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SOCIAL WORKERS' VIEWS ON THE IMPLEMENTATION OF LEGISLATION THAT GUIDES SERVICE DELIVERY TO CHILD-HEADED HOUSEHOLDS

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ABSTRACT

The National Plan of Action (Department of Social Development, 2021) identified child-headed households (CHHs) as an increasing social problem in South Africa. Section 150 of the Children's Act, 38 of 2005 (Republic of South Africa [RSA], 2005), and the Children's Amendment Act, 41 of 2007 (RSA, 2007), consider children living in CHHs as children in need of care and protection, and give guidelines on services to these households. Currently, there is no certainty about the successful implementation of these guidelines to address the needs of this target group. This study, therefore, used a qualitative research approach with semi-structured interviews with social workers to investigate their views on applying section 137 of Children's Amendment Act, 41 of 2007 (RSA, 2007). This study found that there were gaps to address in the social work services provided to CHHs and the implementation of the Act. Some of the main recommendations included continued training and research on the implementation of the Act.

Keywords: child-headed households; guidelines; legislation; service delivery; social workers

INTRODUCTION AND PROBLEM FORMULATION

According to the Children's Act, 38 of 2005 and the Children's Amendment Act, 41 of 2007 (Republic of South Africa [RSA], 2006; 2007), child-headed households (CHHs) are a form of alternative care in South Africa. According to the Consolidated Strategy and Guidelines on Statutory Services to the Child-headed Household published by the Department of Social Development (DSD) (2010), a household is recognised as a CHH, if i) the parent or caregiver of the household is terminally ill; ii) has died or has abandoned the child; iii) no adult

family member is available to care for children in the household; and iv) a child over the age of 16 years has assumed the role of caregiver in respect of the children in the household. Other authors describe CHHs as households in which children of the same family or extended family live together without a parent or another adult caretaker (Slabbert *et al.*, 2010). These households often come into being because of parental death, parental labour migration, when parents do not take responsibility for their children, or when the eldest child takes care of the younger siblings. In this study, a CHH refers to a household where there is no adult present, and the oldest sibling is taking care of the younger one(s) in the household.

Some researchers agree that CHHs have increased as a social problem in South Africa (Mogotlane *et al.*, 2012; Molefi & Mokomane, 2015; Ngconjan, Kwizera & Umejesi, 2017). In 2018 it was reported that there were 33,000 CHHs in South Africa (Statistics South Africa, 2018). The prevalence of the human immunodeficiency virus (HIV) and diseases related to acquired immunodeficiency syndrome (AIDS) are the main contributing factors to CHHs (Aids Workers Network, 2012). However, factors such as abuse, conflicts between races, genocide, migration and vehicle accidents have been reported as also contributing to the development of CHHs in South Africa (Mientjies & Hall, 2013; Van Dijk & Van Driel, 2009).

Children in CHHs need special protection because they are among the most vulnerable members of society. Because of their vulnerability, children in CHHs may experience difficulties accessing services critical for their survival (Human Sciences Research Council [HSRC], 2002; Madhavan & Schatz, 2007; Van Dijk & Van Driel, 2009). These studies bear testimony that CHHs are a serious matter that needs attention. The United Nations International Children's Emergency Fund (UNICEF, 2015), the United States Agency for International Development (UNAIDS, 2014) published reports on CHHs. According to these reports, there are gaps in dealing with various aspects pertaining to CHHs, including the definition and a lack of research on the implementation of legislation. Their reports further pointed out that CHHs are particularly vulnerable to exploitation and abuse, and that influential legislation is necessary to address this threat.

Despite the influence of international documents such as the UNICEF and USAID reports on CHHs, the plight of children has historically always been inadequately addressed (Molefi & Mokomane, 2015). This is a consequence of the complex nature of the households, which in turn required cooperation between all spheres of government. The literature also confirmed other challenges, which included increased responsibility to care for sick family members; dealing with the stigma of family members being sick or deceased as a result of HIV/AIDS; poor employability because they did not attend school; the lack of grief support; increased risk of starvation and malnutrition; poor and unsafe housing; poor school performance; inadequate access to medical care; risk of being abused and the sexual exploitation of girls; poverty; and lack of parental care and support (Dube, 2005; Evans & Becker, 2009; Foster, 2014; Khoza & Mokwena, 2016; Ngconjana *et al.*, 2017; Phillips, 2011).

In response to the abovementioned issues, the Children's Act, 38 of 2005 (RSA, 2006) makes provision for social work services to assist CHHs. Section 137 of the Children's Amendment Act, 41 of 2007 (RSA, 2007) focuses on statutory social work services for CHHs. Provisions include the designation of a supervisory adult to look after these children in the households, as

well as to take care of and protect the children living in the household. The Children's Amendment Act, 41 of 2007 (RSA, 2007) provides the designated social worker with specific instructions on how to deal with these children (Children's Amendment Act, 41 of 2007; Molefi & Mokomane, 2015; Mturi, 2012).

