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CIRCUMSTANCES OF FOSTER CHILDREN AND THEIR FOSTER PARENTS AFFECTED BY HIV AND AIDS

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INTRODUCTION AND PROBLEM STATEMENT

Problems in families and children really begin when a member in the family becomes infected with the HI virus (Smit, 2007:8). According to Stine (2007:261), there does not appear to be an immediate end to either the spread of HIV infection or the devastation caused by AIDS. Africa, with about 10% of the world's population, now accounts for 90% of all new HIV infections in the world, while it was predicted that at the end of 2008 about 5.8 million South Africans would be living with HIV and AIDS (Stine, 2007:285-287). 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, children and community members (Frohlich, in Abdool Karim & Abdool Karim, 2005:351-354).

The phenomenon of increasing numbers of orphans and vulnerable children as a consequence of AIDS-related deaths requires practical placement strategies such as foster care placements. Foster care placements are very often characterised by problems such as dysfunctional relationships between foster children and their foster parents. Foster children are made vulnerable by the conditions in which they find themselves. Changes in their lives cause instability, uncertainty, confusion and mostly frustration (Ritchie & Howes, 2003:408). They are stigmatised by their families and relatives. Children affected by HIV and AIDS have to cope with severe psychological burdens such as a low self-esteem; they experience anxiety, become aggressive and depressed.

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 strengthen the commitment and care of families and households. Smart (in Uys & Cameron, 2004:181) points out: "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 are crucial. In practice, the 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 (Schönteich, 2000). The South African White Paper for Social Welfare (1997:90) as well as Uys (in Uys & Cameron, 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 normalisation of services for

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foster children and foster parents who have become vulnerable due to HIV and AIDS. According to Uys (in Uys & Cameron, 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 impact on every aspect of human existence it is important, according to Modise (2005:2), 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 front line with regard to dealing with the consequences of HIV and AIDS, especially in rural areas such as the Motheo district in the Free State (Lerole, 1994:9). 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).

AIM OF RESEARCH

The aim of this study was to investigate the circumstances of foster children and their foster parents affected by HIV and AIDS as well as the social work services rendered to these people in the Motheo District in the Free State province in South Africa.

RESEARCH METHODOLOGY

The survey procedure was used to investigate the circumstances of foster children and their foster parents affected by HIV and AIDS as well as the social work services available to these people in the Motheo district of the Free State. A quantitative descriptive design was found to be appropriate for this study (Fouché & De Vos, in De Vos, Strydom, Fouché & Delport, 2005:137). By means of this design and by utilising the schedule, the circumstances of foster placement could be investigated.

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, 2005:202). According to Strydom (in De Vos, Strydom, Fouché & Delport, 2005:202), the term accidental samples refers to any "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. In the Motheo district 21 foster children between ages of 14 and 17 years and the 21 foster parents of these 21 children were willing to take part in the research. Thus 21 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

Self-administered schedules were used as a tool to collect the data (Delport in De Vos *et al*., 2002:174). The schedules contained open and closed-ended questions and were very similar for the foster child and for the foster parent. The schedules were pilot tested with a foster child and a foster parent, who were not included in the sample.

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PRESENTATION OF THE RESULTS

IDENTIFYING PARTICULARS

Language of respondents

The majority (17 or 80.95%) of the respondents were 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.

Gender

In this research 13 (61.91%) of the foster children were female and 8 (38.09%) male. All the foster parents 21 (100%) were females.

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

Only one (4.76%) of the respondents was married, 15 (71.43%) were widows, one (4.76%) was divorced and four (19.05%) were single women. The research of Delport (2007) confirms that most of the foster parents are single mothers and especially grandmothers.

Education level

TABLE 1
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	9.52
Grade 9	2	9.52	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**	100

When one looks at the results of Table 1 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 for

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the educational needs of the children is not clear. In research done by Delport (2007:62), one of the needs that 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.

Financial status

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, five (23.81%) foster parents for two foster children each, and the remaining five (23.81%) care for three foster children each. According to Roux (2002:209-217), the low income per household leads to 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 on ways to spend the foster grant responsibly.

REASONS FOR BEING PLACED IN FOSTER CARE

A question was put to the foster children as to 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 nine (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 why they are placed in foster care (Delport, 2007).

RELATIONSHIPS

To a question that was put to the foster children to describe their current relations with the foster parents, most of the relations, except in the case of three (14.29%) respondents, were described as good. The following answers were received from the 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”.

