

**GUIDELINES FOR SOCIAL WORKERS TO IMPROVE
FOSTER CARE PLACEMENTS FOR CHILDREN
AFFECTED BY HIV/AIDS**

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SUMMARY

TITLE: Guidelines for social workers to improve foster care placements for children affected by HIV/AIDS

Key words: AIDS, foster care, foster child, foster parent, guidelines, HIV

HIV and AIDS are dramatically reshaping the population structure of South Africa. The number of orphans as a result of AIDS-related deaths is expected to rise. This places a heavier burden of care on grandmothers, female relatives and community members, and children. One of the consequences of AIDS-related deaths is the increase in the number of foster care applications. The involvement of social workers in providing care for the infected, but especially the affected, is important. Social workers find themselves in the frontline with regard to dealing with the consequences of HIV and AIDS.

The aim of the study was to develop guidelines for social workers to address the needs of foster children and foster parents affected by HIV and AIDS. A literature study and empirical research was done. The survey method was used as a systematic data gathering procedure. Data was gathered among 21 foster children and their 21 foster parents by means of a self-designed schedule. The researcher administered the schedules by conducting a personal interview with each of the respondents. This research was done in the Motheo district.

The findings of this research reflected that foster parents and their foster children affected by HIV and AIDS experience a huge amount of problems. Social workers do not always address these problems adequately; therefore there is much room for improvement, especially in the Motheo district.

OPSOMMING

TITEL: Riglyne vir maatskaplike werkers om pleegsorg-plasings vir kinders wat deur MIV/VIGS geraak is, te verbeter

Sleutelwoorde: VIGS, pleegsorg, pleegkind, pleegouer, riglyne, MIV

MIV en VIGS is besig om die bevolkingstruktuur van Suid-Afrika dramaties te verander. Daar word verwag dat die aantal weeskinders as gevolg van VIGS-verwante sterftes gaan styg. Dit plaas 'n swaar versorgingslas op grootmoeders, vroulike familieledes en lede van die gemeenskap, en kinders. Een van die gevolge van VIGS-verwante sterftes is die toename in die aantal pleegsorg-aansoeke. Die betrokkenheid van maatskaplike werkers met betrekking tot die voorsiening van sorg aan die geïnfekteerdes, maar veral dié wat daardeur geraak word, is belangrik. Maatskaplike werkers bevind hulle in die voorste linie wat betref die hantering van die gevolge van MIV en VIGS.

Die doel van die studie was om riglyne vir maatskaplike werkers te ontwikkel om die behoeftes van pleegkinders en pleegouers wat deur MIV en VIGS geraak is, te ondervang. 'n Literatuurstudie en empiriese navorsing is gedoen. Die ondersoekmetode is as 'n sistematiese data-insamelingsprosedure toegepas. Data is aan die hand van 'n selfontwerpte skedule ingesamel onder 21 pleegkinders en hul 21 pleegouers. Die navorser het die skedule toegepas deur 'n persoonlike onderhoud met elkeen van die respondente te voer. Die navorsing is in die Motheo-distrik uitgevoer.

Die bevindinge van hierdie navorsing het weerspieël dat pleegouers en hul pleegkinders wat deur MIV en VIGS geraak is, 'n groot aantal probleme ondervind. Maatskaplike werkers skenk nie altyd genoeg aandag aan hierdie probleme nie; dus is daar heelwat ruimte vir verbetering, veral in die Motheo-distrik.

FOREWORD

The article format has been chosen in accordance with regulation A.11.2.5 for the degree MA (SW). The article will comply with the requirements of the journal in social work, titled *Social Work/Maatskaplike Werk*. **This article comprises 10% of the total mark of the course.**

INSTRUCTIONS TO THE AUTHORS

SOCIAL WORK/MAATSKAPLIKE WERK

The Journal publishes articles, brief communications, book reviews and commentary articles already published from the field of Social Work. Contributions may be written in English or Afrikaans. All contributions will be critically reviewed by at least two referees on whose advice contributions will be accepted or rejected by the editorial committee. All refereeing is strictly confidential. Manuscripts may be returned to the authors if extensive revision is required or if the style or presentation does not conform to the practice. Commentary on articles already published in the Journal must be submitted with appropriate captions, the names(s) and address(es) of the author(s), preferably not exceeding 5 pages. The entire manuscript must be submitted, plus one clear copy as well as a diskette with all the text, preferably in MS Word (WordPerfect) or ACSII. Manuscripts must be typed, double spaced on one side of the A4 paper only. Use the Harvard system for references. Short references in the text: When word-for-word quotations, facts or arguments from other sources are cited, the surname(s) of the author(s), year of publication and the page number(s) must appear in parenthesis in the text, e.g. "... (Berger, 1976:12). More details concerning sources referred to in the text should appear at the end of the manuscript under the caption "References". The sources must be arranged alphabetically according to the surnames of the authors.

GUIDELINES FOR SOCIAL WORKERS TO IMPROVE FOSTER CARE PLACEMENTS FOR CHILDREN AFFECTED BY HIV/AIDS

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1. PROBLEM STATEMENT

According to the Department of Social Development (2003:4), HIV and AIDS are dramatically reshaping the South African population structure. The number of orphans as a result of AIDS-related deaths is expected to rise (Mason & Linsk, 2002:541). This situation places a heavier burden of care on grandmothers, female relatives and community members, and children (Frohlich, 2005:351-354).

The phenomenon of increasing numbers of orphans and vulnerable children resulting from AIDS deaths requires practical placement strategies such as foster care placements. Foster care placements are very often characterized by problems such as dysfunctional relationships between foster children and their foster parents. Foster children are made vulnerable by the conditions they find themselves in. Changes in their lives cause instability, uncertainty, confusion and mostly frustration (Ritchie & Howes, 2003:408). They are stigmatized by their families and relatives. According to Freeman and Nkomo (2006:308), close family members are less likely to be influenced by having to take in an HIV-infected child. In the Motheo district there are many children who are diagnosed HIV positive and as a result being abandoned at the hospitals as well as children who are affected by HIV and AIDS because their parents are infected with HIV and AIDS. These children are placed under alternative care in places of safety and ultimately in foster care.

There is little or no respect for human dignity and for people who are HIV positive (Herbst & De La Porte, 2006:8). Values such as respect, responsibility, integrity, fairness, love and service are almost non-existent in the majority of people in the society. Richter, Foster and Sheir (2006:10) state that what is needed to address the impact of HIV and AIDS and of poverty on children is a set of collective community

programme responses that acknowledge support and strengthens the commitment and care of families and households. Smart (2004:181) points out the following in this respect: "Members of the community are in the best position to know which households are most severely affected and what sort of help is appropriate. They know who is dying, who has died and who has been taken in by relatives or who is alone as well as who has not enough to eat."

Freeman and Nkomo (2006:309) add that, given people's economic and social situation and their expressed need for assistance, it is clear that guardianship strategies and assistance is crucial. In practice, most appropriate support for young children comes from their families who in turn need support from their communities. Much emphasis is placed on community support for fragile households such as those headed by ill parents, grandparents or oldest siblings through mechanisms such as assistance for income-generating activities and home visits from trained volunteers.