The Children's Act, 38 of 2005 (RSA, 2006) describes children in CHHs as in need of care and protection, which makes the role of the social worker very important. The social worker must, therefore, deliver child protection services, whilst implementing the provisions of the Children's Act to address the challenges CHHs face. This research focused on the implementation of section 137 of the Children's Amendment Act, 41 of 2007 (RSA, 2007), which appears to be an area that has been neglected.

Importantly, a key step in policy development or implementation is evaluation (Rahman & Rahman, 2017). However, no literature could be found in South Africa on the evaluation of the implementation of the Children's Amendment Act, 41 of 2007 (RSA, 2007), specifically with a focus on section 137 for CHHs. Therefore, this study attempted to ascertain what social workers' views were regarding the implementation of legislation pertaining to social work services to CHHs.

This exploration specifically focused on section 137 of the Children's Amendments Act, 41 of 2007 (RSA, 2007), as it addresses the implementation of the following social work services to CHHs:

- How to classify households as child-headed;
- How to appoint a supervising adult;
- What the role of the supervising adult is;
- How to administer the social grant;
- How to establish alternative care options for children in CHHs;
- How to handle children with special needs within a CHH; and
- What challenges do social workers experience in service delivery to CHHs?

Given the above pointers, the research question was formulated as follows: *What are social workers' views regarding the implementation of section 137 of the Children's Amendment Act, 41 of 2007 that regulates services to CHHs?*

THEORETICAL FRAMEWORK

The initial theory applied in this study was the bioecological system theory, as the study explored social workers' views on the implementation of legislation that guides service delivery to CHHs. The bioecological systems theory was chosen because, according to Darling (2007), it examines patterns and interactions among the several contextual levels of human development, classified as micro-, meso-, exo- and macro-systems. In addition to providing a comprehensive understanding of the various factors that contribute to service delivery to CHHs, the bioecological systems theory allowed for an analysis of the effects of these services on environmental systems, including the micro-, meso-, exo-, macro- and chronosystems (Navarro *et al.*, 2020). Doorgapershad (2021) states that it may be counterproductive to exclude one or more of these systems when implementing child protection interventions.

The second theoretical framework that guided this research was the developmental social work method, which is strongly grounded in a social justice and rights paradigm (Patel, Schmid & Hochfeld, 2012). To improve the wellbeing of individuals, families, households, groups, organisations and communities in their social context, the developmental social work approach is defined as the “practical and appropriate application of knowledge, skills, and values of social development to social work processes” (Patel *et al.*, 2012:695). The developmental social work approach aligns with the rights paradigm by advocating for the fulfilment of rights by addressing the underlying social, economic and political factors that contribute to inequality and injustice in order to create a more equitable and inclusive society (Patel *et al.*, 2012).

In this regard, the Children’s Act, 38 of 2005 (RSA, 2006) adopted a holistic and developmental approach to the care and protection of children in South Africa. The Act recognises and supports children in alternative care settings for their wellbeing, development and protection in line with the Constitution of South Africa (1996).

RESEARCH METHODOLOGY

As stated, this study aimed to explore social workers’ views on the implementation of section 137 of the Children’s Amendment Act, 41 of 2007 (RSA, 2007) to address the challenges facing CHHs. This study was qualitative (Beins, 2009; Creswell, 2013), a form of research which focuses on describing and understanding phenomena within their naturally occurring context to develop an understanding of the meaning attributed by participants (Grinell & Unrau, 2011; Maree, 2007). In addition, this research study followed an explorative and descriptive design, which gives insight into a situation, phenomenon, community or individual (Fouche & Schurink, 2021). According to Botma *et al.* (2010), descriptive research is relevant when the researcher wants to describe an event or phenomenon.

This research study applied face-to-face semi-structured interviews with social workers to explore their views on the implementation of section 137 of the Children’s Amendment Act, 41 of 2007 to address the challenges faced by CHHs. The interviews lasted 60 minutes and were recorded with the participants’ consent. The sample consisted of 10 social workers from the DSD in Gauteng province who work with CHHs. Chiawela, Alexandra, Eldorado Park, Diepsloot and Orange Farm had the highest number of CHHs and were therefore used as the sample areas. These five offices have two social workers each working specifically with CHHs. All 10 social workers working with CHHs from these specific offices participated in the study.

The research study used purposeful sampling. According to Rubin and Babbie (2016), purposeful sampling can be described as a type of non-probability sampling that seeks typical and divergent data. The researcher purposefully selected the 10 social workers for the semi-structured interviews. The inclusion criteria were specified as the following:

- They had to be from the DSD of Gauteng;
- They had to be social workers from the Johannesburg region from the five identified offices (Chiawela, Alexandra, Eldorado Park, Diepsloot and Orange Farm);
- They had to work with CHHs; and
- They had to have had at least one year of experience in working with CHHs.

Permission was sought from the DSD to conduct the study. Once granted, mediators assisted the researchers with the recruitment of participants. These mediators assisted with circulating the information letter that served as an invitation to participate. If participants were interested, they received consent forms via email, which were then signed. The researchers asked the gatekeeper to arrange a formal virtual meeting through Zoom with the managers of the identified offices to brief them on the aim of the research. During the virtual meeting with the mediators from each office, the researchers explained the aim and processes of the research, as well as the issue of informed consent. The mediators assisted the researchers with the recruitment of participants by identifying possible participants for the study and an independent person – whose role was to explain informed consent and voluntary participation to the social workers. They also arranged a virtual meeting between the researcher and the independent person and participants so that the researchers could discuss the aim and processes of the study.

