual counseling for the voluntary care workers could be helpful in the provision of support for private issues that they don't want to discuss in group format.
- The inclusion of voluntary care workers' children in some of the benefits received by the OVC could counteract any negative feelings and jealousy felt towards the OVC.

General recommendations

- Continued research and programme development is needed to insure adequate psychosocial intervention efforts.

5.8 Limitations of the Study

Although the present study provided a deeper understanding and has highlighted important aspects of the perceptions and experiences of the voluntary care workers who form part of St Joseph's psychosocial care programme for orphans and vulnerable children, the relevance of the findings to other NGO programmes could be limited. The qualitative nature of the methodology also limits the generalization of this study.

The study was restricted to the perceptions of the voluntary care workers and it may be useful and important to look at the perceptions of managers and other role players that form part of St. Joseph's OVC care programme.

This study also mainly focussed on St Joseph's OVC care programme and it may be significant for future studies to include other training programmes that form part of St. Joseph's involvement, such as palliative care, feeding schemes and anti-retroviral programmes.

Although the findings of the present study cannot be generalized, it provided many important insights and it is hoped that some NGO's may benefit from the findings of this study.

REFERENCES

- Adey, D. D., & Andrew, M. G. (1993). *Getting it right: The manager's guide to business communication*. Cape Town: Creda Press.
- Aronson, J. (1994). A pragmatic view of thematic analysis. *The Qualitative Report*, 2, 1-2. Retrieved October 30, 2006, from <http://www.nova.edu/ssss/QR/BackIssues/QR2-1/aronson.html>).
- Ayieko, M. A. (1997). From single parents to child-headed households: The case of children orphaned by aids in kisumu and Siaya districts. Study paper no. 7. Retrieved June 20, 2005, from <http://www.undp.org/hiv/publications/study/english/sp7ehtm>
- Baggaley, R., Sulwe, J., Macmillan, M., Ndovi, M., & Godfrey-Fausett, P. (1996). HIV counsellors' knowledge, attitudes and vulnerabilities to HIV in Lusaka, Zambia, 1994. *AIDS Care*, 8 (2), 155-166.
- Baker, R., & Hinton, R. (1999). Do focus groups facilitate meaningful participation in social research? In Barbour, R., S., & Kitzinger, J. (Eds.). (1999). *Developing Focus Group Research: Politics, Theory and Practice*. London: Sage Publications.
- Baldwin, M. (2004). Conclusions: Optimism and the art of the possible. In Gould, N., & Baldwin, M. (Eds.). (2004). *Social work, critical reflection and the learning organization* (p.174). Aldershot: Ashgate Publishing Limited.
- Bandura, A. (1992). Percieved self-efficacy in cognitive development and functioning. *Educational Psychologist*, 28, 117-149.

- Baron, R. A., & Byrne, D. (2003). *Social Psychology* (10th ed.). New York: Allyn and Bacon.
- Barret-Grant, K., Caesar, M., Fine, D., Gerntholtz, L., Heywood, M., & Nongogo, N. (2003). *HIV/AIDS and the law* (3rd ed.). Cape Town: AIDS Law Project and AIDS Legal Network.
- Bellani, M. L., Furlani, F., Gneccchi, M., Pezzotta, P., Trotti, E. M. & Bellotti, G. G. (1996). Burnout and related factors among HIV/AIDS health care workers. *AIDS Care*, 8(2), p. 207-223.
- Bweupe, P., & Lovick, L. B. (2004). *Sustaining volunteer caregivers in Manasa Diocese Home-Based Care Programme* (Luapula Province, Zambia). Catholic Relief Services. Retrieved June 7, 2005, from http://www.catholicrelief.org/our_work/what_we_do/programming_areas/AIDS/AIDS_2
- Centre for Humanitarian Psychology (n.d). *Debriefing*. Retrieved October 10, 2006, from <http://www.humanitarian-psy.org/pages/debriefing>
- Cherniss, C. (1980). *Staff burnout: Job stress in the human services*. Beverly Hills: Sage Publications.
- Cook, A. S., Fritz, J. J., & Mwonya, R. (2003). Understanding the psychological and emotional needs of AIDS orphans in Africa. In Singhal, A. & Howard, W. S. (Eds.). (2003). *The children of Africa confronts AIDS*. Ohio: Ohio University Press.

- Davids, A., Letlape, L., Magome, K., Makgoba., S., Mandivenyi, C., Mdwaba, T., Ned, N., Nkomo, N., Sakhunzi, M., & Skinner, D. (2006). *A situational analysis of orphans and vulnerable children in four districts of South Africa*. Retrieved July 19, 2006, from <http://www.hsrapress.ac.za>
- Davids, I. (2005). Development theories: past to present. In Davids, I., Theron, F., & Maphunye, K., (2005). *Participatory development in South Africa*. Pretoria: Van Schaik Publishers.
- Davids, I., Theron, F., & Maphunye, K. (2005). *Participatory development in South Africa*. Pretoria: Van Schaik Publishers.
- Davis, J. A. (2004). Providing Critical Incident Stress Debriefing (CISD) to Communities in Situational Crisis. *The American Academy of Experts in Traumatic Stress*. Retrieved October 10, 2006, from <http://aaets.org/arts/art54.htm>
- Daykin, N., & Doyal, L. (Eds.). (1999). *Health and work: Critical perspectives*. London: Macmillan Press LTD
- Department of Social Development, (n.d.). *Guidelines for the Establishment of Community-Based Multi Purpose Centres (Drop-in Centres)* (p.2). Chief Directorate: HIV & AIDS.
- Desmond, C., & Gow, J. (2001). *The cost-effectiveness of six models of care for orphans and vulnerable children in South Africa*. Health economics and HIV/AIDS research division, University of Natal, Durban, South Africa.
- Dover, K. H. (n.d.). Adult learning theorist Jack Mezirow :Transformative learning: Theory of transformative learning. *About Adult/ Continuing Education*. Retrieved October 10, 2006, from <http://adulted.about.com/cs/learningtheory/a/mezirow.htm>

Eastern Cape Department of Social Development, South Africa (2006). *Changing families, challenges and opportunities*. Retrieved July 7, 2006, from http://www.socdev.ecprov.gov.za/services_service_delivery/grants/children.htm

Education in Africa: Colonialism and the millennium development goals. (2006, January 26). *News From Africa*, p.2.

Giddens, A. (1996). *Sociology* (2nd ed.). Wallington: T. J. Press (Padstow) Ltd.

Gomez, C., & Rosen, B. (2001). The leader-member exchange as a link between managerial trust and employee empowerment. *Group & Organizational management*, 26 (1).

Gould, N. (2004). Introduction: The learning organization and reflective practice – The emerging of a concept. In Gould, N., & Baldwin, M. (Eds.). (2004). *Social work, critical reflection and the learning organization* (p.174). Aldershot: Ashgate Publishing Limited.

Grainger, C., Webb, D., & Elliott, L. (2001). *Children affected by HIV/AIDS: Rights and responses in the developing world*. Working paper 23. London: Save the Children.

Greenbaum, T.L. (1998). *The Handbook for Focus Group Research* (2nd ed.). London: Sage Publications.