The number of foster care applications is increasing rapidly (Schönreich, 2000). The White Paper for Social Welfare (SA, 1997:90) as well as Uys (2004:4-5) mention that home-based, family-oriented and community care strategies are preferred options for coping with the social consequences of HIV and AIDS and the need for care. These strategies also ensure the provision of a continuum of care and normalization of services for foster children and foster parents who have become vulnerable due to HIV and AIDS. According to Uys (2004:5), family or friends "need much counselling and teaching to be able to cope emotionally and physically with the illness of the loved one". In research done by Delport (2007), it was obvious that foster parents, but also the foster children, have specific needs. Given that HIV and AIDS impacts on every aspect of human existence it is, according to Modise (2005:2), important that social workers provide care for the infected but especially the affected such as the child in foster care and the foster parents. Practitioners in the health care and social services find themselves in the frontline with regard to dealing with the consequences of HIV and AIDS, especially in rural areas such as the Motheo district (Lerole, 1994:9). To address the needs of all foster children and their foster parents, more social workers are needed. This need of more social workers was also identified by the minister of Social Development (De Lange, 2006:4).

Questions to be answered by the research study are as follows:

- What are the needs of foster children and their foster parents affected by HIV and AIDS in the Motheo district?
- What is the role of the social worker in this regard?

2. AIM AND OBJECTIVES

The aim of this study was to develop guidelines for social workers to address the needs of foster children and their foster parents affected by HIV and AIDS in the Motheo district.

Objectives

- To investigate the needs of foster children and their foster parents affected by HIV and AIDS in the Motheo district.
- To provide guidelines to social workers to address the needs of foster children and foster parents affected by HIV and AIDS in the Motheo district.

3. THEORETICAL ASSUMPTION

Social workers play an important role in providing services in an attempt to address the needs of foster children and foster parents affected by HIV and AIDS.

4. RESEARCH METHODOLOGY

The methods used for investigation were a literature study and empirical research.

4.1 Literature review

According to Fouché and Delport (2002:127), a literature study "is aimed at contributing towards a clearer understanding of the nature and meaning of the problem that has been identified". In the literature review a study was done on the impact of HIV and AIDS on the foster child and foster parent affected by HIV and AIDS as well as on the role of social workers in this context.

There is a considerable amount of literature on HIV and AIDS but not much on foster care placements for children affected by HIV and AIDS or on the role of the social worker in this context.

4.2 Empirical Research

The survey procedure was used to investigate the needs of foster children and their foster parents affected by HIV and AIDS in the Motheo district.

➤ Research design

According to Grinnell (2001:547), a research design is a plan which includes every aspect of a proposed research study from the conceptualization of the problem right through to the dissemination of findings. The research design the researcher used was the descriptive design (Fouché & De Vos, 2002:142) within the quantitative-qualitative paradigm. Descriptive research, according to Fouché and De Vos (2005:106), "can have a basic or applied research goal and can be qualitative or quantitative in nature". The descriptive design investigated the needs of the foster children and their foster parents affected by HIV and AIDS in the Motheo district and explored the role of the social worker in caring for foster children and foster parents in the Motheo district. According to Rubin and Babbie (2001:125), description in qualitative context refers to a more intensive examination of phenomena and their deeper meanings.

➤ Participants

For purposes of this research, a reconnaissance survey was done, which involved identifying households with foster children between ages 14 and 17 years, as well as their foster parents who are all affected by HIV and AIDS and live in the Motheo district. A non-probability sampling technique was used and specifically the accidental sample (Grinnell, 1993:162; Strydom, 2000:69). According to Strydom and Venter (2002:207), the term accidental samples refers to "(a)ny case that happens to cross the researcher's path and has anything to do with the phenomenon included in the sample until the desired number is obtained". Foster children affected by HIV and AIDS, who are in the foster care register of the Department of Social Development in the Motheo district and who were willing to take part in the research were used. There were 22 foster parents in the Motheo district who were willing to participate, but only 21 foster children between ages 14 and 17 years were willing to take part in the research. Thus twenty one households with foster children and their foster parents

affected by HIV and AIDS in the Motheo district were selected as a sample for the research.

➤ **Measuring instrument**

Neuman (1997:30) explains that gathering data for research is divided into two categories, namely qualitative and quantitative. After the literature study, schedules with both open- and closed-ended questions were compiled and were pre-tested and revisited before final use. A self-administered schedule, one for the foster child (see Addendum 1) and one for the foster parent (see Addendum 2), were used as a tool to collect the data.

The two schedules were approved by Dr Suria Ellis of the Department of Statistical Consultation Services of the Potchefstroom Campus of the North-West University. According to Delport (2002:179), open-ended questions "give the respondents the opportunity to express their views on the issues being investigated and closed-ended questions" offer the respondent the opportunity of selecting (according to instructions) one or more response choices from a number provided to him."

➤ **Procedures**

The researcher did the following:

- Permission was obtained from the Department of Social Development in Bloemfontein, where the researcher is active as a social worker, to do the research in the Motheo district (see Addendum 3).
- Permission was also obtained from the foster children and their foster parents (see Addendum 4).
- The foster children and the foster parents were interviewed by the researcher herself at their homes, using the respective schedules.

➤ **Ethical issues**

According to Strydom (2005:57), ethics is a "set of moral principles which is suggested by an individual or group, is subsequently widely accepted, and which offers rules and behavioural expectations about the most correct conduct towards

experimental subjects and respondents, employers, sponsors, other researchers, assistants and students". The following were taking into account:

- The participants' lives were not harmed.
- They were not bribed to participate in the proposed study.
- The selection method was transparent.
- The information was confidential.
- Accurate and complete information concerning the aim of the research was given, as well as the procedure.
- The completion of the schedule was done anonymously and the respondent's identities were not disclosed.
- Informed consent was obtained.
- Debriefing took place. Participants discussed their feelings concerning the research on foster care immediately after the interview (Strydom, 2005:58-67).

Ethical permission was granted by the Ethics Committee of the Potchefstroom Campus of the North-West University. The project number is NWU 00030.

➤ **Data Analysis**

Data of this study were analyzed quantitatively. According to De Vos, Fouché & Venter (2002:222-223), "professional research can be analysed manually or by computer". The researcher analysed the data in this research in terms of categories under the supervision of the study leader, Dr AA Roux. It was transformed into statistically accessible forms by counting procedures (McKendrick, 1990:257).

5. LIMITATIONS OF THE STUDY

- Although permission was granted by the Department of Social Development, the managers refused to allow the researcher permission to conduct a research study. They do not seem to realise that the study will benefit the services of their social workers. This action by the assistant managers led to the student not being able to complete the act of administering the planned number of 50 questionnaires due to insufficient time.
- It was not easy to gain access to the data base of the Canalization section of the Department of Social Development because of the remarks passed by

colleagues to the effect that theory will not help in addressing the problems of the foster children.

6. TERMINOLOGY

6.1 Foster child

A foster child, according to the New Dictionary of Social Work (1995:26) as well as Swanepoel and Wessels (1992:17), is a child who, in accordance with the legislation of the Child Care Act (74 of 1983), is placed in the care of a foster parent.

6.2 Foster parent

A foster parent is a person, other than a parent or guardian, in whose care a foster child is placed under the Child Care Act (74 of 1983) (Swanepoel & Wessels, 1992:17).

6.3 Child

A child is a person under the age of 18 years in terms of the Child Care Act, 1983 (74 of 1983) as amended.

6.4 HIV

HIV stands for the Human Immunodeficiency Virus (Strydom, 2002:19; Whiteside & Sunter, 2000:2). "HIV attacks and slowly destroys the human immune system by killing the important CD4 and T4 cells that control and support our immune system." (Buthlezi, 2003:19.) According to Evian (2006:73), the CD4 (T4) cell count "is one of the most valuable and useful markers of the state of the immunity in a patient with HIV/AIDS".