The researchers followed four steps in analysing the data (Braun & Clarke, 2023):

- Familiarisation with data: The researchers familiarised themselves with all the relevant data and wrote down all initial ideas from the collected data. This step provided the foundation for the subsequent analysis;
- Generating initial codes: The researchers then began identifying preliminary codes, (features of the data that appear interesting and meaningful). A co-coder assisted the researchers during this step;
- Searching for themes: The third step was to identify all the themes and to sort the relevant data extracts (combined or split) according to the overarching themes; and
- Reviewing themes: A review of identified themes followed. Data within themes cohered together meaningfully and showed clear, identifiable distinctions between themes. The review took place over two phases, where i) the researchers analysed the themes of the codes; and ii) the studied policies and legislation.

Ethical aspects

Permission for the study (legal and goodwill authorisation)

The researchers obtained legal authorisation from the Gauteng DSD, as well as ethical approval from the North-West University's Ethical Committee (Ethical Clearance Number NWU-00153-21-A1) to conduct this research study. The study was identified as low-risk by the NWU ethical committee. All the study data are confidential, anonymous and private. The researchers only shared collected information with academic supervisors and no other people. The researchers did not use individual names, identity numbers or any identity documents. Instead of using the real names of the participants, the research applied alphabetical references to participants. The study reveals no personal information about the participants or the interviews.

Informed consent

The participants signed informed consent forms for participation in the study. Participants were informed that they participated voluntarily and could withdraw from the study at any stage.

FINDINGS

This section focuses on the findings of the research. Children living in CHHs are among the most vulnerable of South African children; the protection of their rights deserves to be the focus of all individuals and agencies dealing with these children (National Guidelines for Statutory Services to Child-headed Households, 2010). These children have special needs and are extremely vulnerable to abuse, exploitation, child trafficking and commercial sex work, since they do not have an adult to ensure their protection and safety. Based on these vulnerabilities, the Amended Act stipulates social work and other protection services for CHHs. The study, therefore, attempted to ascertain what social workers' views are regarding the implementation of the legislation related to social work services to CHHs.

The findings are based on an analysis of semi-structured interviews with 10 social workers employed by the Gauteng DSD in the Johannesburg region who provide social work services to children living in CHHs. The sample included seven female and three male participants. They all had between four and six years of experience in working with children in CHHs. The table below provides a breakdown of the themes and subthemes that were identified during data analysis. These themes and subthemes will be discussed, supported by verbatim comments from the social workers and with reference to the literature on the topic.

Table 1: Themes and subthemes

| Theme | Subthemes |
|---|--|
| Theme 1: Classification of CHHs | Subtheme 1.1: Policies and legislation Subtheme 1.2: Children assuming parental responsibilities |
| Theme 2: Procedure for appointing supervising adults | Subtheme 2.1: The Children's Act, 38 of 2005 Subtheme 2.2: The role of the social worker |
| Theme 3: The role of the supervising adult | |
| Theme 4: Administration of social grants | Subtheme 4.1: Assistance with application for social grants Subtheme 4.2: Supervising correct usage of social grant. Subtheme 4.3: Financial management/advice for grant/budgeting |
| Theme 5: Alternative care options for children in CHHs. | Subtheme 5.1: Foster care |
| Theme 6: Services rendered to children with special needs in CHHs | Subtheme 6.1: Assessment of needs Subtheme 6.2: Referral to stakeholders Subtheme 6.3: Special school intervention |
| Theme 7: Challenges faced by social workers | Subtheme 7.1: Limited resources Subtheme 7.2: Social workers do not get opportunities to participate in Act Amendments Subtheme 7.3: High caseloads |

Theme 1: Classification of CHHs

From the participants' responses, it is evident that the Children's Amendment Act, 41 of 2007 (RSA, 2007) guided them in their classification of CHHs. A main criterion is children's ages; however, some social workers identified cases where children were younger than 16 years (which is the baseline age in the Amended Act). Many social workers found this disconcerting, as these children assumed the household parental responsibilities. Thus, *policies and legislation* and *children assuming parental responsibilities* were identified as subthemes and are discussed in greater detail below.

Subtheme 1.1: Policies and legislation

Participants mentioned that South Africa has good legislative and policy documents to assist them in classifying a household as a CHH. Some of their responses included:

I think in everything that we do we are guided by the law of our country, in this case, it will be our Children's Act. Children's Act classifies a CHH as where a child who is over the age of 16 has assumed the role of a caregiver provided that the parent or the caregiver is terminally ill, or had abandoned the children.

We use the guidelines in the Children's Act and other policy documents to help us identify a CHH.

The Children's Amendment Act, 41 of 2007 and other policy documents are there to guide us, we know when the household is regarded as a CHH.