Gueritault-Chalvin, V., Kalichmen, S. C., Demi, A. & Peterson J. L. (2000). Work-related stress and occupational burnout in AIDS caregivers: test of a coping model with nurses providing AIDS care. *AIDS CARE*, 12 (2), 149-161

Guest, E. (2001). *Children of AIDS: Africa's orphan in crisis*. London: Pluto Press.

- Jackson, H., Kerkhoven, R., Lindsey, D., Mutangadura, G., & Nhara, F. (1999). *HIV/AIDS in South Africa: The thread to development*. Comment CIIR. UK: Russell Press.
- Johnson, L., & Dorrington, R. (2001). The impact of AIDS on orphanhood in South Africa: A quantitative analysis. *Care Monograph* No. 4. Centre for Actuarial Research: University of Cape Town.
- Kyallo, J. M. (2001). *Home based care for Plwha: Orphans and other children made vulnerable by HIV/AIDS*. Proceedings of a Consultative Meeting. Retrieved March 3, 2005, from http://www.fhi.org/en/HIVAIDS/pub/Archive/conf/rpts/Orphans_HIV_Present.htm
- Liimatta, M. (2002). *Issues of personal boundaries in counseling – Part I*. Retrieved October 9, 2006, from <http://www.alcoholicsvictorious.org/faq/distance.html>
- Louw, D. M., Van Ede, D. M., & Louw, A. E. (1998). *Human development* (2nd ed.). Pretoria: Kagiso Publishers.
- Lusk, D., Mararu, J., O’Gara, C., & Dastur, S. (2003). *Speak for the child, case study: Kenya*. Academy for Educational Development.
- Mahati, S. T., Chandiwana, B., Munyati, S., Chitiyo, G., & Mashange, W. (2006). *A Qualitative assessment of orphans and vulnerable children in two Zimbabwean districts*. Retrieved July 15, 2006, from <http://www.hsrepress.ac.za>
- Market, B. (2001). *Responding to the needs of orphans and vulnerable children*. Proceedings of a consultative meeting. Retrieved March 3, 2005, from http://www.fhi.org/en/HIVAIDS/pub/Archive/conf/rpts/Orphans_HIV_Present.htm

- Maslach, C. & Leiter, P. (2004). Overcoming job burnout. In Bell, V., (2004). *Job burnout-part 1, the real causes*. Retrieved November 23, 2005 from file://F:\Job%20Burnout-Part%201.htm
- Meyer-Weitz, A., & Mabitsela, O. (2000). *Identification of appropriate community care strategies for orphans and other vulnerable children in Soweto, South Africa, through focus group discussions*. Research Report HSRC.
- Mfecane, S., Skinner, D., Mdwaba, T., Mandivenyi, C., & Ned, N. (2005). *A situation analysis of OVC services in the Kopanong Municipality, Free State*. Retrieved August 15, 2006, from <http://www.hsrcpress.ac.za>
- Mhlongo, A. (2005, March 11). No stationary, pupil sent home. *Daily News*, p.3.
- Morgan, D.L. (1993). *Successful focus groups*. London, Newbury Park and New Delhi: Sage Publications.
- Nemapane, P. N., & Tang, D. D. (2003). The vulnerability of children and orphaned youth in Zimbabwe. In Singhal, A., Howard, W. S. (Eds.). (2003). *The children of Africa confronts AIDS*. Ohio: Ohio University Press
- Ole, S. (2001). Responses to the needs of orphans, programming, achievements and constraints. *Proceedings of a consultative meeting*. Retrieved March 3, 2005, from http://www.fhi.org/en/HIVAIDS/pub/Archive/confrpts/Orphans_HIV_Present.htm
- Patton, M. Q. (2002). *Qualitative research & evaluation methods* (3rd ed.). London: Sage Publications.

- Richter, L., Manegold, J., & Pather, R. (2004). *Family and community interventions for children affected by AIDS*. Research Monograph. Cape Town: HSRC Publishers.
- Roby, J. L., & Shaws, S. A. (2006). The African orphan crisis and international adoption. *Social Work, 51*(3), 199-210.
- Ross, M. W., Danawi, H., Mizwa, M. B., Cogan, L., Klein, M., Magongo, R. G., & Kganakga, M. C. (2005). *Psychosocial aspects of HIV/AIDS: Adults*. Retrieved July 29, 2006, from <http://www.synergyaids.com>
- Ross, E., & Deverell, A. (2004). *Psychosocial approaches to health, illness and disability*. Van Schaik Publishers.
- Ruland, C.D., Finger, W., Williamson, N., Tahir, S., Savariaud, S., Schweitzer, A., & Shears, K.H. (2005). Adolescents: Orphaned and vulnerable in the time of HIV/AIDS. *Youth Issues, 6*.
- Salaam, T. (2004). *Aids orphans and vulnerable children (OVC): Problems, responses, and issues for congress*. A CRS report for congress. Order Code RL 32252. The Library of Congress: Foreign Affairs, Defense, and Trade Division.
- Schermerhorn, J. R., Hunt, J. J., & Osborn, R. N. (1997). *Organization behaviour* (6th ed.). New York: John Wiley and Sons, incorporated.
- Sila, S. M., (2001). Responses to the needs of the orphans, programming, achievements and constraints. *Proceedings of a consultative meeting*. Retrieved March 3, 2005, from http://www.fhi.org/en/HIVAIDS/pub/Archive/conf/rpts/Orphans_HIV_Present.htm

- Singhal, A., Howard, W. S., & Esack, F. (Eds.). (2003). *The children of Africa confront AIDS*. Ohio University Research in International Studies: Ohio University Press.
- Skinner, D., Tsheko, N., Mtero-Munyati, S., Segwabe, M., Chibatamoto, P., Mfecane, S., Chandiwana, B., Nkomo, N., Tlou, S., & Chitiyo, G. (2004). Defining Orphaned and Vulnerable Children. *Social aspects of HIV/AIDS and health research programme, occasional paper*. Cape Town: HSRC Publishers.
- Steward, D.W., & Shamdasani, P.N. (1990). *Focus groups: Theory and practice*. London, Newbury Park and New Delhi: Sage Publications.
- Strebel, A. (2004). The development, implementations and evaluations for the care of orphans and vulnerable children in Botswana, South Africa and Zimbabwe. *A literature review of evidence-based interventions for home-based child-centred development*. Cape Town: HSRC Publishers
- Swartz, L., & Roux, N., (2004). A study of local government HIV/AIDS projects in South Africa. *Journal of Social Aspects of HIV/AIDS, 1*(2).
- Theron, F. & Wetmore, S. (2005). Appropriate social development research: a new paradigm to explore. In Davids, I., Theron, F. & Maphunye, K. (2005). *Participatory development in South Africa*. Pretoria: Van Schaik Publishers.
- The National Association of Child Care Workers, (2006). *Professional practice in the life space of children*. Retrieved October 29, 2006, from <http://www.naccw.org.za>

- The United Kingdom Parliament, (2004). *Orphans in Sub-Saharan Africa*. memorandum submitted by the Centre for International Child health, Institute of Child Health. Retrieved June 7, 2005, from <http://www.publications.parliament.uk/pa/cm200304/cmselect/cmintdev/573/573we10.htm>
- Townsend, L., & Dawes, A. (2004). Willingness to care for children orphaned by HIV/AIDS: a study of foster and adoptive parents. *African Journal of AIDS Research*, 3(1):69-80.
- UNAIDS. (1999). Children Orphaned by AIDS: Front – line responses from eastern and Southern Africa.
- UNAIDS. (2004). *2004 Report on the global AIDS epidemic*. Retrieved July 15, 2005, from <http://www.unaids.org>
- UNAIDS. (2006). *2006 report on the global AIDS epidemic*. Retrieved October 29, 2006, from <http://www.unaids.org>
- UNICEF. (2004). *Protection and support for orphans and families affected by HIV/AIDS*. Retrieved June 7, 2005, from http://www.unicef.org/aids/index_orphans.html
- UNICEF. (n.d.). *Psychosocial care and early learning – A new direction*. Retrieved June 7, 2005, from http://www.unicef.org/earlychildhood/index_beststart.html
- U.S. Department of Health and Human Services. (2003). *Creating partnerships, improving health: The role of community-based participatory research*. AHRQ Pub. No. 03-0037.
- Van Auken, S. (1979). Youth counselor burnout. *The Personnel and Guidance Journal*, 10, 143-144.