6.5 AIDS

AIDS represents Acquired Immunodeficiency Syndrome (Strydom, 2002:18). According to Visagie (1999:1), AIDS can be described as "... a collection of diseases resulting from the breakdown of the immune system after it has been invaded and weakened by the HIV ...". According to Evian (2006:8), a "person is described as having AIDS when the HIV-related immune-deficiency is so severe that various life-

threatening opportunistic infections and/or cancers occur. These conditions only occur because the immune system is weakened". Aids is thus a collection of several conditions that occur as a result of damage the virus causes to the immune system.

6.6 Child affected by HIV and AIDS

A child affected by HIV and AIDS is, according to Smart (2004:174), "a child living in a household in which there are, or have been, one or more HIV-infected family members".

6.7 Guidelines

According to Hawkins (1993:194), guidelines are statements that give general advice on something.

7. PRESENTATION OF THE RESULTS

The empirical data was organized in accordance with the questionnaires and are subsequently discussed:

7.1 Identifying particulars

7.1.1 Language of respondents

Table 1: Language

Foster children	f	%	Foster parents	f	%
Sesotho	17	80,95	Sesotho	17	80,95
Setswana	1	4,76	Setswana	1	4,76
Afrikaans	1	4,76	Afrikaans	1	4,76
isiXhosa	2	9,53	isiXhosa	2	9,53
N	21	100	N	21	100

The majority 17 (80,95%) of the respondents are Sesotho speaking. The foster children and the foster parents speak the same language. In the Motheo district, most of the inhabitants as well as the researcher, are Sesotho speaking.

7.1.2 Gender

In this research, 13 (57,14%) of the foster children were female and 9 (42,86%) male. All the foster parents 21 (100%) were females.

7.1.3 Age and marital status of respondents

The mean age of the foster children was 15 years and that of the foster parents 63 years. Only 3 foster parents were younger than 60 years. The one was 27 years, another one 32 and the third parent 44. These results confirm what is already known, namely that the majority of foster parents are elderly people. According to Burman (1996:589), Delpont (2007:91), Gillwald (2002), Schönteich (2000) and Gleeson (1995:186), most of the foster parents in South Africa like in this study, are the grandmothers of the foster children. Most of these grandmothers receive an old age pension.

Only 1 (4,76%) of the respondents was married, 15 (71,43%) were widows, 1 (4,76%) was divorced and 4 (19,05%) were single women. The research of Delpont (2007) confirms that most of the foster parents are single mothers and especially grandmothers.

7.1.4 Education

Table 2: Level of education

Foster children	f	%	Foster Parents	f	%
No education	0	0	No education	3	14,29
Lower than grade 7	2	9,52	Lower than grade 7	11	52,38
Grade 7	5	23,81	Grade 7	3	14,29
Grade 8	6	28,57	Grade 8	2	14,29
Grade 9	2	9,53	Grade 9	1	4,76
Grade 10	2	9,53	Grade 10	0	0
Grade 11	3	14,29	Grade 11	1	4,76
Not in school	1	4,76	Not in school	0	0
N	21	100	N	21	

When one looks at the results of Table 2 as well as the age of the foster parents, it becomes obvious that most of the foster parents are elderly people with limited education compared to the foster children. Two of the foster parents, namely the one of 32 years and the one of 44 years, passed grade 8. The one of 27 years passed grade 11. How these parents can provide in the educational needs of the children is not clear. In research done by Delport (2007:62), one of the needs foster parents mentioned was help with the education of the foster child. Elderly foster parents with a limited education level need help with the foster child from either teachers or the social worker.

7.1.5 Financial status

Table 3: Financial status of households (Some of the respondents marked more than one)

Type of income	f	%
Salary	3	7,69
Foster grant	17	43,59
Old age pension	16	41,03
Child support grant	2	5,13
Disability grant	1	1,56
N	39	100

Most of the people in the households, namely 33 (84,62%), received a foster grant and/or an old age pension. Only 3 (7,69%) people in the households received a salary. The average income per household is R1 374,76 a month. Eleven (52,38%) of the respondents care for only one foster child, 5 (23,81%) foster parents for two foster children each and the remaining 5 (23,81%) care for three foster children each. The average number of foster children per household therefore is 2. The ages of the foster children are between three and nineteen years.

7.1.6 People living in the house of respondents

Except for the foster child and foster parent who participated in this research, each household also had other people living in the houses.

Table 4: Other people in households

People in house	f	%
Husband	1	4,76
Own children	12	57,14
Grandchildren	12	57,14
Other relatives	3	14,29
Friends	2	9,59

Table 4 reveals that some of the households also care for other people. Most of these people are the respondents' own children, namely 12 (57,14%) and grandchildren, namely 12 (57,14). Thus there is an average of 5 other people plus the foster child and foster parent in each household. From the results of this study, an average of 7 people lives in each household. If one compares this with the monthly income of each household, it is obvious that the living standards of these households are not high. According to Roux (2002:209-217), the low income per household causes malnutrition, which makes people vulnerable to infections. In research done by Delport (2007:102), 90% of the foster parents requested assistance from the social worker regarding ways to spend the foster grant responsibly.

7.1.7 Reasons for being placed in foster care

A question was put to the foster children whether they knew why they were placed in foster care. Eleven (52,38%) did not know. One (4,76%) answered that it was because the grandmother had died and 9 (42,86%) because their parent or parents had died. This information does not reflect well on the role of the social worker, because it forms part of his/her role to explain to the children why they will be placed in foster care. The role of the social worker is very important in placing the children in foster care, because they must understand the reason for them being placed in foster care (SA, 1987:62-66).

7.1.8 Foster care grant

A question was put to the foster children and the foster parents whether the foster grant benefits the needs of the foster children. Two (9,53%) foster children could not answer this question because the foster parents had not yet received the grants. The

other 19 (90,47%) children answered "yes". Their motivations for their answers were that the foster parent buys food and clothes for them and also pays their school fees.

The answers to the same question received from the foster parents were as follows:

Table 5: Foster care grants

	f	%
Yes	12	57,14
No	2	9,53
Uncertain	7	33,33
N	21	100

Their motivations for answering "no" were the following:

- The foster grant helps to pay debts. (2)

Two of the respondents who were uncertain said that they were still waiting for the grant to be paid. The other five could not give a reason.

If one compares these answers with the foster parents' situation, it is obvious that the foster care grant and other grants such as the old age pension are the only forms of income in most of the households. Taking into consideration all the demands of looking after children and the expenses of running a household, one cannot blame foster parents for reporting that the foster grant does not benefit the needs of the foster children. According to Smart (2004:181), guardians, like foster parents, may have wide-ranging needs. Not only do they need assistance with physical work but also with material needs. Occasionally the foster grant is the only income of the foster parent. According to Wilson and Chipungu (1996:389), foster parents are mostly pensioners who suffer financially. Minckler (2003:207) said the following: "For grandparents who become the primary caregivers for their grandchildren, the personal decision to care often has profound economic consequences. The high costs of caring, moreover, may be particularly pronounced in those communities where economic vulnerability is already a frequent fact of life."

7.2 Relationships

7.2.1 Relations before placement

To a question posed to foster children and the foster parents pertaining to how their relations were before the foster care placements, the following answers were received:

Table 6: Relations before placement

Foster children	f	%	Foster parents	f	%
Good	18	85,71	Good	19	90,47
Average	0	0	Average	2	9,53
Uncertain	3	14,29	Uncertain	0	0
N	21	100	N	21	100

In most cases the relations between foster children and their foster parents were good before the foster care placements. Their motivations for their answers were as follows:

Motivation by foster children

- Foster mother raised me before placement. (18)
- Foster parent tells me I am a good child while I was still with my biological parents. (1)
- She loves me as her own child. (1)
- She took very good care of me before placement. (1)

Motivation by foster parents

- They were still toddlers when placed in my foster care before placement. (4)
- Child is co-operative and obedient. (3)
- The child was raised by me before placement. (10)
- Child was born in my presence. (4)

7.2.2 Current relations

To a question that was put to the foster children to describe their current relations with the foster parents, most of the relations except 3 (14,29%) were described as good.