According to these responses, the Children's Act, 38 of 2005 and the Children's Amendment Act, 41 of 2007 (RSA, 2007) serve as key guidelines for social workers when classifying CHHs. As mentioned, research has indicated that a CHH is a household in which children of the same nuclear family or extended family live together without a parent or another adult caretaker (Philips, 2011). These households often come into being because of parental death, parental labour migration, when parents do not take responsibility for their children, or when the eldest child takes care of the younger siblings (Slabbert *et al.*, 2010).

Subtheme 1.2: Children assuming parental responsibilities

All participants confirmed that in a CHH the assumption of parental responsibilities by the child is common. They stated the reasons as follows:

CHH is a home whereby a child under the age of 16 is the one that is taking care of his or other siblings and there is no adult.

Normally, the oldest child is the one who takes responsibility for the younger ones.

Some of these parents have died of HIV/AIDS, others just abandoned their children, so the eldest child have to take the role as the adult in the house.

Mogotlane *et al.* (2010) support these findings and found that the eldest child in CHHs is obligated to care for and support their siblings. This finding also correlates with findings in the

literature, namely that children in CHHs execute parental duties in the absence of their parents, or without any parental care (Nziyane & Alpaslan, 2012; Worku & Morrow, 2016).

Theme 2: Procedure for appointing supervising adults

Subtheme 2.1: The Children's Act, 38 of 2005

Section 137(2) of the Children's Amendment Act, 41 of 2007 (RSA, 2007) states that once a household is recognised as a CHH, the household should function under the general supervision of an adult supervisor. The Act specifically states that "A CHH must function under the general supervision of an adult designated by (a) a children's court, or (b) an organ of state or a non-governmental organisation determined by the provincial head of social development" (Act 41 of 2007). A social worker is responsible for executing this process.

OK, let me first indicate that when we talk about the supervising adults, we are talking about a primary caregiver, community caregiver, a relative or somebody in the community who can be appointed to assist that household in terms of running the day-to-day activities. So, based on my experience, since I worked for different programmes, we do have the organisations that are providing services in our communities, if it happens that those organisations identified a CHH.

In this regard, according to the participants, several main role players are often recognised as qualified to act as supervising adults. These include social auxiliary workers, volunteers or members of a non-governmental organisation (NGO) in the community:

I will speak based on my experience, so in my time when I was working under the HIV/AIDS unit we had funded NPOs [non-profit organisations]; these funded NPOs are located in townships, so this NPOs will then have qualified, social workers, caregivers, social auxiliary workers, so our social auxiliary workers in partnership with caregivers stay around these communities, which makes it easy for them to identify and access CHH.

Subtheme 2.2: The role of the social worker

Most of the participants emphasised the role of the social worker in making sure that a fit and suitable person is appointed as the supervising adult. They mentioned the importance of social workers being actively involved in CHH cases, and they further stated that social workers should involve other role-players in the community to make sure that services are rendered to children in these households. Participants stated that:

My understanding is that when you are going to appoint a supervisory adult, it should be done by a social worker, who works for the state or an NGO, and the social worker should interview the supervisory adult to understand the person as to what kind of a person are they? Would they be able to see what is happening in that family? Obviously, it should be someone who is trusted, someone who have not abused children in any way, with no criminal records. You know what I know this is wrong to say, but I usually prefer that it should be someone who is available, you know? Because you might want to do, but is not available to oversee this families, because

you might want to be a supervising adult, but you do not have time, availability it's also important.

We as social workers play an important role, we need to check everything like the background of a person, before we can appoint them as a supervising adult. It is not easy. We also need to involve other role players such as church leaders, schools in the community. We cannot do it alone.

Screening is a way to appoint, we need to screen that person to see if that person is suitable if he or she can be a supervising adult. From my field we make use Form 30, we submit the form at NDSB in Pretoria, they will screen them. [They are screened according to] PART B of the Children's Act to find out if they have never abused children, and the same applies to the CHH. It should be a person that you can trust, a person who is suitable to parents to these kids, and home circumstances. We can't just take anyone and say this is a supervising adult.

From the above responses, it is clear that the role of the social worker is to identify, appoint and oversee supervising adult services (Children's Amendment Act, 41 of 2007). Importantly, section 137(4) of the Children's Amendment Act, 41 of 2007 (RSA, 2007) makes it clear that a person who is unsuitable to work with children is not fit and proper to supervise a CHH.

Theme 3: The role of the supervising adult

Section 137(3) of the Amendment Act, 41 of 2007 (RSA, 2007) states that the supervising adult must: i) perform the duties as prescribed for the household; and ii) be a fit and proper person to supervise a CHH. Participants identified several important roles of the supervising adult, namely providing for the children's basic needs such as food security, educational support, house management and budgeting. Most of the participants indicated that this is not happening in practice.

The supervising adult makes lots of promises, but sometimes when we talk to the children, they say the supervising adult did not visit in a long time, for example.

Their roles are clear, but for some reason they don't do it.

We can tell them what do to, but in the end, they need proper training.