Vlaenderen, H., & Neves, D. (2004). In Ratele, K., Duncan, N., Hook., D., Mkhize, N., Kiguwa, P., & Collins, A. (Eds.). (2004). *Self, community & psychology*. Lansdowne: UCT Press.

Wagenaar, T. C., & Babbie, E. (1992). *Practicing social research: Guided activities to accompany the practice of social research* (6th ed.). California: Wadsworth.

Zukoski, A., & Luluquisen, M. (2002, April). Participatory evaluation: What is it? Why do it? What are the challenges? *Community-based public health, Policy & Practice*, 5, pp. 1-6.

APPENDIX A

Consent Form

University of
KwaZulu-Natal
Howard College
Durban
4041

Voluntary care workers' perceptions of the effectiveness of their training to provide care and support to children affected and infected by HIV/AIDS

Consent to participate in the research

Dear participant we are asking you to participate in this research, in order for us to gain a better understanding of your experiences as a care-worker and gain insight into the training that you received.

This research will be conducted by Cathrin Venter and supervised by Prof. Anna Meyer-Weitz. The study would involve participating in Focus Group discussions for approximately 60-80 minutes.

As a participant you:

- Have the right to refuse participation in this study (participation is voluntary) and have the right to withdraw at any stage without any negative consequences.
- Can be assured that all information shared between the researcher and the group will remain anonymous
- Agree to keep the information discussed in the group confidential.
- May require the results of the study
- Agree that only anonymous quotations may be published.

Signing your name means that you agree to participate in this study and understand the conditions mentioned above.

Name of participant

Signature

Name of researcher

Signature

APPENDIX B

Interview Schedule

Interview Schedule for focus group discussion to explore voluntary workers perception of their psychosocial training

The role of the voluntary care worker

1. Why did you become a voluntary care worker?
2. What did you expect to do as a voluntary care worker?
3. Did your perception change in any way
Probe: What changed it?
How do you feel about the change?

Training

4. How did your training support your own expectations
5. What do you think the NGO expect of you?
6. Please tell me what you would include in a training programme for care workers that look after OVC?
7. How do you think can the training you received be improved?
8. How would you treat a six year old child differently from a teenager?
9. How would you identify a child in need?
10. If you identify a child in need, what are the steps you will follow to give support?
Probe: If a child has no food?
If a child can't afford school fees?
If a child has no birth certificate?

Support and coping mechanisms

11. What is the most difficult part of your work?
12. How do you deal with these problems?
13. How do you see the role of the NGO in this regard?
14. What is the best part of your work?
15. Where do you see yourself in five years time?
16. How can the OVC programme be improved?

APPENDIX C

Sample of a Focus Group Transcription

Interviewer: “Before I am going to ask my questions, is there anything that you want to raise... a topic... anything that you want to talk about in terms of the work that you do?”

Participant: “What I want to say about the work I am doing, to me it is a calling, looking after the children, who are orphaned and vulnerable children. I started to volunteer for the children about four years ago now. And then...ah... it is challenging work, like to work with children who are orphaned and vulnerable, more especially the ones who are orphaned. They are... it is very challenging, like some times. You don't know how to handle the situation, but after the training...ai... I have tried a lot...ja, sometimes you, you even lose the temper, sometimes you even...aa... look after the family, but in the end... it... it is just like every day, the children realize... we asked ourselves, what is the duty that I have done today, always it is something that you have done... like to cook for them, to me...its...eh...its give me that piece that that there is no child, who sleep with out eating. And then, like to do the home visits, to me it says, at least to them... sometimes, they can see, at least there is somebody who is there for me. Ja, that is what I am doing for now, and...umm... I am very prepared to go up with it, to work more than I am doing now.”

Interviewer: “So, tell me did the training make a difference in the way that you see thing?”

Participant: “Yes, it changed a lot. Because...we used...we thought that this thing...eh... like parents, like mothers... we don't know anything about child care, we didn't know anything about the child care act... like now I know. That is why it is now very easy for me to protect the child, even when I am volunteering at the police station, that if the child is a minor... I must talk to the child, and in the end, the child will tell me the truth, so there will be no arguments... with the police, and they read the child easy. So after the training, I know something... I know everything about the child now. Ja... to help the children... and then after the training, they opened... the training opened my eyes. It was an eye opener, because...like she was saying... we started this like... seeing children who go to bed hungry and then we took a food from our houses... and we started the project's... we... we used to take the mealy-meal from our places and go to the shops and ask for food and cook for them not knowing what we were doing, but we were trying to give some children a plate of... a meal for a day. And then when we came to this training it up and our... my eyes actually, how to treat an orphaned child, how to treat my children.

It changed my lifestyle, even at home... that I... you know, I used to, when my child was doing something wrong I used to... shout, or to spank, or to punish... severe punishment. And then... I went through this training, you know, I would sit down and they told us to make the ground rules for the house, the house rules, you make your rules with the children. You know, you don't say you must do this, we sit down and we talked to them: "okay, these are the ground rules" what do you do, and... these are the rules, what do you do, if somebody breaks the rules. It... it's sort of balanced my...my home and balanced my...my...my children. The... the, the orphans that I am working with... it even balanced my entire family like at church, where you know, when someone is spanking a child, I say no, you don't do that. You...you...you know that spanking the child will not make the child to stop. You need to talk to the child like an adult: "Don't do this, because if you do this... there are something...consequences". To me since I had this training it taught me a lot, because, when we started, we were just giving the children the food... that is what we thought it mean... the child has to have food, but since after our training we have learnt you have to look at the child holistically you know, because the child can eat the food and go to bed warmly, but we found out emotionally they are hurt, they've got anger.

So, now since I've got this training, I am able to look at the child holistically you know...so it has helped me a lot. I have gained a lot of information that I were not knowing. And another thing that I've learned is... what is it called?...eh... the KSS model...ja... the knowledge, and the skill and myself, before I can work with the child, I have to know myself first, before I can deal with the child you know... because if I find that I had a problem myself... then it would be difficult to deal with the children... to sort out their problems. For a first I have to look at myself, and know myself if I can work with the children."

Interviewer: "Okay, you said, KSS model, what does it stands for?"