The following answers were received:

Foster children

- Good relations as well as good communication.
- Very good relations because she takes me as her own child.
- She is a caring and loving person.
- I sometimes make mistakes, but she still loves me.
- My mistake upsets my grandmother.
- There are ups and downs in the relationship.

Foster parents

The foster parents' reactions to the question as to how their current relations with their foster children are, are not as positive as those received from the foster children. Only 8 (38,09%) foster parents experienced their relationship with their foster children as good. Thirteen (61,91%) of the foster parents experienced some behavioural problems of some kind or another with the foster child. The foster parents who had experienced some form of problem gave the following answers.

- Child is lazy and come late from school. (1)
- Child is naughty. (2)
- Child is lazy and stubborn. (6)
- Child demands her foster grant. (2)
- Foster child is sometimes lazy and very naughty. (1)
- Foster child is very stubborn and uncontrollable. (1)

When these results are taken into account, one must admit that the social worker plays a very important role in assisting foster parents in raising these children. Foster parents need help in different aspects of parenting such as communicating with the child, how to handle conflict and how to discipline the foster child (Delport, 2007:184). According to Triseliotis, Sellick and Short (1995:44), "foster carers could

not be expected to undertake such demanding tasks without preparation, training, post-placement support and continued training".

7.2.3 Contact with biological parents

Only one (4,76%) child has contact with the biological mother and 1 (4,76%) with the biological father. The remaining 19 (90,47%) children have no contact with their biological parents. The child who has contact with the biological mother indicated that the relationship between the biological mother and the foster parent is not good. The child who has contact with the biological father was not sure what the relation between the biological father and the foster parent was like.

The relations between the biological mother and father and the foster parents were bad in both situations. The motivation for this bad relationship, according to one of the respondents, was the following:

- They are drinking a lot and do not help in caring for the children.
- The communication is bad.

The foster children as well as the foster parents indicated that they want the social worker to assist them with these relations. Contact with the biological parents can have negative side-effects on the foster parents. It is the task of the social worker to assist in planning and managing the visits as well as the relations between the parties so that they are consonant with the child's welfare (SA, 1987:44).

In only 7 (33,33%) of the cases, one of the biological parents is still alive. In 14 (66,67%) of the foster care placements, both parents were deceased. When the average age of the foster parents are taken into account, it is possible that, in some cases, these foster children have to change from one foster parent to another, since the foster parent can no longer take care of the child due to the age or the death of the foster parent (Delpont, 2007:92).

7.2.4 Sense of belonging

All 21 (100%) foster children and foster parents indicated that they do have a sense of belonging to either the foster parent or foster child. According to O'Brien, Massat and

Gleeson (2003:363), one of the reasons why kinship foster parents take foster children into their care is their love for the child.

7.2.5 Trust between foster children and foster parents

A question was put to the foster children as to whether they thought their foster parents trust them. Only 2 (9,53%) were uncertain. The remaining 19 (90,47%) answered "yes". Their motivations for these answers were the following:

- She talks to me about her finances.
- She trusts me enough to give me a lot of money to pay the bills.
- She tells me everything.
- She shows me where she hides her money.
- She tells me about her secrets.

The foster parents were also asked whether they thought their foster child or children trust them. Seven (33,33%) were uncertain, 2 (9,53%) said "no" and 12 (57,14%) answered "yes". The 7 (33,33%) who were uncertain could not give reasons other than that the children do not talk to them about their everyday experiences. The two (9,53%) who answered "no", said that the children do not tell them anything about their own experiences.

The foster children as well as their foster parents were asked whether they thought the foster child trusted the foster parent enough to share his or her secrets with the foster parent. Six (28,57%) foster children said that they do not trust their foster parents to tell them their secrets, while 15 (71,43%) said that they trust their foster parents enough. Only 5 (23,81%) foster parents said that they think their foster children trust them enough to tell them their secrets, while 12 (57,14%) were uncertain and 4 (19,05%) said "no". The motivations of the foster parents who felt that their foster children trusted them, were the following:

- We care for them more than the biological mother.
- She reports everything that happens to her, to me.
- The child tells me everything that happens even if it is not good news.
- We have an open relation. (2)

The motivations of respondents who were uncertain and answered "no", were:

- She said that she does not get great treatment from me.
- She does not talk a lot and does not want to say what is eating her up.
- The child said there are other people that she trusts more.
- The child does not talk to me. (4)
- The child is still very young. (4)
- The child is now grown up and is beginning to be secretive. (5)

The next question was whether the foster child and the foster parent are sorry that the foster children have been placed with the foster parents. Only 2 (9,52%) foster children were sorry. The children's motivations were the following:

- Child wishes to be placed with parental relatives.
- They sometimes make me very angry.

To the same question 5 (23,81%), foster parents were sorry and 16 (76,19%) were not. Their motivations were the following:

- The child is family and this causes many problems. (3)
- The parents are deceased and the foster parents are the only ones looking after the children. (2)

If one compares the answers of the foster children with those of the foster parents, it is obvious that the foster parents are not always sure whether the foster children really trust them. The fact that 3 (14,29%) foster children and 5 (23,81%) foster parents were not happy with the foster care placement, is an indication that the relation between the foster parent and the foster child is not what it should be. HIV and AIDS have a major impact on people infected and affected such as children and families. According to Boyed-Franklin, Steiner and Boland (1995:114-115), family members left behind have the psychosocial effect and uniqueness of symptoms associated with AIDS-related bereavement. According to Starr, Dubowitz, Harrington and Feigelman (1999:193), "(s)ome groups of children, including those who live in poverty, and those placed in foster care are at greater risk for behaviour problems". These situations cause families that are affected to experience crises. These families must be empowered to handle problems caused by HIV and AIDS (Wessels, 2003:1). It is the

social worker who delivers services to foster children and foster parents who has to empower these people and deal with their problems. In a study of Modise (2005), she indicated that children and families affected by HIV and AIDS do not have easy access to social workers, although social work is essential in the lives of families and communities affected by HIV and AIDS.

7.3 Social work services

A question was put to the foster children and foster parents as to whether a social worker provides information or services to them. Nine (42,86%) foster children were uncertain and 12 answered "yes". Two (9,53%) foster parents were uncertain, 1 (4,76%) answered "no" and 18 (85,71%) answered "yes".

The kinds of services the social worker provides are indicated as follows:

Table 7: Social work services

Services to foster children	f	%	Services to foster parents	f	%
Requirements of foster care according to the Child Care Act	15	71,43	Requirements of foster care according to the Child Care Act	14	66,67
The court procedure	14	66,67	The court procedure	14	66,67
Application for the foster grant	12	57,14	Application for the foster grant	18	85,71
How to spend the foster grant	16	76,19	How to spend the foster grant	14	66,67
My rights as foster child	18	85,71	My rights as foster parent	12	57,14
The role of the social worker	18	85,71	The role of the social worker	14	66,67
My relation with foster parent	12	57,14	My relation with foster child	13	61,90
My relation with my biological parent	14	66,67	My relation with the biological parent	13	61,90
My performance in school	18	85,71	My foster child(ren)'s performance in school	12	57,14
Individual therapy	6	28,57	Individual therapy	1	4,76
Group therapy	4	19,05	Group therapy	1	4,76
Other services	1	4,76	Other services	2	14,29

From the results in Table 7, individual and group therapy are hardly done. Most of the services were delivered before the placements and in preparing them for the court procedures.