The foster parents’ reactions to the question as to what their current relations with their foster children are like are not as positive as those received from the foster children. Only eight (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.

- “The child is lazy and comes late from school”. (2)
- “The child is naughty”. (3)
- “The child is lazy and stubborn”. (6)

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- "The child demands her foster grant". (1)
- "The 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".

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 (2001:363), one of the reasons why kinship foster parents take foster children into their care is their love for the child.

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 two (9.53%) were uncertain. The remaining 19 (90.47%) answered "yes". Their explanations 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, two (9.53%) said "no" and 12 (57.14%) answered "yes". The seven (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 five (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 reasons 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 reasons of respondents who were uncertain and answered "no" were:

- "She said that she does not get great treatment from me".

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- "She does not talk a lot and does not want to say what is eating her up". (5)
- "The child said there are other people that she trusts more".
- "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 two (9.52%) foster children were sorry. The children's explanations were the following:

- "The child wishes to be placed with parental relatives".
- "They sometimes make the child very angry".

To the same question five (23.81%) foster parents responded that they were sorry and 16 (76.19%) that they were not. Their explanations were the following:

- "The foster 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 three (14.29%) foster children and five (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 exhibit the psychosocial effects and uniqueness of symptoms associated with AIDS-related bereavement. According to Starr, Dubowitz, Harrington and Feigelman (in Hegar & Scannapieco, 1999:193), "(s)ome groups of children, including those who live in poverty, and those placed in foster care, are at greater risk of 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 have to empower these people and deal with their problems. In a study by Modise (2005), she indicated that children and families affected by HIV and AIDS do not have easy access to social workers, although social work intervention is essential in the lives of families and communities affected by HIV and AIDS.

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 (57.14%) answered "yes". Two (9.53%) foster parents were uncertain, one (4.76%) answered "no" and 18 (85.71%) answered "yes".

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

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TABLE 2
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 2, individual and group therapy are hardly provided. 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 answers were received from one (4.76%) foster child each:

- "To find the child's father and help him build a relationship with the father".
- "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 3
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	9.52	Never	1	4.76
Never	1	4.76		0	0
N	**21**	**100**	**N**	**21**	**100**

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According to the results in Table 3, it is obvious that most of the social workers (14 or 66.67%) visit the foster children only once a year, and according to 12 (57.14%), they visit the foster parents also once a year. If one compares these results with the results in Table 2, 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 Delport (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 Delport (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 that social workers must attend to, one can expect them not to be able to give the amount of attention they always would wish to and one realises that South Africa, according to the minister of Social Development, Zola Skweyiya, 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 so empower the foster child and his or her foster parents (Delport 2007; Roux, 2002; Toseland & Rivas, 2005:18). Only four (19.05%) foster children and one (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 4
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 4, 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 nine (42.86%) of the foster parents more often than once a year. When the problems that foster children and foster parents experience with their relations and the 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 (in Becker, 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 determining the extent to which they benefit from the services of the social worker. Eleven (52.38%) foster children answered "a lot", nine (42.86%) "to some extent" and one (4.76%)

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"not at all". Thirteen (61.90%) foster parents answered "a lot", four (19.05%) "to some extent" and four (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.

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 two (9.53%) were uncertain. Seven (33.33%) of the foster parents said "yes", 12 (57.14%) said "no" and two (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".

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 these peoples' 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 (in Abdool Karim & Abdool Karim, 2005:354) state: "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 three (14.29%) said "no". Nine (42.86%) of the foster parents said "yes" and 12 (57.14%) said "no". Three (14.29%) of the foster children and 13 (61.90%) of the foster parents would prefer the social worker to give them more information on HIV and AIDS. 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 (Delport, 2007:41; Modise, 2005:81; Seyama, 2006:26).

A question was put to the foster children as to who they consider to be part of their support system. The following answers were received: foster mother (11); grandmother (three); relatives (nine); class teacher (two); social worker (one); neighbours (two); police (one); volunteers from home-based care (six) and church (one).

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The answers of the foster parents to this question were the following: relatives (14); foster child (three); volunteers from home-based care (eight); social worker (one); grandchild (one) and neighbours (one).

It is obvious that the most important support system for the foster children and their foster parents are their relatives. Eleven foster children also consider their foster mothers as their support system. Only one foster child and one 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 part of their support system.