Participants: "It stands for...K, stands for knowledge, S, for skills and the other S stand for self, self-awareness. To have knowledge about the children about everything that is happening... so... and then to have skills about the children... in the end, how you are going to work with the children... and so on.... And then self-awareness you have to look at yourself."

Interviewer: "Self-awareness?"

Participants: "Because if you are working with the children... you connected with them, you don't choose your own children or maybe, if you are working on the street you just find the children... you automatically just look at these children, this child... looking for something that you can get... why is this child standing for all or what he want to do, or you are thinking that maybe

he's got something that he wants to...to... you just check every step... that he takes...or... you know... we are doing work to the children (the whole group is agreeing). The other thing it...it has taught us that...uhh... when it comes to these orphans, you must, you must have empathy not sympathizing (the whole group is agreeing). So that...you must not... if you sympathize with the child... just emotional... we cannot support her. But if you... you can... it can be sympathetic but don't show the child, that you are sympathetic. You must use the empathy style, so that the child must know that you feel for him. But, you can plan your steps towards the emotional clearance of the child."

Interviewer: "Okay, so it is not just feeling for them, but moving towards some sort of goal."

Participants: "Goal, ja...yes (the whole group is agreeing). Ja (yes) when you are working with these orphans, the child headed families, you... you... you set a goal with them. And then you... you... you go step-by-step until you reach your goal. Like when you are dealing with the troubled child a troubled child, you know... these troubled children tends to have anger, hatred they have that, that...they, they...maybe they, when it is a teenager, it gets into the wrong path, not because of the peer pressure, or what... but because of what happened to him, and that anger drives that child to do wrong things. When trying to... to take that child back from... it will take time. We have to take steps, and understand why he did that and then show the child is that this... you cannot say: "what you doing is wrong!" you say: " okay, you did this" we were taught to use " I messages" that: "I don't like... I don't feel good when you do this to me... I don't feel good, if you're doing this to yourself, because, you are hurting yourself if you are doing drugs or going to kill yourself, ultimately. You, you will be drunkard or what ever and then you will lose control, that is how they taught us. And we talked about these children , when they are, when they are angry or swear at us, they are not swearing at us they are swearing their parents: " why did you die, and then left me alone to suffer or to experience grieve, bad things or do things that they don't know"... maybe they do wrong or they do right. To live like a...what can I say...they...they go to the street, and they become street children. You cannot hope for an overnight healing of the child. It takes some time, it is a process. Ja, now we know the consequences and what lead to these consequences. And now we experience those problem's because the children that we... after the training then you go to the, the centre, you see those things that they were teaching us. 11:04 or even... you see those children, you can even pick up... some of them they do the very same thing that they taught us. Then you say: "aaa... that is what" because we didn't know before the training that there is this.

The children are suffering because they don't have their parents, that time, we see the child is doing wrong, but now since the training we know that's why the children is doing that, we don't get angry again for...for...for them. You

just have to try and talk to them smoothly, according to what we have learnt. The training has taught us that when you have a word with the children you have to look at their training, you have to look at their developing area, so that we can develop where the child is lacking, you know. And now I remember they taught us that...mmm... we have to empower the children, we used to do everything for the children but they talk about real empowerment so that the children can be independent, not depend on childcare workers support. You know when we first started we used to do everything for the children, you know. And you will find out that we have too much children, you know. So we have to empower them to stand on their own at the end of the day, and know that...ehh... they'd have to do things for themselves, because there are staying alone, they have to see or have to look after the smaller ones. Another thing when a child is crying or she is coming to you and report may be a problem: "after my mother died you know my granny's always mad at me and always shout at me". You musn't and say to the child "I feel that..." while you still are having your parent, because the child now... sometimes she ask the child ...why did that lady say's she "feels" but why she got a mother, you know... so that thing is scare the child again that maybe you are bluffing the child that you "feel" what she feels but, you are still having your parent when the child lost a parent. I actually I was trained...umm...1997 and 1998 Technicon SA but I worked mostly in institutions. So, but I had this feeling in my mind, I...I wasn't fulfilled because I was working with, mostly disabled children, so I had energy, I was this very active person. So sometimes I would change wards because I could not...emm... work with the profound children. Because I still wanted to interact with the children, but with the profound children it's... it's not that very easy to interact with them. And even the training that we got from the institutions was mostly like the training that they have got. But we have missed the programme some-how because we did it theoretically, but practically, no! So...I'm...but...emm...in the location, most of the people knew I was doing this course and most of the teachers would call me if the child has a problem, they will call me, our...maybe...still the child... find the behaviour, and try to find the behaviour and how the child feels. But I had nowhere to report after... you see... I was just doing it on my own, because it was, it was in me, but I don't know what to do, because the situation was to possibly work with the institutionalize children. But now when this started I actually I was driven here, but I was still, I was not aware that I was going to a right track, so I understand but, the part that I firstly that...that I had to work with was this empathy and sympathy side. I naturally, I am this person who is emotional. So when somebody starts talking to me, you know, working with the troubled children like street kids. You know, it is much easier than with an orphan. So when a child starts talking then immediately you feel yourself crying, then you are sympathising now with that child. You see... So... so, I had that problem, so I am learning from my colleagues you see... they have more... they've, they've been trained as I have been trained but I did not do it practically sour. I am in learning and I am trying my best."

Interviewer: “So, maybe a question that I can ask you is...emm... what did you expect to do as a voluntary worker. In the beginning, what did you expect it was all about?”

Participant: “Nothing... we were working voluntary, because, especially we were not paid. We were not getting any support from anyone and started it on our own as ladies. We didn't think of payment, or something, we were just focusing on the children that are hungry.”

Interviewer: “So, you are focusing on food?”

Participants: “Yes, we were focusing on food, because of this disease, because, because of the children are orphans and just think about ourselves at home we are getting everything, we are eating and then what about these children that their parents are gone. And they are staying alone, and they don't have anybody to look after them. Then we'd just act like parents... taking from us to them...ja(yes) and then we started to cook for them... to look after them to give them something to eat or the clothes... we try and help them because there is nobody else in the house who can look after them. So we are like parents in space. Like we learn... we didn't know that we were on ... in the space, but now we know that we are parents in the space for these orphans or the vulnerable children or the child that don't have families.”

Interviewer: “So, when did it start to change for you...to realize it was not only about food?”

Participants: “With the training (the whole group is in agreement), because we did know we, we had to give the children food and something to clothe them. And then we didn't know the right of the children. We didn't know that we had to, to talk with the children and asked them how they feel, how they are at home, how they are feeling now that the parents are dead how they are coping with death. We don't know that we had to ask those questions, although they are painful topics. We were just feeding them, but after the training, we knew, oh my gosh... we are needing this psychosocial thing and then when we started from after the training then we started to investigate we know that this child... like, if you've got 10 families who know them by heart, like this family, they need this. You know the needs of the children you know the needs of the, the the family, the grandmother, and everything we, now we know this family is like your own family.”