An adult designated in terms of section 137 must supervise the CHH. However, from the participants' responses, many of these challenges are not being dealt with by the supervising adult when social workers go home. A participant responded by noting the following:

Their roles in this sense will be to provide food security, which is done by providing food parcels, after-care meals, ensure that the kids are placed in schools, so they help these learners with schoolwork in drop-in centres, organisations. Also to provide safety and security, but then in essence, it is only done within working hours and the question remains what happens after hours? Who will provide food and security late after hour? Who will help them with budgeting and household tasks after hours? This is a big challenge.

Howarth (2007) indicated that children are also at risk of poor education as they quite often lack money to pay their own or their siblings' school fees. Howarth (2007) also identified other risks, namely poor employability, because of poor education and lack of skills, disease, commercial sex work, crime, pregnancy, poor or no shelter, and no knowledge about their rights. Furthermore, these children are exposed to emotional trauma as they may have to cope with multiple losses in the form of death of family members as well as sibling dispersal, relocation and reconstruction of the family after the death of their parents (Lets'opha & Jacobs, 2017).

Theme 4: Administration of social grants

Participants in this study explained how social workers should assist CHHs in administering social grants. A total of three subthemes emerged and are discussed in more detail, namely *assistance with application for the social grant; supervising correct usage of social grant* (and the monitoring of this) and *financial management/advice for grant/budgeting*. According to section 137(5)(a) of the Children's Amendment Act, 41 of 2007 (RSA, 2007).

The child heading the household or the adult may collect and administer for the CHH any social security grant or other grant, or other entitled assistance in terms of the Social Assistance Act, 2004 (Act No. 13 of 2004); (b) An adult that collects and administers money for a CHH as contemplated in paragraph (a) is accountable in the prescribed manner to the organ of state or the non-governmental organisation that designated him or her to supervise the household.

Subtheme 4.1: Assistance with application for social grants

The Children's Act, 38 of 2005 (RSA, 2006) (as amended in 2007, Children's Amendment Act, 41 of 2007, (RSA, 2007)) and the associated regulations came into force in 2010, making it possible for children over 16 who have assumed the role of family caregiver to collect a monthly grant. The Act cannot, however, address some of the other challenges facing the young heads of these families, often placing the burden on social services to assist. The main duty of social workers is to make sure that all members of the households are receiving their social grants. Participants stated the following.

Social workers might assess whether it is a CHH or not, write recommendations to SASSA, and again with the social grant, the parent or the prospective foster parent can apply for the child support grant with the assistance of the social worker, it becomes a problem when it is only DSD involved, not the other Departments because when it comes to social grant it becomes an interdepartmental job. Remember some of these CHHs don't have birth certificates, and that child can't qualify to apply for the child support grant, so that becomes a home affairs issue, and home affairs does not do a birth certificate without the family conducting DNA tests, and that becomes a problem, so the role of the social worker is to try and get the birth certificates through the processes of home affairs.

As social workers we are responsible to assist our CHHs with the application for the social grants. They struggle on their own, if we don't assist them.

Based on the Children's Amendment Act, 41 of 2007 (RSA, 2007), social workers assist with the application of social grants to ensure that the CHH has the legal documentation to ensure that they can apply for the grant. Mpedi (2012) mentioned that this is a positive government initiative to protect children in CHHs and provide for their basic needs.

Subtheme 4.2: Supervising correct usage of social grant

An adult designated in terms of section 137(2) of the Children's Act, 38 of 2005 (RSA, 2006) must – for the sake of accountability, in consultation with the members of such household – develop a monthly expenditure plan reflecting available financial resources and payments, bearing in mind the varying financial needs of different members of the household. Below are some participants' views regarding the supervision of the correct usage of grants.

Our role in this regard will be to ensure that these children do receive social grants, if there is a need for foster care application process, ensuring that this money is used in a proper manner, namely if a household is headed by a 16-year-old, those children might utilise the money for alcohol or drugs in this regard supervision now comes in, so we as social workers will monitor how the grants are utilised.

Yah, my role as a social worker is to ensure that they have to be taken care of financially, we have to assist them in terms of applying social grant, as a social worker working for the Department, my role is also to supervise those social workers in NPOs to do work as expected and to ensure that the money has been used accordingly, assist in terms of grocery, buying clothes, we have to ensure that this grant is utilised well.

We have to try to assist them because the problem is they misuse the money, then there is no money to provide in their basic needs.

Regulation 51(1) of the Children's Act, 38 of 2005 (RSA, 2006) (Consolidated Regulations) specifies the need for accountability for the administration of the household money. The social worker must ensure that the child at the head of such household signs the monthly expenditure plan. Furthermore, the social worker must submit the monthly expenditure plan duly signed, as required in paragraph (b), "to an organ of state or a non-governmental organisation, as the case may be, which designated the adult to supervise the CHH". The social worker must include all original documents, receipts, invoices and other documentation that serve as proof of the expenditure during the period.

Subtheme 4.3: Financial management/advice for grant/budgeting

According to Regulation 50 of the *General Regulations Regarding Children under the Children's Act 2005*, supervising adults, such as child and youth care workers, should ensure that the basic needs of CHHs are met (section 137[5]) and that there is proper provision of resources to CHHs. In addition, the supervising adults should ensure proper use of available resources and adherence to a financial budget. Below are some participants' responses to this subtheme.