Services to parents and children, according to Delport (2007), 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 (Delport, 2007:74). According to Rhodes, Orme and McSurdy (2003:88), "[t]raining and interaction with social workers increased foster parents' involvement".

RECOMMENDATIONS

- 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.
- 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 auxiliary workers and volunteers because, if strategically involved, the volunteers will minimise 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 characterised 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(s).
- 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.
- When the child is placed with the foster parent, regular visits must take place to assists 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 stems from his or her adjustment to the home.

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- 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 make use of the resources made available to them effectively and efficiently. The Department of Social Development has established partnership with stakeholders such as NGOs, community-based organisations (CBOs), faith-based organisations (FBOs) and communities. The home community-based care (HCBC) organisations consist of volunteers. These organisations are funded to identify and provide services to orphans and vulnerable children.
- A strategy to manage the process involving volunteers from HCBC organisations has to be developed by 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.
- 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 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 the effects of the HIV and AIDS pandemic.
- The salaries and working conditions of the social workers employed by the Department of Social Development and especially NGOs have to compare with salaries in the private sector, because increasing numbers of social workers are leaving the profession.
- More social workers need to be recruited to meet the needs of orphans and vulnerable 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.

CONCLUSION

In this study it was evident that foster parents affected by HIV and AIDS need help with different aspects such as communication with the child about the disease and the death of their parent or parents caused by the virus, how to handle conflict and how to discipline the child. Foster parents cannot be expected to undertake such tasks without help and training . It forms part of the role of the social worker to empower these parents and children with training in conflict resolution and stress management. It is evident in studies such as Delport (2007) and Modise (2005) that children and families affected by HIV and AIDS do not have easy access to social workers, although social work intervention is essential in the lives of families and communities affected by HIV and AIDS. The social workers' role in families affected by HIV and AIDS demands an adequate number of social workers who are committed to assist these families. The rate at which care for families affected by HIV and AIDS is growing makes it very difficult for social workers to manage their work load.

REFERENCES

ANON. 2007. SA needs social workers. **Witness weekend, Supplement,** A:8, 13 January.

http://dx.doi.org/10.15270/46-1-182

BOYED-FRANKLIN, N., STEINER, G.L. & BOLAND, M.G. 1995. **Children, families, and HIV/AIDS**. New York: The Guilford Press.

BURMAN, S. 1996. Intergenerational family care: legacy of the past, implications for the future. **Southern Africa Studies**, 22(4):585-595.

DE LANGE, D. 2006. Maatskaplike werkers kry meer geld, sê Trevor. **Beeld**: 4, 10 Oktober.

DELPORT, C.S.L. 2002. Quantitative data collection methods. **In**: DE VOS, A.S., STRYDOM, H., FOUCHÉ, C.B. & DELPORT, C.S.L. (eds) **Research at grass roots – for the social sciences and human service professions**. Pretoria: Van Schaik Publishers.

DELPORT, J. 2007. **Die ontwikkeling en evaluering van 'n maatskaplike groepwerk-intervensieprogram in verwante pleegsorg-plasings**. Potchefstroom: University of North West, Potchefstroom Campus. (PhD Thesis)

DEPARTMENT OF SOCIAL DEVELOPMENT. 2003. **Population HIV/AIDS and Development: a resource document**. Pretoria: Department of Social Development.

DROWER, S.J. 2005. Group work to facilitate empowerment in the context of HIV/AIDS. **In**: BECKER, L. (ed) **Working with groups**. Cape Town: Oxford University Press.

FOUCHÉ, C.B. & DE VOS, A.S. 2005. Qualitative research design. **In**: DE VOS, A.S., STRYDOM, H., FOUCHÉ, C.B. & DELPORT, C.S.L. (eds) **Research at grass roots – for the social sciences and human service professions**. Pretoria: Van Schaik Publishers.

FREEMAN, M. & NKOMO, N. 2006. Guardian of orphans and vulnerable children. A survey of current and prospective care givers. **Journal of AIDS Care**, 18(4):302-310.

FROHLICH, J. 2005. The impact of AIDS on the community. **In**: ABDOOL KARIM, S.S. & ABDOOL KARIM, Q. (eds) **HIV/AIDS in South Africa**. Cape Town: Oxford University Press.

GILLWALD, C. 2002. **Workshops for the Commissioners of Child Welfare**. [Online] Available: http://www.doj.gov.za/speech/6march2002.htm [Accessed: 12/12/2007].

GLEESON, J.P. 1995. Kinship care and public child welfare: challenges and opportunities for social work education. **Journal of Social Work Education**, 31(2):182-193.

GRINNELL, R.M. 1993. **Social work research and evaluation**. Itasca, F.E.: Peacock Publishers.

GRINNELL, R.M. 2001. **Social work research and evaluation**. Itasca, F.E.: Peacock Publishers.

LEROLE, B. 1994. Some considerations for child and youth care regarding HIV and AIDS. **Social Work Practice**, 1(9):13-20.

MASON, S. & LINSK, N. 2002. Relative foster parents of HIV-affected children. **Child Welfare**, 1(XXXI):541-546.

MODISE, B.D. 2005. **Social work services for children affected by HIV/AIDS in a rural area**. Potchefstroom: Campus of the North-West University. (MA(SW) Dissertation)

O'BRIEN, P., MASSAT, C.R. & GLEESON, J.P. 2001. Upping the ante: relative caregivers' perceptions of changes in child welfare policies. **Child Welfare**, 80(6):719-748.

RHODES, K.W., ORME, J.G. & McSURDY, M. 2003. Foster parents' role performance responsibilities: perceptions of foster mothers, fathers and workers. **Children and Youth Service Review**, 25(12):935-964.

http://dx.doi.org/10.15270/46-1-182

RICHTER, L., FOSTER, G. & SHEIR, L. 2006. **Where the heart is: meeting the psychological needs of young children in the context of HIV/AIDS**. The Netherlands: Bernard van Leer Foundation.

RITCHIE, S. & HOWES, C.M. 2003. **Program practices, care giver stability and child-care giver relationships.** Los Angels: Elsevier Inc.

ROUX, A.A. 2002. **Evaluering van 'n groepwerkhulpverleningsprogram met MIV-positief/Vigs-pasiënte**. Potchefstroom: PU for CHE. (PhD Thesis)

SCHÖNTEICH, M. 2000. **Age and AIDS: South Africa's time bomb**. [Online] Available: http://www.ydn.za/publications/journal/tenup/three/age.html [Accessed: 13/02/2007].

SEYAMA, K.D.V. 2006. **Vulnerability to HIV amongst African people in rural areas: the Thusano project**. Potchefstroom: University of North West. (MA(SW) Dissertation)

SMART, R. 2004. Planning for orphans and HIV/AIDS affected children. **In**: UYS, L. & CAMERON, S. (eds) **Home-based HIV/AIDS care**. Cape Town: Oxford University Press.

SMIT, E. 2007. The impact of HIV/AIDS on rural South African families. **Child Abuse Research in South Africa**, 8(1):1-10.

SOUTH AFRICA. DEPARTMENT OF WELFARE. 1997. White Paper for Social Welfare. (1108 of 1997). **Government Gazette**: 18166, Aug. 8. 104 p.

STARR, R.H., DUBOWITZ, H., HARRINGTON, D. & FEIGELMAN, S. 1999. Behaviour problems in teens in Kinship Care. **In**: HEGAR, R.L. & SCANNAPIECO, M. (eds) **Kinship foster care. Policy, practice and research**. New York: Oxford University Press.

STINE, G.J. 2007. **AIDS update 2007. An annual overview of Acquired Immune Deficiency Syndrome**. Boston: McGraw-Hill Companies Inc.

STRYDOM, H. 2005**.** Sampling and sampling methods. **In**: DE VOS, A.S., STRYDOM, H., FOUCHÉ, C.B. & DELPORT, C.S.L. (eds) **Research at grass roots – for the social sciences and human service professions**. Pretoria: Van Schaik Publishers.

TOSELAND, R.W. & RIVAS, R.F. 2005**. An introduction to group work practice**. Boston: Pearson & Allyn & Bacon.

TRISELIOTIS, J., SELLICK, C. & SHORT, R. 1995**. Foster care: theory and practice**. London: Redwood Books.

UYS, L. 2004. A model for home-based care. **In**: UYS, L. & CAMERON, S. (eds) **Home-based HIV/AIDS care**. Cape Town: Oxford University Press.

WESSELS, C.C. 2003. **Die opstel en evaluering van 'n maatskaplikewerk-bemagtigingsprogram vir gesinne van MIV-positiewe/VIGS-pasiënte**. Potchefstroom: PU for CHE. (PhD Thesis)

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