Participants: “Okay, I've got a bit of our opposite thing...um... I concentrated mostly on the well-being of the child. I mean... I would like to know what she or he thinks. I mean the inner feelings of the child, and then what I have learnt now is actually the part that I didn't like (Participant is laughing). But I am enjoying it now... you know cooking for the children. I, I never thought

that I would be cooking for these children, and I saw no need in cooking for these children. To me it was like... okay, I am talking to Nomisa and then I find out the problems and then how to deal with it and then... but now I have realised that the behaviour... even, even at the table where they are eating, you see the behaviour, you see everything. So, to me that is what is important, where, as before, it was not important. It was like when they said, no...eh... you should also cook for the children, I said: "what! Cooking?" now I have never cooked big pots for the children. But now, truly I enjoyed it, and I enjoy looking at them, where as before... like now, some times we don't think the same. You take watching, watching... you do with your children, you don't think it is in portent with other children. I, I enjoy looking at my children... eating... you know, I talk to them. But...ah...when the child, when the next door child come with a problem. Ah, then I would concentrate on the problem... I need sugar. Okay, if I have sugar, I just give... if I have an extra tin, okay I just give... but tomorrow... okay tomorrow will see itself. I never thought that these ladies were thinking about...eh...long-term goals like... okay, I can give him a tin of fish today, but what about tomorrow? So they decided to cook, but when it was only me there was nothing like that. It was just talking... I'd say: "okay, I understand. Now I know how you feel okay, shame" you see. The other thing that drove us, to, to cook for the children you know, when you at the centre there, when, they, they sit down. You know, these children, who have nobody to look after... like, when you give him a plate of food, he just take it like this (the group member is demonstrating the way the boy will take the plate), and they will never say thank you, now when we are at the centre there, we start by praying, we give them plates of food, and then you pray and then you monitor them, even when they are eating... no talking at the table. You know what I find it amusing: "how many mouths do you have?" and the child said: "one" and I said: "what are you doing with your mouth now?" "I'm eating" and then "talking?" "no" you must eat you've got only one mouth. You know, it is just encouraging the children to, to keep quiet, to, to eat only, and not talk... discipline. Not being harsh...shh...one mouth (the group member is whispering)."

Interviewer: "Let's go back to the fact that you said, you learned that the child is more than just food. How do you feel about the change in your perception? Do you think it is a good thing to know more?"

Participant: "I think to me it is a good thing to learn more, because in the world that you are living, you don't know where you're going to end up. But you have to learn more and know more. It is like exploring from day-to-day... on a daily basis, because today you learn this, tomorrow you learned that... and then when you are sitting in your house, you know...oh my gosh, I have conquered the day. When you're resting at home... you not talking about your own children, you are talking about the other children. We are talking to your own children, you say, you know what, when they waste... when waste

food... you say: “ you know what there are children out there who don't have a plate of food, and then you are throwing it out. Don't do that” your children become also disciplined, they know, this is now waste. Even like my, my young boy when he wake up, he will put on his slippers, not put them properly, he would just put the foot and then I say to him, you know what, you are burning your shoes am not going to buy those shoes. And now that I have learnt, I would say put your shoes to the right way... and he will do it. But, back in the beginning, I would shout at him: “ you are wasting money!” but now I would say: “put your shoes the right way” and he would just do that. I used to, I used to shout at them, you know...like...but now, I think... I'm thinking... we are growing up by the day, by being trained we are growing up by the day, and even your family... you, you know how to guide your family to the right direction. And another thing we have the children in the school, sometimes the teachers say to the children: “ all the children who didn't pay the school fees, they must leave... they must leave and they mustn't come back without money” but you know, the children they...eh... the teachers are.. maybe some of them know, they know that there are orphans at school, but they don't follow them to us... who is going to pay for you... and what we are doing in our area's. We are going to the school principal, talking to them so that they would end up knowing all of these children who are orphans, who, whom there is no one who is going to pay for them. Then they just exempt them from paying the school fees. We also do the school visit to see the, the work of the child. How does the child cope in the class... how does the child...so, we end up being the parent to those children even at school. We are going to the school, to speak with the principal about... maybe about... maybe about school fees, and the work that a child is doing.

We want the teachers to get training, because we are working with children, they are working with children. The school teachers must come to us and we must go to them so that we can sort this thing of the children because we are working with the children, so we are asking that even the teachers must study the child care... the training. Maybe they heart the child and in the end, you must go and speak... it end up in a big argument, because they don't want to listen to you... even if you tell them, you know about the child's rights, they say no, no we know, what we are doing. You are a child care worker where, as I am his teacher. In the end, they hit the children, so sometimes we need the teachers to... actually, they don't understand the children... we do understand the children (the whole group is in agreement). The teachers just want to teach them in the, the... they don't care about them... that is the difference. And what I have realized, with the teachers is that... some of the rules... they know some of the rules, but they are not talking nicely to the children. They are not supposed to chase the child out they are really not supposed to tell the child that...eh... if you don't... if your parents... if you don't pay tomorrow you musn't come to school. That is not the business of the child. So, as...umm... I feel that...em... more care workers should be

trained. Because mostly the parents don't know the rights about their children, so the children would be abused. I have two children, and I have stood up for my children from scratch. I was telling them the other day I would go to the school, I would fight and then... when I start...uh... I remind them that I am the child care worker...umm... I know what they should do and what they should not do. So, I have been standing up, but it was just me... you see, but now, I feel there is a need, they must know, because they have this thing...eh... that a parent does not know anything. They just say, yes I said this go to the police station and the child is intimidated (the whole group is agreeing). The other thing about the teachers today, they used to say, if ever maybe... you... a child has never done his homework or what ever ne, they say, I don't care, you know because in the end of the month I'm going to get my salary. So they don't care about the children, so even, even if the children not doing their work or what, in the end of the month, they are going to have his salary. So he doesn't care, he don't want to know why the child didn't do his homework or whatever. So for us it is good to have more training, because there are a lot of problems that we are facing there, specially when it comes to children that has been abused you know, so I just hope that maybe one day. We are going to have training, that will... for, for counselling them, you see, because we know what not to do to a child that has been abused, you know, but, we, we are not professionally trained for counselling that children, so it'll be good for us to have more training.”

Interviewer: “So, what training are you talking about?”

Participants: “Uhh...like maybe, if a child has been abused or rape or what ever. So...hm... how can I sit down and council that child, according to... to... maybe for... for, like being raped. I know that when I am going to Council a child that was being abused or raped I don't have to Council that child, so, but I...I... don't have a clear way... what should I tell that children to...to...”

Interviewer: “So, do you all agree that you want some counselling training?”

Participants: “Yes! (The whole group is agreeing), professional counseling... we are counselling the children but we are not trained... after the training, we are working with the children, I, I can stand up now and talk, whatever I'm supposed to talk, especially the rights of the children, especially we are having a problem to, to collaborate with the social worker. When we went there and try and talk about the problems of the children, they will say, who are you? We are the professionals were did you get your training (The whole group is agreeing) so it was difficult for us in the beginning you know. But once I got more training, I can stand up now, because I know, I've been trained I'm a professional childcare worker. We care what happens to the children, at least they will try and understand us. But if you don't have training, they don't care who are you.”

Interviewer: “Can I just ask you, the training, do you feel that it empowered you?”