To a question as to what other services they wish to receive from the social worker, the following answer was received from a foster child:

- To find the child's father and help him build a relationship with the father.

The foster parents want the following other services from the social worker:

- Assist with food parcels and clothing.
- The social worker must be more visible.

A question was also asked as to how often the social worker visits them. The following answers were received:

Table 8: Contact with social worker

Frequency of contact with foster children	f	%	Frequency of contact with foster parents	f	%
Once a week	1	4,76	Twice a month	1	4,76
Once a year	14	66,67	Once a year	12	57,14
Once in two years	3	14,29	Once in two years	7	33,33
Do not know	2	9,53	Never	1	4,76
Never	1	4,76		0	0
N	21	100	N	21	100

According to the results in Table 8, it is obvious that most of the social workers 14 (66,67%) visit the foster children only once a year, and according to 12 (57,14%) foster parents also once a year. If one compares these results with the results in Table 7, it is obvious that the answers of most of the foster children and the foster parents, namely that they do not receive individual or group therapy, must be true. These answers correlate with the research done by Delpont (2007) and Modise (2005) that social workers do not often visit foster parents and foster children. One realizes that the HIV and AIDS pandemic has a huge impact on foster care services in South Africa. According to Delpont (2007:48), some social workers in the North-West Province each deal with more than 200 foster care placements at a time. With all the other cases social workers must attend to, one can expect them not to give the amount of attention they always wish to and one realizes that South Africa, according to the minister of Social Development, Zola Skweyia, faces a general shortage of skilled

social workers (Anon, 2007:8). One must, however, bear in mind that social workers have a responsibility towards their clients and the community. Therefore social workers cannot say that they can only deliver services to the client once or twice a year. Social group work is one of the methods by means of which social workers can have more contact with foster children and foster parents and empower the foster child and his or her foster parents (Delpont 2007; Roux, 2002; Toseland & Rivas, 2005:18). Only 4 (19,05%) foster children and 1 (4,76%) foster parent in this research received group work therapy.

A question was posed regarding how often the foster children and foster parents would like the social worker to visit them. The following answers were received:

Table 9: Visits requested from social worker

Frequency of contact with foster children			Frequency of contact with foster parents		
Once a week	5	23,81	Once a week	2	9,53
Once a month	10	47,62	Once a month	7	33,33
Once a year	6	28,57	Once a year	10	47,62
			Twice a year	1	4,76
			When there are problems	1	4,76
N	21	100	N	21	100

From the results received, as revealed in Table 9, it is obvious that 15 (71,43%) of the foster children wish to be visited by the social worker more often than only once a year and 9 (42,86) of the foster parents more often than once a year. When problems foster children and foster parents experience with their relations and trust between them are taken into account, as well as the parents' problems with regard to spending the foster care grants, visits from the social workers only once a year will definitely not suffice. Social workers have to at least start with social group work to address the needs of foster children and foster parents affected by HIV and AIDS. According to Drower (2005:108), group work has a particular contribution to make in addressing the various challenges created by HIV and AIDS.

Another question was put to the foster children and their foster parents with a view to determine the extent to which they benefit from the services of the social worker.

Eleven (52,38%) foster children answered "a lot", 9 (42,86%) "to some extent" and 1 (4,76%) "not at all". Thirteen (61,90%) foster parents answered "a lot", 4 (19,05%) "to some extent" and 4 (19,05%) "not at all". These answers indicated that foster parents benefit from the input of social workers, when the social worker does indeed have contact with them.

7.4 Impact of HIV and AIDS

A question was asked whether there is anyone in the household infected by the HI-virus. Seven (33,33%) of the foster children said "yes", 12 (57,14%) said "no" and 2 (9,53%) were uncertain. Seven (33,33%) of the foster parents said "yes", 12 (57,14%) said "no" and 2 (9,53%) were uncertain. The seven foster parents discussed the illness of people who are HIV positive in the household with the foster children. It is obvious that the other 14 (66,67%) foster children and 14 (66,67%) foster parents either do not know the HIV status of the people in the household or do not wish to discuss it. The foster children who know the HIV status of the people in their households described how they feel about knowing the HIV status of these people as follows:

- I felt nothing. (2)
- I am hurt. (5)

The foster parents who know the status of the people who are infected described their feelings as:

- I felt scared and hurt. (2)
- I felt hurt and shocked. (3)
- I was very hurt because she never disclosed.
- I accepted her status.

Three (42,86%) of the seven people who were HIV positive received medication. The remaining 4 (57,14%) were already deceased. According to the seven foster children, none of these people's friends know about their HIV status. Six of the seven foster parents said that none of the friends know about their HIV status. One foster parent was uncertain whether other people know the status of this person.

From the answers received from the foster children and the foster parents regarding the HIV status of people in their households, one may come to the conclusion that stigma and discrimination play a role in these families to a large extent. These families are all affected by HIV and AIDS, but only a few knew the HIV status of people in the households. Frohlich (2005:354) said the following: "By forcing the epidemic out of sight, HIV/AIDS-related stigma and discrimination obstruct disease prevention and treatment, and contaminate the resolution of personal grief."

A question was asked whether the respondents have sufficient knowledge of HIV and AIDS. Eighteen (85,71%) of the foster children said "yes" and 3 (14,29%) said "no". Nine of the foster parents said "yes" and 12 (57,14%) said "no". Three (14,29%) of the foster children would prefer the social worker to give them more information on HIV and AIDS and 13 (61,90%) of the foster parents. Social workers play a very important role in educating their clients with regard to HIV and AIDS, and especially those who are affected by HIV and AIDS (Delpont, 2007:41; Modise, 2005:81; Seyama, 2006:26).

A question was put to the foster children as to who they consider to be their support system. The following answers were received:

- Foster mother. (11)
- Grandmother. (3)
- Relatives. (9)
- Class teacher. (2)
- Social worker. (1)
- Neighbours. (2)
- Police. (1)
- Volunteers from home-based care. (6)
- Church

The answers of the foster parents to this question were the following:

- Relatives. (14)
- Foster child. (3)
- Volunteers from home-based care. (8)
- Social worker. (1)

- Grandchild. (1)
- Neighbours. (1)

It is obvious that the most important support system for the foster children and their foster parents are their relatives. For the foster children also consider their foster mothers as their support system. Only one (4,77%) foster child and foster parent considered the social worker as an important support system. If most social workers only visit these children once a year and in some cases once in two years, it is obvious that these children do not consider social workers as their support system.

Services to parents and children, according to the South African National Council for Child and Family Welfare (1987:26), form a very important part of the total foster care programme. Failure to provide good services to foster parents will have a negative counter-effect on any other services which may be rendered to foster children. Social workers play an important role in providing services to the foster parent and the foster child affected by HIV and AIDS (Delpont, 2007:74). According to Rhodes, Orme and Mcurdy (2001:88), "[t]raining and interaction with social workers increased foster parents' involvement".

8. DISCUSSION

In this study it was evident that foster parents in the Motheo district were mostly widows, divorced and single women who were unemployed due to old age. Their educational levels were low. This is not only the situation in the Motheo district but it also happens in other provinces of South Africa. Most of the foster parents in South Africa are grandmothers of foster children who receive foster care grants and old age pensions (Burman, 1996:589; Delpont, 2007:91; Gillwald, 2002; Schönreich, 2000; Gleeson, 1995:186). This situation has a negative influence on foster care placements. Most elderly people, due to old age, are suffering from physical ailments that make it difficult for them to look after children, especially small children.