Well, the money is not enough, so we need to help them to plan and budget carefully.

Remember these children, some of them did not attend school, they do not know how to work with money, that is where we as social workers can come in, to help them with financial planning.

Thumbadoo (2012) states that it is important for an adult to help children in CHHs with budgeting and financial planning. Although the participants indicated that legislation is implemented in this regard, CHHs still face financial challenges because the social grants are insufficient and the children do not attend school. This is in line with the findings of various researchers who found that CHHs are still struggling financially (Mturi, 2012; Ngconjana *et al.*, 2017; Polity, 2016).

Theme 5: Alternative care options for children in CHHs

Most participants indicated that there are alternative care options for CHHs to be considered. Many indicated that foster care is one of the alternative care options which they often explore for children in CHHs; however, they feel not enough children in CHHs are placed in foster care. This is discussed below.

Subtheme 5.1: Foster care

The findings showed that foster care is the most often applied option of alternative care for CHHs in South Africa. Therefore, foster care is the favoured option of substitute care for a child who cannot stay with their biological family. Another option is to situate the child in a place of safety. Below are examples of the participants' responses.

We also do that process of applying to be foster parents, they apply from the children's court, then social development, you apply through intake, then your case goes to field and intake, then the field social worker will do the investigation and if they find that you meet the requirements and it will be the best interest of the child, they write the report to the court, and the magistrate or the presiding officer will work based on the recommendation of the social worker if they agree.

We often do foster care as an option for alternative care because it is much better for the children rather than the CHHs.

Sometimes we struggle to place the children in foster care due to lack of documents.

I believe that a foster care placement is a better form of alternative care for these children, but for some reason these children are not placed in foster care.

Glynis (2018) defined alternative care as care where the child's biological family is unable to provide adequate care for the child concerned. In this sense, alternative care includes both formal and informal care of children but excludes parental care by the biological parents. Foster care is an important part of the South African alternative care system. Participants felt that foster care would be the best form of alternative care for the children, namely the placement of a child in the guardianship of a suitable family or persons willing to be foster parents. However, in practice this does not happen as often as it needs to. This may be attributed to the following

reasons, as indicated in section 11(a) of the consolidated regulations (Children Act, 38 of 2005):

(i) Siblings in a CHH should, as far as is reasonably possible and practicable, remain together.

(ii) The right to family life of any CHH should be promoted per the objectives of the Amended Act.

(iii) The independent functioning of a CHH must be promoted as far as is reasonably possible.

(iv) Support to CHHs must be aimed at enhancing the capacity of the children living in the CHH to function as a family.

Theme 6: Services rendered to children with special needs in CHHs

All the participants indicated that services to children with special needs are important. *Assessment of needs, referrals to relevant stakeholders and special school interventions* were the subthemes that emerged and are discussed in greater detail below.

Subtheme 6.1: Assessment of needs

Most of the participants felt that assessment of needs was a necessity when helping children with special needs.

At this moment, only until you come across this type of situation, thus where you must consult the relevant legislations that are providing guidance to such situations, normally as social workers from the department, we are really trying our best to provide services to such households [CHH]. Whenever they are identified, we make sure that we attend to those. We go and assess, check their situation, context of home, and try to provide other needs as per assessment, because when we are doing the assessment, we are also identifying the needs of those particular households.

Assessment is important because you need to know what is going on in this household and what the needs are.

The participants indicated that social workers are responsible for a needs assessment. When done, if the need arises, they must locate the assistance of relevant stakeholders.

Subtheme 6.2: Referrals to relevant stakeholders

The main reason to engage with stakeholders is to improve welfare services for children with special needs. These services include collaboration with stakeholders, which helps develop the idea that the whole community, not just child welfare assistance, is responsible for child protection and meeting the needs of CHHs (Freeman & Cochannel, 2006). However, most of the participants indicated that social workers sometimes struggle to make the correct referrals for children with special needs in CHHs.

We try to make the correct referral for children with special needs, but sometimes it is difficult because the children do not have birth certificates and correct documentation. So, then services are delayed due to that.

We try to make the appropriate referrals, but sometimes because there is no adult in the house we struggle.

It is important to make the correct referral according to the policies and Acts, but in practice it is sometimes so difficult to get the correct services, especially for children in CHHs.

It is clear from the findings that the lack of documentation and the lack of an adult in the household make it difficult for social workers to refer to the relevant stakeholders. This then revealed the need for schools and their interventions.

Subtheme 6.3: Special schools' interventions

The Children Act 38 of 2005 (RSA, 2006) mentions that:

CHHs in which a child with a disability or a chronic illness resides, (i) must be assisted to obtain any special grants, assistance devices, educational or (ii) vocational programme or other form of support necessary to ensure the optimal development of such child.