Participants: “Ja! Yes! (The whole group is agreeing) I can now even stand in the court for the right children. I know what I have to say. In the beginning before I get this training even I myself, I was punishing the children, I didn’t know that it was wrong. I remember the first day when our trainer was telling us that...emm...we don’t ...ehh...we don’t have to spank the child, you know...eshh...sometimes if the child don’t want to do something we will say: “ You are not going to get food” and we didn’t know that it was wrong, until we had the training, we know the rights of the children. That okay, I have to discipline the child, but not, not to give the child the food, you know. It is his right to have food the whole group is agreeing). So, I have to find another way how to discipline that child. Like, my young boy like to watch T.V, and then when he has done something wrong, he knows he is grounded.”

Interviewer: “So, is that a better way of disciplining a child?”

Participant: “Yes! Yes it is a better way of disciplining the child. You say: “Okay, for the whole week”, or if, if they, they like get this one rand to school, and then if he has done something or he didn’t do his chores, I would say: “Tomorrow, no one rand” He would say: “Oh, but mother” no ways, no one rand. And than he would...we, we are helping the child, to be...to be positive, in what ever he is doing, and to be punctual at school, to be punctual...to, to do the right things. I know that the child can do the wrongs, but, he must know that there are...his rights, and there are these responsibilities, with rights come responsibilities.”

Interviewer: “What did you think the training was going to be about?”

Participant: “For myself, ne...ehh...I didn’t know what the training was about, and it was, I was feeling like...ahh...what is this training for? You know. Why am I going there, you know. But, on the first day when I was there, I see that...Oh...I was going to loose a lot, you know. Because this training...ehh... it really benefit me, you know, I am a new person since I got this training, because...I, I know what to do. At first I was just doing things, just for...because I was just doing it without knowing... what to do in a proper way, you know. But this training has helped me a lot because, because it has helped me to deal with myself first. Before I can help someone, I have to help myself first. And before I can care for someone, I have to care for myself first. Before I can say I love that person I have to love myself first. So, that is why...echh... This training you know...echh...I don’t know what I can say about this training, but it helped me a lot.”

Interviewer: “Okay, Now that you’ve had the training, and now that you are caring for the children, what do you think St. Joseph expect of you.”

Participant: “Echh...what we can, what I can say now...like...The St. Joseph help us a lot, and what they expect of us, is just to see the children in the community, combined together. No, no children in the street, like they know now that if they are talking about child care workers in the community they are talking about us. So they, I think they, they are looking at us, to look after the children, if they are helping us to feed them.”

Interviewer: “And the rest, do you feel the same way?”

Participants: “Yes”

Interviewer: “This feeling now, that...The responsibility is on you, how does that makes you feel? Does it make you feel proud, or does it make you feel scared or...”

Participant: “It makes us feel proud. I am now very proud about my community. They know if they have a problem with a child they can come to my house...they can bring their problems there, and then I have to solve them, their problem. I am not telling them here is not the centre of the children, I just step in. If they came...There is somebody there who, hasn't got food, I go there and ask, and see what they need, what they need to be helped with or...you see. And the communities recognize us, because of this training, you know. They know we are child care workers in our place. When going to the centre, and then you know...when...uhh... somebody tells the other one: “Oh, my gosh I've got two orphans, I don't know how to feed them” “You must go to the centre! There are this...this child care workers who are helping the children” We child care workers will go there and assess and do...assess how are they living...how...because the other children are living with the gogos, the grandmothers and then, they don't have...the grandmothers are getting this grant, and maybe there are six children, six mouths to feed R700-00 cannot feed six children. Maybe she has to get a grant for these orphans...now, we help them...to, to...combine them with a social worker. Then the social workers help them to get the grants, and see that they can live a better life with the children.”

Interviewer: “So, now you know how to apply for a grant. If you see a child who does not have one, you know what to do?”

Participants: “Yes, ja we know.”

Interviewer: “And even if the child doesn't have a birth certificate?”

Participants: “Yes, we go to the...to the home affairs. I as a child care worker; they allow me to take the certificate of a child. I wanted to say the expense of the care workers, long term goal...I see...I foresee, the, the community living peacefully, because at the end of the day there wont be things stolen, there

will be less house-break-inns, because most of the things that the children do...the vulnerable children do, they do it out of hunger...you know...like, mostly sicknesses. Now they have centers where they can go to, and then they have some activities that...they keep them busy, and then it is also lessen, it will lessen the...the... what do you call this?...ehh...selfishness. like I have said before, I have been a care worker...but what I had, I did not put into practice to other children. Where as my children, I knew that, okay...its holidays...let them do this, to take them away from the streets, they are disciplined but I was not aware that, also I should take this other children. So community care workers should...are doing I think, the best.”

Interviewer: “So, umm...let’s move back to what you think the NGO is expecting of you. You said that they now expect you to go into the community and do what you need to do to help the children but does it also make you feel proud that they trust you so much?”

Participants: “Yes! (all in agreement). If you know that somebody trust you, you just do your best. You now I’m working...just volunteering in a police station. There is a sjambok in my office, when I started. I’ve asked my superintended what is this sjambok fore? He said: “It is for the children which are naughty at their houses” I’ve told my superintended what I am here fore is to protect the rights of the children so, can you please throw this sjambok away, you will see what I am going to say to the children. And now, you know, if I am not there, because I am a volunteer, maybe sometimes I am not there they just call me if there is a child who is, who needs help, so some of the children they just, they just go to the street because they need a sense of belonging. So the police doesn’t know that, they just hid the child to go back home. I even open the eyes to the police because; there was a fat lady who they called Figile...uhh...they know if they call Figile for the child, Figile will beat the child. Ja (yes), I even asked her, to leave my office as it is, so that I can work with the children. So now, it, it is very good because even the police they recognize us as a child care worker. They do even respect us. They started to ask me what about the child care workers. You know, I explain more to them so that now their eyes could open, if the child come maybe later, he said you must come tomorrow that time I will come. Then I spoke to the child, I get the right information, what make the child to do this. I even once tried to get the cellphone there was this child who was stealing the teacher’s cellphones in their bags. And then he put it in the river, he just dig the hole and put the phones there. All of them were fine, then I went to the school, the police wanted to beat that child, I said: “No, you mustn’t beat the child, I will speak to the child”. You know the teachers said: “ No, you cant speak to that child, his so rude”. But I sat down with the child, I speak with Sizwe, I asked Sizwe: “Sizwe, what happened the time you were taking the cellphone?” he took so long to tell me, then I will take the child, I will walk around with her. The police said you mustn’t go out from the gate because, he will run away. I said: “ he won’t”. I take the child to the shop, we

spoke, I ask him...He told me: "You know, my father is a tribal chief, he doesn't support me, my mother is working for two days, so see the tekkies (shoes) that I'm wearing, it is very old, but I can see my father pass me with a BMW. I know this is my father". So, to me it has come that this child needs a sense of belonging. I went back to the family where Sizwe stays, that family told us that, they don't want Sizwe back because, he must go to his dad. It was so painful to me, then I went back to the teacher, at the end Sizwe told me "I know these cellphones, where are they" We went to the river, down by the riverside, then he dig a hole and take them out, and a packet of dagga that Sizwe was leaving to sell the dagga. Sizwe is 14 years, and then...you know... to me it was wonderful to get this cellphones with their cards, with the dagga. The we put Sizwe in a place of safety, he is okay... he is fine. Even his father who doesn't want Sizwe, he wants Sizwe now, because Sizwe is a changed child. He's okay...He's okay. So this thing has made me so proud, now I know what I am doing. And the first thing that we must do to the child is a sense of belonging and a circle of courage. The child has to belong first, because a child without a sense of belonging, they will do anything to get attention."