In most cases other people like the foster parents' own children or family members also stay in the same house as the foster parent and the foster child affected by HIV and AIDS. In the Motheo district, other people like the foster parent's own children, also live in these houses. Most of these people are unemployed and the foster care grant as well as the old age pension must provide in the financial needs of other

people as well. Although the respondents in this research mentioned that the foster care grant benefits the needs of the foster children, it is not certain whether an average income of R1 374,76 a month for a household of 7 people really benefits the needs of the foster children. It appears that the foster parents and the foster children do not know how foster care grants should be spent. Foster parents are obliged to live on a very low income to maintain themselves and provide for the material needs of the foster children. The situation does not help in processes carried into effect by the Government in trying to stop or minimize the spread of AIDS. The fact that these foster children are in most cases unable to benefit from the foster care grant makes them vulnerable. Because of the poverty-stricken situation, some may go in for prostitution and some engage in sexual relations to obtain more money (Evian, 2006:21-22; Seyama, 2006:24-25).

The foster children described their relationships with the foster parents as good. Foster parents, on the other hand, were complaining about the behavioural problems of the foster children. According to the responses, foster children and foster parents do not trust one another enough. Despite their complaints they were not sorry that they are living with the children. This, according to Abdool Karim and Abdool Karim (2005:361), is influenced by the fact that, in the black culture, a family member is identified to care for the children after the death of the parents. Often this will be a grandmother. According to Delport (2007:184), foster parents need help with different aspects such as communication with the child, how to handle conflict and how to discipline the foster child. Foster parents cannot be expected to undertake such tasks without help and training (Triseliotis *et al.*, 1995:44).

It forms part of the role of the social worker to empower the foster parent and foster child with conflict resolutions and stress management. In a study of Modise (2005) she indicated that children and families affected by HIV and AIDS do not have easy access to social workers, although social work is essential in the lives of families and communities affected by HIV and AIDS. The latter might be caused by the fact that those parents who are infected as well as their affected families fear stigmatization.

Social workers are also expected to encourage the foster parents to allow their foster children to have contact with their biological parents. The sense of belonging with these parents is good for the child's psychological development. According to Abdool

Karim and Abdool Karim (2005:362), for "young children the strength of the kinship structure that develops is likely to matter more than the location of the foster parent. Fostered children are socialised and integrated into society more readily than children who are in orphanages/residential care as family integration promotes psychological and social development".

The social workers' role in foster care placements demands an adequate number of social workers who are committed to assist the communities. In this study, 52,38% of the foster children did not know why they were placed in foster care. This does not reflect well on the role of the social workers in the Motheo district because it forms part of the role of the social worker to explain to the foster child why he or she was placed in foster care. This situation is not only experienced in the Motheo district, but also in other parts of South Africa as reflected in the results of research done by Delpont (2007) and Modise (2005), who also experienced the lack of social work services in the North-West Province.

From the descriptive information provided in this study it would appear according to the researcher, that the duty of social workers at the Department of Social Development in the Motheo district is only to place the orphaned and vulnerable children. It also appears according to the researcher that the main concern is for the children to receive the foster care grants and that the emotional needs of these children are neglected. Only quantitative statistics are considered when monitoring and evaluating services. Foster parents do not always have money to visit the offices of the social workers. The Department should evaluate and review their service delivery strategy, in particular those services which are meant for the children affected by HIV and AIDS in areas such as the Motheo district. Social workers should make an effort to understand the needs of the children. Most importantly, they should help these children to understand their needs and to be able to compare those needs to what is morally right. Social workers need to guide the children in need of care in the right direction regarding their journey in trying to find their correct place in society. To be able to achieve this task, it is suggested that social workers learn to effectively engage the support systems made available to them.

According to the researcher's experience, knowledge and professional purpose is lacking among the social workers and the managers at the Department of Social Development with regard to ways of improving foster care placements of orphans affected by HIV and AIDS.

The study also revealed that the main focus of service delivery provided by the Department of Social Development in the Motheo district exclusively falls on financial assistance in a form of foster care grants. No mechanism has been put in place to monitor and evaluate the impact of the services provided to meet the needs of foster children and their foster parents. Social workers are unable to perform their normal social work services such as home visits and individual and group therapy due to the abnormally high case loads. Social workers are living in a terrible era of abnormal societies. The numbers of foster care applications are multiplying rapidly. The rate at which foster care is growing, makes it very difficult for social workers to manage their work load. To address the needs of all foster children and their foster parents, more social workers are needed. This need for more social workers was also identified by the minister of Social Development (De Lange, 2006:4). The effort of the government to increase the number of social workers, it seems, will take time to correct the current shortage of social workers in the country.

9. GUIDELINES FOR SOCIAL WORKERS TO IMPROVE FOSTER CARE PLACEMENTS

- The first and most important step for social workers is to have knowledge of the developmental phases as well as the needs of orphans and children who are made vulnerable by HIV and AIDS. Powers *et al.* (1985:16) has classified knowledge in two major categories, namely *descriptive* and *prescriptive*.
- Volunteers should be trained to help the social worker to meet the needs of foster children and their foster parents affected by HIV and AIDS.
- Social workers should work closely with the volunteers because, if strategically involved, the volunteers will minimize the challenge of social workers of not being able to identify the suitable foster parents for children in need of care. These volunteers can also help in identifying the foster care placements which are characterized by child abuse and mismanaged foster care grants. What is needed to address the impact of HIV and AIDS as well as

poverty on children, is a set of collective community programme responses that acknowledge support and strengthen the commitment and care of families and households. Members of the community are in the best position to know which households are most severely affected and what kind of help is appropriate.

- The choice of placement of the child should be influenced primarily by the needs of the child and not merely by available resources. Although grandparents are the best placement, their age and living standards should be taken into consideration to prevent the child from being transferred to another placement after the death of the grandparent or parents.
- Social workers have to develop a close relationship with the children in order to get to know them as individuals with their fears, strengths, aspirations and expectations (SA, 1987:62).
- When the child is placed with the foster parent, regular visits must take place to assist the child with problems such as the death and loss of the parent or parents as a result of HIV and AIDS; the insecurity of the child; his/her sense of belonging; the child's self-image; his or her adjustment to the new family; the educational needs of the child; trust between the child and the foster parent or parents; emotional problems of the child; disruptive behaviour of the child which results from his or her adjustment to the home (SA, 1987:60-61).
- The social worker has to assist the foster parent or parents with regard to tasks such as their physical tasks of foster parenting; emotional tasks; how to establish a positive relationship between the foster child and their own children; educational tasks of foster parenting; co-operation with the social worker; and responsible spending of the foster grant.
- Social workers should effectively and efficiently make use of the resources made available to them. The Department of Social Development has established partnership with stakeholders such as NGOs, Community Based Organisations (CBOs), Faith Based Organisations (FBO's) and communities. The Home Community-Based Care (HCBC) Organizations consist of volunteers. These organizations are funded to identify and provide services to orphans and vulnerable children. Unfortunately these volunteers do not have a

social work background but are guided by common sense and intuition in their attempt to address the social needs of orphans and vulnerable children.

- A strategy to manage the process involving volunteers from HCBC organizations has to be developed by the social workers. This has to include how the services of the volunteers are to be structured and what the necessary monitoring and evaluation tools are. Measures should be developed to ensure that the professional code of ethics and confidentiality is not compromised.