Some children in CHHs experience difficulties in school, ranging from physical differences, problems with concentration, learning, speech, language, behavioural problems and/or making and keeping friends. The findings indicated that the participants try their best to find the appropriate schools for children with special needs, but that is not always easy. The study by Ireri *et al.* (2020) showed that many special schools in South Africa do not provide sufficiently for the array of special needs evident in schools, because of a lack of resources and the challenge of accessing these schools. Participants stated:

With my experience I had a special need client who was autistic, but because of the nature of the special need, the child needed to be in a special school, so we had to refer the child and also made sure that the child was seeing the social worker at the school that deals with autism specifically. Because the majority of the CHHs have got learning difficulties, they don't cope at schools, but if social workers were to be trained to deal with such issues, because we mostly did psychology, if we can have two social workers trained to deal with educational matters and placed in school, they would decrease such learning difficulties with special needs. We have few special schools within the country as a whole and also within our provinces. In Gauteng there are not enough special schools like the number of special schools looking at the special needs, the number doesn't balance at all. I think it also depends on the kind [of needs].

We try to make the correct referral for children with special needs, but sometimes it is difficult, because the children do not have birth certificates and correct documentation. So then services are delayed due to that.

Some children in CHHs need special schools because they have emotional difficulties or educational difficulties, but as social workers we struggle to find the right schools for them, because there are not enough special schools in our province.

Moreover, these difficulties may be due to one or more of the following factors: emotional problems, behavioural problems or learning differences. Whilst children with these special needs could receive additional services or accommodation through public schools, based on the findings, the circumstances within CHHs may be contributing adversely to these children's learning disabilities.

Theme 7: Challenges faced by social workers

All the participants indicated challenges that they experience daily; these hinder their ability to deliver services to CHHs. These included *Limited resources; social workers do not get opportunities to participate in Act Amendments and high caseloads.*

Subtheme 7.1: Limited resources

Most of the participants indicated that social workers have limited resources to render effective services to CHHs. These resource constraints include, amongst others, financial issues such as budget cuts and a shortage of staff. Participants noted the following.

The issue of limited resources is one real problem because so far social workers cannot reach out to these vulnerable groups of children even during emergencies, we are also not enough social workers.

Social workers have no resources to access CHHs in need of services. At my office we are allocated only three cars for 25 officials. We have to wait for each other in order to visit CHHs.

Social workers can only do so much; if, for example, there is no car available to do home visits, then how can we do home visits? The resources to deliver these services to the children is a big problem.

Social workers should be granted an opportunity to access resources because it is difficult with limited resources to reach out.

Shortage of resources, such as adequate finances and staff, erodes social workers' ability to deliver services effectively (Dlamini & Sewpaul, 2020). A limit in resources is not only a disadvantage for service delivery, but it also creates division, tension and an unacceptable atmosphere in the workplace (Dlamini & Sewpaul, 2020). This may be why so many social workers emigrate in pursuit of better salaries and working conditions (Alpaslan & Schenk, 2014).

Subtheme 7.2: Social workers do not get opportunities to participate in Act Amendments

Since the introduction of the Children's Act, there has been ambiguity in providing child protection services (Hall & Proudlock, 2011). This is the result of serious gaps in the new legislation as well as the challenges that social workers face during implementation. Most of

these shortcomings relate to the reasons for finding children in need of care and protection, and the fundamental change to a court-based system of renewing the placement of children (Hall & Proudlock, 2011).

The findings revealed that the participants do not get an opportunity to participate in the policy and legislation amendments. The participants also indicated that a lack of training opportunities (on the significance of the new amendments) is a huge limitation. Some of their responses included the following.

Based on my knowledge, I have seen that from time to time the Act has been amended, but not everybody gets an opportunity to be trained. I believe that knowledge is power, so if the social workers are not being empowered, then it can be a challenge for them because they won't be able to render the services, their knowledge will be limited and that will also affect service delivery. For me, I will just say, or you should make a recommendation to the Department to say from time to time the training should be happening for social workers, so everybody get the message.

Social workers are the roots in the field of CHHs; they are currently the ones that need to form part of any legislation, but we are challenged because we are not given the opportunity to participate in policies and legislation.

Most of the participants stated that the lack of resources for the implementation of services and insufficient training on policies and guidelines for social workers are huge limitations for service delivery to CHHs. Some participants expressed how they get sent for irrelevant training, rather than training opportunities related to their key roles. This confirms Nhedzi and Makofane's (2015) findings that the lack of clear guidelines for social work intervention services and inadequate training lead to confusion. It is evident from the participants' responses that there is a need among social workers for training on how to execute their specific roles and responsibilities in relation to CHHs effectively.

Subtheme 7.3: High caseloads

The findings further indicated that high caseloads are a serious challenge for social workers. Participants stated:

We have too much work, and we can't do enough home visits to the CHHs.

My cases are too much; sometimes I don't even get to do what I planned, because my caseload is too high.

Sometimes we as social workers, we need to prioritise our work, because it is way too much, and sadly the CHHs don't get the services they should, due to time constraints and because we as social workers need to attend to emergencies, for example, child abuse.