Interviewer: "Okay, lets talk about you for a change, what is the most difficult part of your work?"

Participant: "To me, it is when the children are coming to me during the weekends; I have to look after my family. But sometimes the children are coming, maybe Sunday morning to tell me that they have a problem. I have to go and sort it, you know, I'm sharing my time, my family time with the children in the community. So it is very difficult, sometimes my husband doesn't understand (the whole group is agreeing and laughing). He doesn't want...he sometimes say to me: "You make my house, home affairs" you know (the group is laughing). But sometimes if the children don't come to me, sometimes they ask me: "why do you think the child doesn't come to you anymore". But to me it is sometimes difficult, but because this thing ...it is like a calling (the whole group is agreeing). Sometimes I leave my washing in the bathroom, to go and help the child. Sometimes, you see...it, it make you to share the time, even for the baby, even share the time for our children, that's the difficulties that we met.

The other difficulty is when we have to talk to the grannies that are living with the children. It is difficult for them to understand, dealing with us you know. When you come to meet to make the ground rules, they don't include the children, when it comes to decision making, they just make the decision for the children...they don't let the children make decision for themselves. So, we try to help them to understand, but what ever they are doing, it has to be at the best interest of the child, you know. Even, if they make the rules, the child must be included. The child must tell his granny, what I am going to do if I break the rules. So we try to help there but I find it difficult.

The part that I find difficult, it is like...being a care worker in the community where we stay...ehh...when something happens in your neighbourhood area...umm... like...Margarett, had done something horrible to a child and now I have to take Margarett to court. I have to...uhh... do the writing...ja (yes)... to go, To go through the right procedures (group remember gave a big sigh).”

Interviewer: “Is it difficult, because it is people in your own community?”

Participant: “Yes (the whole group is agreeing). And sometimes, sometimes I find that Margarett is my friend or my mother's friend, now, but I have to do the right thing now that becomes a problem to me really.”

Interviewer: “Okay, what do you think will help you to deal with all of these problems?”

Participant: “With me at first I thought maybe I should be transferred and work in a community where I know nobody. But at the same time, I think it won't solve anything that is what I thought when I, I had a problem with it. I think we have to make the community understand what we are doing for them or for us or for the community as a whole, you see, because the community needs us. And tell them about us, what we are doing. Or even the community where we are helping here and there, you see. Like the other...umm...we see a neighbor, abusing a child they know where to go and then like if, if Sophie is my friend like Norma is my friend, you, you see someone doing such a horrible thing to a child, that person must know where to go and what right channels to take. I'm not the, the enemy, I'm helping...I'm not the enemy... I'm trying to help. If I see something wrong with the child, I have to go and ask: “Why, why are you doing this to the child?” So some of them don't like that, they say you interfere in my life or even my affaires and all this. But...uhh...because I'm a child worker, it is something that you need to go there. Disciplining that person, I know, I don't have a problem with that, coming to you and saying you shouldn't abuse the child, but now taking you...taking the case further, taking you to court, that is when it becomes a problem.

In a recent case it was my neighbor, a neighbor in my area, I asked another care worker to help because I know they don't know her. The other thing that I get, yesterday there was this...the, the care worker...home base carers, they came to our project, they told us about the other children...you know, because...I later see it is a neighbor, then I asked her to go to Ben's (pseudo name) aunt and tell the aunt that Ben must come to the centre to eat, because I know...the home base workers told me what she is doing to, to the child. And she trains the child to buy some beers and she is getting foster care grant for the children, but the child doesn't have shoes, doesn't have clothes...doesn't

have anything and then he comes home...late, about 8 O'clock. The child carers...the, the home base carers said to me that. At that stage I went to the house...and said: "you know what Ben, I'm going to take you home with me" and the child cried, and said: "please take me home with you" You know, the child doesn't want to stay there, but, they are forcing him to stay. This woman has got many children of her own, and she's got a three roomed house. One bedroom, a dining room and a kitchen, and the house is so small, and she has got 5-6 children of her own, and then this orphan, an she is not working. She takes the money of the child, to sell her goods at school, and the child doesn't benefit anything, anything from the money that is his. You encourage them to foster these children, because I've got my own four kids, and then I've got these four orphans. How can I...I'm not working, my husband is not working...how can I take care of these children? They want to foster these children because of this money...the, the grant, you know. They want to benefit from this grant... that is why you can't give these four for adoption...because they benefit. And all of them... the grant, they don't benefit anything...their children are benefiting (the whole group is agreeing), you see. Like the child who got their own mother's home, and then they came there, the uncle, four kids and the wife and the orphan count four. They took the mother's bedroom; they sleep in the bedroom there...the father the mother and the children they took the other room, maybe it is a four room house and maybe a bathroom. And then these children, they are going to sleep in the, the toilet; the owners of the house are sleeping in the toilet. The uncle sleeps in the bedroom. This child is 9 years; he must come home after school; go to the centre...eat, after eating, he must go home and wash the clothes for, for the younger brothers, and the big girls there they don't do anything for the children. And the, the house is for those orphans, can you see that it is not fare. Because last time I see...I told that man: "Please just give those four children, and fostering them" and he take those children in the house, because these children are struggling in their mothers home. The others are sitting nicely they get everything that they want because, you and your wife...you see. And this child is 9 years, she can't cope with school because, when she is at school, she wants to go home to go and clean and wash for the children their brothers and look after them. He can't concentrate, they don't have books, they are coming to us. But if you ask the uncle, he said; "No, we give them...we give them" I said: "No! The children can't talk lie". You know what you can tell them...me that she is laying but when she goes to the court, they are going to believe this child...you know. Then he said: "No, I'm just going to foster the two." I said: "No, just foster them all" Because you've got your own four. So your wife is too young for these children. So he said he will look for foster parents.

What I am thinking is that...uhh...to, at least to, to make ourselves known in the community. Like a children's week or...I think even in the parliament they should talk about us (the whole group is agreeing). They sometimes just warning about money, but they don't talk about us. Another thing; in

medias...like in TV they must give us a space, because they are talking about the children; the children to our government is a first priority but, they don't include us. Even now they can expose us (the whole group is agreeing). It is very good because now last year ...no this year; earlier. I was watching the parliament, I like to watch the parliament they were just talking about money...okay...they don't, don't include for the children. They should include us.

I feel that the process of the care workers is very slow, because the last time I was working there for five years, the last conference that I attended...the chairperson of the care workers said that...I think it was at that time that they said; now the government is recognizing the care workers. And they counted the benefits that the care workers should be granted with, but it is three years now. But, and this is the very, very important job that we are doing (the whole group is agreeing).

I wanted to say, is that we've not been exposed to our communities even to, to the world, you know. Because what Mary (pseudo name) was saying that yesterday was having the home base care, they were talking about this child, and they were shocked, that we were knowing about that child...ohh... "Where did you find out?" They know that the children...they see that the children need help, but they didn't know where to go, to find help for the children" but yesterday they said: "Oh, you know about those children, where did you get that information?" So if you are going to be exposed to our culture or our community where we are living, it will be easy for them to us and tell us the problem that they are facing with the children. "Go, and visit this house". If you are telling them, they say: "I've got four children that their mother, is sitting down she is not working she can't do anything for the children and there is no food at home" and they are talking about the food parcel that they've got, they say it is for the parent, not for the children. So they didn't know where to go.