10. RECOMMENDATIONS

In view of the descriptive information provided in this study, the following is recommended:

- According to the researcher's experience, the policy makers at the Department of Social Development's National Office, and the top management should consist of managers who each have a social work background. Preferably the Head of Department should also have a social work background and a vision of how societies or communities should be empowered to cope with the challenges created by the abnormal families resulting from HIV and AIDS.
- The salaries and working conditions of the Social Workers employed by the Department of Social Development and NGOs have to compare to salaries in the private sector, because social workers are leaving the profession.
- More social workers need to be recruited to meet the needs of orphans and vulnerable children.
- More auxiliary workers as well as trained volunteers need to be recruited to meet the needs of the foster parents and foster children.
- Empirical research needs to be done to investigate how the lack of knowledge and professional purpose among the managers impacts on the working conditions of social workers in the communities they serve.

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SA *see* South Africa.

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ADDENDUM 1

QUESTIONNAIRE NUMBER

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GUIDELINES FOR SOCIAL WORKERS TO IMPROVE FOSTER CARE PLACEMENTS FOR CHILDREN AFFECTED BY HIV/AIDS

SECTION A: PERSONAL INFORMATION OF FOSTER CHILDREN

(To be answered by foster children)

PLEASE ANSWER THE FOLLOWING QUESTIONS

1. Home language? (Only one)

Language	
Sesotho	1
Tswana	2
English	3
Afrikaans	4
Other (Specify)	5

2. Age in years?

--	--

3. Gender

Female	1	Male	2
--------	---	------	---

4. Do you attend school?

Yes	1	No	2
-----	---	----	---

5. If "yes" to Question 4, in what grade are you now? (Cross only one)

Grade	
Lower than grade 7 (Specify)	1
Grade 7	2
Grade 8	3
Grade 9	4
Grade 10	5
Grade 11	6
Grade 12	7

6. Why were you placed in foster care? (Cross only one)

Reasons for placements	
Parent(s) died	1
Abandoned by parent(s)	2

Abused by parents	3
Parents had no material means	4
Do not know	5
Other reasons	6

SECTION B: RELATIONS

7. How was your relationship with your foster parent(s) before your placement with them?

Good	1	Average	2	Bad	3
------	---	---------	---	-----	---

Motivate your answer.

.....

.....

8. Describe your current relationship with your foster parents.

.....

.....

9. With whom of the following biological parent(s) do you have contact?

Mother	1	Father	2	None	3	Both	4
--------	---	--------	---	------	---	------	---

10. If you have contact with one of or both your biological parents, how is the relationship between:

10.1 Your foster parents and your biological mother?

Good	1	Average	2	Bad	3
------	---	---------	---	-----	---

Motivate your answer.

.....

.....

.....

10.2 Your foster parents and your biological father?

Good	1	Average	2	Bad	3
------	---	---------	---	-----	---

Motivate your answer.

.....

.....

.....

11. If the relationship is bad, would you like the social worker to help you with a better relationship?

Yes	1	No	2
-----	---	----	---

12. If your answer is "no", motivate why you say this.

.....

.....

13. Do you feel a sense of belonging with your foster parents?

Yes	1	No	2
-----	---	----	---

14. If your answer is "no", motivate why you say this.

.....
.....

15. Does the grant your foster parents receive for being foster parents, benefit your needs?

Yes	1	No	2
-----	---	----	---

Motivate your answer.

.....
.....

16. Do you think your foster parents trust you?

Yes	1	No	2
-----	---	----	---

Motivate your answer.

.....
.....

17. Will you trust your foster parents enough to tell them your secrets?

Yes	1	No	2
-----	---	----	---

Motivate your answer.

.....
.....
.....

18. Are you sorry that you have been placed with this foster parent(s)?

Yes	1	No	2
-----	---	----	---

Motivate your answer.

.....
.....

SECTION C: SOCIAL SERVICES

19. Is there a social worker who provides you with information/services?

Yes	1	No	2	Uncertain	3
-----	---	----	---	-----------	---

20. If "yes" to question 16, what kind of information/services does the social worker provide you with? (One or more)

Information/Services	Yes
1. The requirements of foster care according to the Child Care Act	
2. The court procedures	
3. The foster grant	
4. How to spend the foster grant	

5.	My rights as foster child	
6.	The role of the social worker	
7.	My relationship with my foster parents	
8.	My relationship with my biological parent(s)	
9.	My performance in school	
10.	Individual therapy	
11.	Group therapy	
12.	Other services (Specify)	

21. Are there any other services you want the social worker to provide you with?

.....

22. How often does the social worker visit you? (Cross only one)

Frequency of contact	
Once a week	1
Once a month	2
Once a year	3
Other (Specify)	4

23. How often would you like the social worker to visit you? (Cross only one)

Frequency of contact	
One a week	1
Once a month	2
Once a year	3
Other (Specify)	4

24. To what extent do you benefit from the services of the social worker?

A lot	1	Some what	2	Not at all	3
-------	---	-----------	---	------------	---

Motivate your answer.

.....

SECTION D: HIV/AIDS

25. Is there anyone in your previous household infected with the HI virus?

Yes	1	No	2
-----	---	----	---

26. If your answer is "yes", describe how you feel about their status?

.....

27. Does the person receive medical assistance?

Yes	1	No	2
-----	---	----	---

If "no", motivate your answer.

.....
.....

28. If "no" to question 26, would you prefer the social worker to give more information regarding medical assistance?

Yes	1	No	2
-----	---	----	---

29. Does your friend(s) know the status of this person?

Yes	1	No	2
-----	---	----	---

30. If "yes, what is or was their reaction towards this person?

.....
.....

31. Do you have adequate knowledge of HIV/AIDS?

Yes	1	No	2
-----	---	----	---

32. If "no" to question 29, would you prefer the social worker to give more information on HIV/AIDS?

Yes	1	No	2
-----	---	----	---

33. Who do you consider to be your support system?

.....
.....

Any other remarks?

.....
.....
.....
.....
.....

Observation of researcher.

.....
.....
.....
.....

Thank you for your participation. I sincerely appreciate it.

Mrs Bungane
MA student
Social Work Division
School of Social and Behavioural Sciences
Potchefstroom Campus of the North-West University

ADDENDUM 2

QUESTIONNAIRE NUMBER

--	--

GUIDELINES FOR SOCIAL WORKERS TO IMPROVE FOSTER CARE PLACEMENTS FOR CHILDREN AFFECTED BY HIV/AIDS

PLEASE ANSWER THE FOLLOWING QUESTIONS

SECTION A: PERSONAL INFORMATION OF FOSTER PARENTS

(To be answered by foster parents)

1. Home language? (Only one)

Language	
Sesotho	1
Tswana	2
English	3
Afrikaans	4
Other (Specify)	5

2. Age in years?

--	--

3. Gender

Female	1	Male	2
--------	---	------	---

4. Your marital status? (Only one)

Status	
Married	1
Divorced	2
Widow(er)	3
Living together	4
Other (Specify)	5

5. Are you employed?

Yes	1	No	2
-----	---	----	---

6. If "yes", what is your occupation?

7. What is your highest standard passed at school? (Only one)

Grade	
No education	1
Lower than grade 7 (Specify)	2
Grade 7	3
Grade 8	4

Grade 9	5
Grade 10	6
Grade 11	7
Grade 12	8

8. How many **own** children do you have?

--	--

9. How many **foster children** do you have?

--	--

10. What are the ages of the foster child(ren) and are they schooling?

Child	Age in years	Schooling yes	Schooling no
1			
2			
3			
4			
5			
More (Specify			

11. Whom do you live with in this house? (One or more)

People in house	Yes	No
1. Husband/wife		
2. Living together partner		
3. Own child(ren)		
4. Grandchild(ren)		
5. Foster child(ren)		
6. Friends		
7. Aunt		
8. Uncle		
9. Grandparents		
10. Other relatives (specify)		
11. Other people (specify)		

12. What is your household's monthly income in Rand?

Income	Rand
Salary	
Foster grant	
Other income (Specify)	
Total	

SECTION B: RELATIONS (Child 1, 2, 3, 4 (Grade 7-12) and only Section B on different sheets)

13. What was your relationship with your foster child(ren) before the placement?

Good	1	Average	2	Bad	3
------	---	---------	---	-----	---

Motivate your answer.