The literature study showed that high caseloads are not a new phenomenon among social workers. This could be due to a shortage of social workers that some organisations in South Africa experience (Skhosana, 2020). Lombard (2005) stated that social workers cannot cope with the demands arising from unmanageable high caseloads because of overwhelming

statutory work. Sibanda (2013) emphasised the human resource challenges which social workers face in implementing the Children's Act emanating from the shortage of social workers, insufficient training of social workers and high caseloads. The above challenges, therefore, may influence service delivery to CHHs negatively.

DISCUSSION

The study focused on what social workers' views are regarding the implementation of legislation concerning social work services to CHHs. The findings confirmed that there are gaps in the implementation of legislation that guides service delivery to CHHs in terms of the classification of CHHs; procedures for appointing supervising adults; the role of the supervising adult; administration of social grants; alternative care options for children in CHHs; assessment of needs; and initiatives to address the challenges faced by social workers.

It was evident from the findings of this study, however, that the Amended Act guides participants on how they classify CHHs. Some of the main criteria included the age of the children (16 and older), yet some social workers identified cases where children were under the age of 16 years. Other home circumstances that participants considered include abandonment, and ill or deceased parents (Mturi, 2012; Philips, 2011; Slabbert *et al.*, 2010).

Participants identified several roles of a supervising adult as important when viewed in line with section 137(6-8). These include providing for children's basic needs such as food security, educational support, house management and budgeting (Republic of South Africa, 2006). However, most participants agreed that these roles are not being carried out in practice. Overseeing the day-to-day functioning of the household is also important, but participants mentioned that the children in CHHs do not always benefit from having a supervising adult, since appointing an appropriate adult is difficult. The absence of adult care is detrimental and puts a lot of pressure on CHHs. Scholars such as Sloth-Nielsen (2009) and Meintjies, Hall and Sambu (2015) illustrated how the lack of adult supervision causes difficulties for children living in child-headed families. Furthermore, Evans (2011) believed that the widespread conception of childhood as a protected stage of life devoid of adult duties is undermined by the practice of children taking care of other children.

The main duty of the social worker is to make sure that all members of the household receive a social grant. Participants mentioned that they sometimes struggle to assist CHHs with the social grant application because of a lack of documents such as birth certificates for the children. Regardless, social workers need to assist these households in applying for social grants (Geldenhuys, 2016; Phillips, 2011). An adult designated in terms of section 137(2) of the Children's Act, 38 of 2005 must – for purposes of accountability, in consultation with the members of such households – develop a monthly expenditure plan reflecting available financial resources and expenditure. This supervising adult must base this expenditure plan on the varying financial needs of the different members of the CHH.

Most participants indicated that they also consider alternative care options for CHH members. Most of the participants indicated foster care, which they often explore for children in CHHs.

The participants felt that assessment of the family's needs is an important service when helping children with special needs living in CHHs. Social workers also need to assist children with special needs through welfare services, which include collaboration with stakeholders. However, most of the participants indicated that social workers sometimes struggle to make the correct referrals for children with special needs (Adithyan, Sivakami & John, 2017; Ahmad & Khanam, 2016; Pan & Ye, 2015).

Most of the participants indicated that social workers have limited resources to render effective services to CHHs. These resource constraints include, amongst others, financial issues such as budget cuts and shortage of staff (Hall & Proudlock, 2011; Skhosana, 2020; Truter *et al.*, 2018). This is the result of some serious gaps in the new legislation as well as the challenges that social workers face while implementing the new legislation and adapting to it. Most of these shortcomings relate, in line with Hall and Proudlock's (2011) earlier findings, to the reasons for finding children in need of care and protection, and the fundamental change to a court-based system of renewing the placement of children.

The findings demonstrated that the participants do not get an opportunity to participate in formulating the amendments of policies and legislation. Most of the participants stated that the lack of resources for the implementation of services and insufficient training on policies and guidelines among social workers are huge constraints on their ability to deliver services to CHHs. Participants noted that they often have to attend irrelevant training sessions rather than receive training on the opportunities related to their key roles (Nhedzi & Makofane, 2015). Finally, another challenge for social workers is high caseloads, which influences the quality of services rendered to CHHs (Skhosana, 2020; Truter *et al.*, 2018).

CONCLUSION AND RECOMMENDATIONS

The study examined what social workers' views are regarding the implementation of legislation related to providing social work services to CHHs. This study found that there were gaps in addressing social work services provided to CHHs and in the implementation of relevant legislation. Challenges were identified regarding the implementation of section 137 of the Children's Act and Children's Amendment Act, 41 of 2007, which detrimentally affects the services that can be provided to CHHs. Social workers identified challenges in various areas, including the classification of the households; the procedure for appointing supervising adults; the role of the supervising adult; the administration of social grants; alternative care options; and assessment of needs.

These findings may assist in improving social work services for CHHs. It is recommended that more research be done on the implementation of legislation that guides service delivery to CHHs. Social workers rendering services to CHHs should receive training on the Children's Act, 41 of 2007 on a regular basis. The DSD should appoint supervising adults and train them regarding their daily responsibilities. Funding of the CHHs (through grants) and programmes in the DSD and NPOs (such as home-based care and community care centres) must be increased as they are areas of national interest. Importantly, children in CHHs with special needs should receive proper care and appropriate therapeutic services.

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