I was very much impressed when my pastor said; she went somewhere and found this woman who was very sick, and there was children there...and when he came to the church...yesterday afternoon, he said: "No, I can say, church go there...yes they can go there and pray, but now I know there are care workers there in the location. So sister Mini (Pseudo name) whenever I find things like this that concerns the care workers, I know now, so I will ask sister Mini (Pseudo name) to tell the other care workers, and I will just show you where to go" So I could see now that they understand, and they want to work with us, you know...open minded pastors.

Yes, we did...ehh...in November, December time the other pastors they did give us the certificate that show they appreciate what we are doing...for the children. So you know that some of them they recognize us, with something like this...who is working with us."

Interviewer: “Another thing that I want thing that I want to ask you, how do see St Josephs role in terms of supporting you? What can they do to support you as care workers? More than they are doing now.”

Participant: “They give us training, at least they are paying us, because we are not working...we are voluntary...they are paying us for transport...to give us that training, it was...ehh...you know it was a big thing to us. And then they pay us transport and they even prepare meals for us. So...ja...so it was good for us”

Interviewer: “Okay, but what I am saying is...What can they do more? What are the needs that you’ve got at the moment?”

Participant: “What I can say is like...the, the need that we have now is that if ever we can find a...ehh... maybe a centre for Orphans. Because sometimes you find out that there are orphans that are taken care of by their family, but you find out at their home there are problems. And at that moment they must come and stay in that home. So we have to take that child to a place of safety. Sometimes it is difficult to place the child, maybe a child is being abused at the granny or what ever, ne. And the children come and stay with his uncle or what ever ne. So for that moment to help the child is difficult. Where can you take the child?”

Interviewer: “Okay, I hear what you are saying, but what I am asking you is... how they can support you, the person.”

Participant: “Okay, how can I put it...the salaries that we get is not enough to cover everything, to cover our own needs and to cover the cost of going up and down. And also you sometimes find, you find the situation whereby you have to phone now, you have to phone the social worker now...you need the transport now. So, maybe if they can...umm...if they can do something with our salaries.

And if the time goes by I think it is important if the care workers have their...umm...maybe, this is to much...but I think, it is fair enough to say it that the care workers should have drivers licenses so that they can...so that they can maneuver...there is lots of work out there that needs to be done. Sometimes you don’t...you; you don’t reach the target that we wanted to reach. I have to go to section A and it is very hot and I don’t have the resources.”

Interviewer: “Okay, I’m not sure what the situation is, obviously I’m not here. What if they can’t give you more money? What else can they give you.”

Participants: (long silence)

Interviewer: “Is there any way that they can support you emotionally?”

Participants: “Yes...Ja”

Interviewer: “Okay, like what...what would you need?”

Participant: “Okay we need, sort of, because ourselves we need counseling. Yes, because we work with these children. Sometimes you do feel that stressed and depressed...not about our family but about that children. If maybe you can't find something to help that child you know. So that thing comes to your soul, what am I suppose to do for these children. So sometimes it makes us have a lot of anger.”

Interviewer: “So, if someone can council you will it help you?”

Participants: “Ja (the whole group is agreeing) Yes it will help a lot.”

Interviewer: “And tell me would you like, structured times, like two weeks in a month, they say any time this two weeks you can come, and you can talk...or would you like it open so that you can just come in when you've got a problem.”

Participants: “I think the counseling can be in two weeks time. Each an every day you get hurt. Sometimes, ne you are hurt with something but you can't say it at that moment. Maybe, it will take a long time, but if it is two weeks or once a week ne...there are things that are hurting us, but at the moment you can't say. But it would be good for us to have it once a week or a special time. Sometimes I have a problem but I don't know that's the problem but if somebody is counseling me...that is when I realize; okay I am having a problem that needs counseling.

And another thing ne, we need to be listened. It is wonderful to be listened to by somebody who's working with you...like we are trained with the children with all the children, but what we have to do...our...the center's criteria is about vulnerable and orphan children what about the street kid, what about the needy people. So we need to be listened even if we go they won't help us, but just to be listened. But sometimes you say...ech...I've got a problem with a child who is abused by his father...then they say no, it doesn't fit in our programme, it is not our problem. I know everything about the child the street kid...you know, but...if...our criteria is just to look after the orphan and vulnerable children. So that thing is affecting us.

Sometimes, because the training that we have done... it is like...it includes each and every children...the child that is having a problem, I have to deal with that child, not looking if it is a orphan or a vulnerable child, I have to look at the child first. The NGO only look at the orphans. I think if you are an

orphan...or if you've got one parent you are a orphan, if you go without two parents you are a orphan. Now, you take this one orphan, you put them in a vulnerable situation, and now he don't understand if he got one parent you're and orphan. And then this thing of the parent, the husband died, she is not working, she has children, she is working on the street or living...she is going to the, the...take the children then we bring them to the centre. Sometimes they expecting a vulnerable child as a child that the mother is laying on the bed. It is hurting us because we are staying in the community, we know. We know the situation we know how they live these children. I want to stress what (one of the group members said) we need to be understood, this is our profession. When we were trained we were never told, I am training you for this particular programme. So if they want to want to work with us together, we have to sit down, talk, put everything on the table so that we are able to work, not come and push everything to us, no...this what you should do, let us sit down and talk, because we are trained for a child. So we look at each and every child, it is hurtful if we have to separate. To say no you don't fit in this programme. A child care worker can not do that...we are not trained like that. And it is so difficult because we call the children: "come to the centre" or the children will come who are hungry or asking something to eat. We know we are going to end up taking everybody that come, but we know that we have these children something to eat. And then now you have already started the children that are vulnerable, but this is not our child. How can you turn a child, don't come and eat...go away. You are not supposed to come to this place. It is so difficult, because a child that gets warmth comes every time...and support."

Interviewer: "Okay, if you could include something in the programme that was not included what would you include?"

Participant: 'I think it is...ehh...more understanding about the child in the streets, how to pick them, because some of them...ehh...maybe they are in the street for two years. It take...how do you take them home. Like one day I was in Durban, last year October I was in urban for a conference, It was so bad to me. We are there the child care workers and the main office of us is in Durban. But there were many street kids down where we were sleeping in the hotel. So, I was looking that...how, how can they say that they are child care workers when they are seeing these children in the streets.

So, I had a bit of training on that one...on the street children. But what I like to ad, maybe, as care workers, maybe we should create, maybe a chance...I don't know how long it takes, to be trained as a child psychologist, but I think maybe we need that. The basics of that if it is possible, so that we can help and more understand the emotions of the child. I think that we will need that."

Interviewer: "Is there anything that you want to change in the programme?"

Participant: “Time, they promise us it would be twelve months, and then it took so long, you know. Sometimes we didn’t attend sometimes we attend. But we coped.”

Interviewer: “So, would you like it to be shorter?”

Participant: “Yes, if it is one year, it should be one year training, not 14 months training. Because, if you tell somebody that I am doing a one year diploma but, the next year you are still going there. They took too long, to finish the training.”