.....

.....

14. Describe your current relationship with your foster child(ren).

.....

.....

15. With whom of the following biological parent(s) of the foster child(ren) do you have contact?

Mother	1	Father	2	None	3	Both	4
--------	---	--------	---	------	---	------	---

16. If you have contact with one of or both the biological parents, how is the relationship between you and the following biological parents.

16.1 The biological mother

Good	1	Average	2	Bad	3
------	---	---------	---	-----	---

Motivate your answer.

.....

.....

16.2 The biological father.

Good	1	Average	2	Bad	3
------	---	---------	---	-----	---

Motivate your answer.

.....

.....

17. If the relationship is bad, would you like the social worker to help you with a better relationship?

Yes	1	No	2
-----	---	----	---

Motivate your answer.

.....

.....

18. Do you feel a sense of belonging with your foster child(ren)?

Yes	1	No	2
-----	---	----	---

19. If your answer is "no" to question 18, motivate why you say this.

.....

.....

20. Does the foster grant benefit the foster child(ren)'s needs?

Yes	1	No	2
-----	---	----	---

Motivate your answer

.....

.....

21. Do you think your foster child(ren) trusts you?

Yes	1	No	2
-----	---	----	---

Motivate your answer.

.....

.....

22. Will your foster child trust you enough to tell you his/her secrets?

Yes	1	No	2
-----	---	----	---

Motivate your answer.

.....

.....

23. Are you sorry that your foster child(ren) has been placed with you as foster parent(s)?

Yes	1	No	2
-----	---	----	---

Motivate your answer.

.....

.....

SECTION C: SOCIAL SERVICES

24. Is there a social worker who provides you as foster parent with information/services?

Yes	1	No	2	Uncertain	3
-----	---	----	---	-----------	---

25. If "yes" to question 24, what kind of information/services does the social worker provide you with? (One or more)

Information/Services	Yes	No
1. The requirements of foster care according to the Child Care Act		
2. The court procedures		
3. The foster grant		
4. How to spend the foster grant		
5. My rights as foster parent		
6. The role of the social worker		
7. My relationship with my foster child(ren)		
8. My relationship with the biological parent(s)		
9. My foster child's(ren)'s performance in school		

10. Individual therapy		
11. Group therapy		
12. Other services (Specify)		

26. Are there any other services you would want the social worker to provide you with?

.....

.....

27. How often does the social worker visit you? (Cross only one)

Frequency of contact	
Once a week	1
Once a month	2
Once a year	3
Other (Specify)	4

28. How often would you like the social worker to visit you? (Cross only one)

Frequency of contact	
Once a week	1
Once a month	2
Once a year	3
Other (Specify)	4

29. To what extent do you benefit from the services of the social worker?

To a great extent	1	To some extent	2	Not at all	3
-------------------	---	----------------	---	------------	---

Motivate your answer.

.....

.....

SECTION D: HIV/AIDS

30. Is there anyone in your household infected with the HI virus?

Yes	1	No	2
-----	---	----	---

31. If your answer is "yes" to question 30, describe how you feel about his/her status?

.....

.....

32. Does the person receive medical assistance?

Yes	1	No	2
-----	---	----	---

If "no", motivate your answer.

.....

.....

33. Does your friend(s) know the status of this person?

Yes	1	No	2
-----	---	----	---

34. If "yes", what is or was his/her reaction towards this person?

.....
.....

35. Do you have adequate knowledge of HIV/AIDS?

Yes	1	No	2
-----	---	----	---

36. If "no" to question 35, would you prefer the social worker to give more information regarding HIV/AIDS?

Yes	1	No	2
-----	---	----	---

37. Who do you consider to be your support system?

.....
.....

Any other remarks?

.....
.....
.....

Observation of researcher.

.....
.....
.....

Thank you for your participation. I sincerely appreciate it.

Mrs Bungane
MA student
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Potchefstroom Campus of the North-West University

ADDENDUM 3

LETTER OF CONFIRMATION DEPARTMENT OF SOCIAL DEVELOPMENT FREE STATE PROVINCE

ADDENDUM 4

CONSENT BY RESPONDENTS

You are invited to participate in a research project of **Mrs Bungane with the title "Guidelines for social workers to improve foster care placements for children affected by HIV/AIDS"**. It is important that you read/listen to and understand the following general principles which apply to all participants in our research project:

1. Participation in this project is voluntary.
2. It is possible that you personally will not derive any benefit from participation in this project, although the knowledge obtained from the results may be beneficial to other people.
3. You will be free to withdraw from the project at any stage without having to explain the reasons for your withdrawal. However, we would like to request that you rather not withdraw without a thorough consideration of your decision, since it may have an effect on the statistical reliability of the results of the project.
4. The nature of the project, possible risk factors, factors which may cause discomfort, the expected benefits to the subjects and the known and the most probable permanent consequences which may follow from your participation in this project, are discussed in Part 1 of this document.
5. We encourage you to ask the project leader or the personnel questions at any stage concerning the project and procedures, who will readily give more information. They will discuss all procedures with you.
6. If you are a minor, we need the written approval of your parent or guardian before you may participate.
7. We require that you indemnify the University from any liability due to detrimental effects of treatment by University staff or students or other subjects to yourself or anybody else. We also require indemnity from liability of the University regarding any treatment to yourself or another person due to participation in this project. Lastly you are required to abandon any claim against the University regarding treatment of yourself or another person due to participation in this project.
8. If you are married, it is required that your spouse abandon any claims that he/she could have against the University regarding treatment or death of yourself due to the project.

CONSENT

Title of the project: **Guidelines for social workers to improve foster care placements for children affected by HIV/AIDS**

I, the undersigned (full names) read/listened to the information on the project and I declare that I understand the information. I was afforded the opportunity to discuss aspects of the project with the project leader and I declare that I participate in the project as a volunteer. I hereby give my consent to be a subject in this project.

I indemnify the University, also any employee or student of the University, of any liability against myself which may arise during the course of the project.

I will not submit any claims against the University regarding personal detrimental effects due to the project, due to negligence by the University, its employees or students, or any other subjects.

(Signature of the subject)

Signed at on

Witnesses

1.

2.

Signed at on

For non-therapeutic experimenting with subjects under the age of 21 years the written approval of a parent or guardian is required.

I, (full names) parent or guardian of the subject named above, hereby give my permission that he/she may participate in this project and I also indemnify the University and any employee or student of the University, against any liability which may arise during the course of the project.

Signature: Date:

Relationship:

For experimenting with married persons, the following indemnity from the spouse is required.

I, (full names), the spouse of the subject in this application, hereby undertake not to submit any claims against the University regarding treatment in case of death or injuries of this person due to the project as described in this application, due to negligence of the University, its students or another subject, or in any other way.

Signature: Date:

Relationship: