

THE PERCEPTIONS OF COMMUNITY MEMBERS REGARDING THE ROLE OF SOCIAL WORKERS IN ENHANCING SOCIAL CAPITAL IN METROPOLITAN AREAS TO MANAGE HIV AND AIDS

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Social welfare policies mandate social workers to build social capital in order to, amongst other things, manage the impact of HIV and AIDS on communities. However, the views of community members residing in metropolitan areas about the roles that social worker could perform in enhancing social capital to manage HIV and AIDS are inadequately described. One comprehensive focus group discussion was conducted with 10 community members representing four NPOs involved in HIV and AIDS work across the Johannesburg and Ekurhuleni Metros. Recommendations are made to social workers to enhance social capital, and guidelines and strategies offered to fulfil this obligation through developmental social work.

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## INTRODUCTION AND PROBLEM FORMULATION

The HIV and AIDS epidemic is having a major impact on all levels of society. The impact is particularly devastating not only for the individual who is infected, but also for the family and the wider community (United Nations Development Programme (UNDP), 2008:5; UNAIDS (Joint United Nations Programme on HIV/AIDS), 2009:3.

Globally, an estimated 35.3 million people were living with HIV at the end of 2012. This reflects an increase from previous years as more people are receiving antiretroviral therapy. There were 2.3 million new HIV infections globally in 2012, showing a 33% decline in the number of new infections from 3.4 million in 2001.

In South Africa the HIV prevalence for adults (15-49 years) was estimated at 17.9% in 2012 (UNAIDS, 2013:A8), and about 6.1 million people were living with HIV (UNAIDS, 2013:A14). New HIV infections (for all age groups) declined from 640 000 in 2001 to 370 000 in 2012 (UNAIDS, 2013:A26). In the Johannesburg and Ekurhuleni Metropolitan Municipalities, where the study described in this article was conducted, an HIV prevalence of 28.9% and 30.1%, respectively, were reported with the antenatal sentinel HIV and syphilis prevalence survey (Department of Health, 2011:29).

The general wellbeing of citizens is a complex issue because of the prevalence of HIV in metropolitan municipalities, such as Johannesburg and Ekurhuleni. Table 1 below illustrates HIV prevalence within the metropolitan municipalities of South Africa in 2012.

**TABLE 1**  
**HIV PREVALENCE BY METROPOLITAN MUNICIPALITY, 2012**

Province in the RSA	Metropolitan municipality	N	%	95% CI
Western Cape	City of Cape Town Metro	2.25	5.2	3.4–7.8
Free State	Mangaung Metro	40	7.9	5.3–11.6
Eastern Cape	Nelson Mandela Metro	9.9	8.3	4.5–14.9
Gauteng	City of Johannesburg	1.26	11.1	8.3–14.6
Gauteng	City of Tshwane Metro	75	11.7	8.1–16.6
Eastern Cape	Buffalo City Metro	55	13.6	10.6–17.3
Gauteng	Ekurhuleni Metro	82	14.3	10.3–19.5
KwaZulu-Natal	eThekweni Metro	3.70	14.5	11.2–18.6

**Source:** Human Sciences Research Council (HSRC) (2014:xxvii)

Table 1 illustrates the variations in HIV prevalence. eThekweni in KwaZulu-Natal and Ekurhuleni in Gauteng had the highest prevalence of HIV, followed closely by Buffalo

City in the Eastern Cape. The City of Tshwane and the City of Johannesburg, both in Gauteng, had a prevalence of HIV slightly lower than the national average (HSRC, 2014:xxvii).

Over the past decade the South Africa government, especially the Department of Social Development, focused predominantly on social security to the detriment of other developmental social services for, amongst others, communities affected by HIV and AIDS (DSD (Department of Social Development), 2006:11). In addition, services in terms of HIV and AIDS are often characterised by a top-down approach, where the knowledge and opinions of communities are neglected (Campbell, Gibbs, Maimane & Nair, 2008:163).

The Organisation for Economic Cooperation and Development (OECD, 2001) defines social capital as “networks together with shared norms, values, and understandings that facilitate co-operation within or among groups.” The World Bank (2003) considers social capital to be a major factor affecting the sustainability of its world HIV and AIDS, and poverty eradication programmes. Several authors, such as Kelly and Van Donk (2009:4, 15) and Rooy (2001:128), agree that bonds within communities may mitigate the impact of HIV and AIDS in areas of high prevalence. There is some evidence that societies with high levels of social capital and social cohesion may have better overall population health (Kawachi, 2001:33). Pronyk (2002:107) has suggested that strengthening the stock of social capital in South African communities could mitigate the transmission and impact of HIV. There is consensus among several authors (cf. Campbell, Nair & Maimane, 2007:348; Lamboray & Skevington, 2001:514; Roos & Temane, 2007:283; South African AIDS Trust (SAT), 2008:15; Van Wyk, Strebel, Peltzer & Skinner, 2006:70) that HIV and AIDS competent communities are locations where there is evidence of strong social capital.

Engelbrecht (2008:167) and Kwok (2003:7) assert that the social work profession has long been concerned with improving community circumstances, building social capital and effecting change in people’s social conditions or quality of life, but such involvement has not been given due recognition. Patel (2005:102) also states that in reality social workers devote a great deal of time to conveying information and providing social education to community members. Informal social community education is usually process driven and, as such, is situation specific, culturally relevant and responsive to local needs, and it implies horizontal rather than top-down learning, where the social worker works in partnership with the community (Engelbrecht, 2008:167).

Social workers may help diffuse HIV and AIDS information and showcase positive role-modelling behaviours, and provide members with material, emotional and social support (Pronyk, 2002:111). In fact, both the White Paper for Social Welfare (henceforth referred to as White Paper) (Republic of South Africa (RSA), 1997) and the Integrated Service Delivery Model (DSD, 2005) firmly mandate social workers to play a decisive role in the human, social and economic development of communities, and to promote social change and enhance the wellbeing of citizens. Within the context of HIV and

AIDS, Green (2008:180) postulates that this epidemic poses major challenges to all professions in South Africa and, in particular, to the social work profession. Although social welfare policies mandate social workers to build social capital in communities (including metropolitan areas), amongst others, to manage HIV and AIDS, the specific roles and strategies that social workers could follow are not distinctly described (Sesane, 2014:4). Moreover, the views of community members involved in HIV and AIDS work on the roles that social workers could fulfil in enhancing social capital to manage HIV and AIDS on a community (i.e. macro) level are also not comprehensively described (Sesane, 2014:4).

Since the adoption of the White Paper, social workers in South Africa have been expected to focus on a social development approach, which is more people-centred, promotes citizen participation and strengthens the voice of the poor (Patel, 2005:30). However, as much as social workers plan and develop social work programmes embedded in the social development approach, they are often met with challenges from communities, such as lack of commitment to and participation in projects by community members. Community members do not always view social workers as the principal providers of community development services, despite being involved in community projects that had the support of social workers. Developmental social work, which could be defined as a practical and appropriate application of knowledge, skills and values to enhance the wellbeing of individuals, families, groups, organisations and communities in their social context (Patel, 2005:206), offers social workers a “vehicle” to address the HIV and AIDS epidemic in communities with a view to achieving social development as end goal (Lombard, 2007:299).

Therefore, the focus of this article is to explore and describe the opinions of community members regarding the roles that social workers ought to accomplish in order to enhance social capital to manage HIV and AIDS in the Johannesburg and Ekurhuleni Metropolitan Municipalities, in particular. The rationale for focusing on these two metropolitan municipalities is as follows: the residents in the informal settlements of these areas are often far from formal opportunities in the nearby cities and towns, and the majority of the townships residents contribute to the high statistics of unemployed people – once estimated at 27% (DSD, 2010a:2). In addition, the areas show signs of low social capital and have high crime rates; they are also characterised by frequent service delivery riots, because the inhabitants feel helpless and that the government is insensitive to their plight (O’Donovan, 2011:1). As such, the community members involved in this study, who resided in these areas and who were volunteers at NPOs working in the field of HIV and AIDS, were considered able to share their opinions on how social workers could empower them to manage HIV and AIDS through enhancing social capital.

The structure of this article is as follows: an overview of social development as the theoretical framework underpinning the study the research question and goal of the study; research methodology; research findings and discussion; conclusions and recommendations, which include guidelines and suggestions for developmental social work services.

## **THEORETICAL FRAMEWORK**

Midgley (1995:25) defines social development (also sometimes referred to as the developmental approach in this article) as “a process of planned social change designed to promote the wellbeing of the population as a whole in conjunction with the dynamic process of economic development.” Social development entails purposeful intervention from both the state and non-state actors, the creation of organisational and institutional arrangements at national level to harmonise economic and social policies within a comprehensive commitment to people-centred development. Social service interventions that are locally relevant and sustainable promote people’s human, social and economic development (Midgley & Tang, 2001:246). The focus of social development is on interventions targeting the poor and socially excluded groups, such as people affected by and infected with HIV, and furthermore views service providers and beneficiaries as active participants (thus proclaiming a bottom-up approach) in the development of society (Patel, 2005:33).

Lombard (2008:163) posits that it is the social development theory and approach that provide the social welfare sector with the key to making a meaningful contribution to the alleviation of poverty and inequities in society, and to confirming the need for professionals, like social workers, who are important social partners in achieving social development (end) goals which include, amongst others, the development of social capital.

The goal of social development is to harmonise social and economic developmental goals and invest in human capacities by focusing on interventions that target the poor and socially excluded groups (Patel, 2005:33), with the view to eradicating or, at least, reducing poverty, which is identified in social development terms as a socio-economic phenomenon. HIV and AIDS are most prevalent in socially and economically impoverished communities (Shisana & Simbayi, 2002). Social development is firmly rooted in rights-based principles, which are aimed at achieving social justice, a minimum standard of living, equitable access and opportunities to services and benefits, and a commitment to meeting the needs of the most disadvantaged in society (Patel, 2005:98).

One way of giving effect to the realisation of social development is for social workers to practice developmental social work. When working with HIV and AIDS on the macro/community level, social workers should focus on implementing rights-based development programmes and service-oriented approaches directed at people affected by and infected with HIV. Social workers should also utilise social development as a strategy to address poverty, income inequality and the disease burden, and continue to challenge traditional social work practice to promote social integration as well as integrating strength and asset-based, anti-oppressive and reflective approaches to facilitate the empowerment of individuals, families, groups, communities and organisations (Lombard, 2008:167).

## RESEARCH QUESTION AND GOAL

The research question is often used to focus exploratory and descriptive studies as it refers to the problem that is to be investigated (Babbie, 2007:88-99). The **research question** that guided the study was: *“Based on the opinions of community members, what are the roles of social workers in enhancing social capital in metropolitan areas to manage HIV and AIDS in the Johannesburg and Ekurhuleni Metropolitan Municipalities?”*

The **goal** of the study was to explore and describe the opinions of community members about the roles of social workers in enhancing social capital to manage HIV and AIDS in the Johannesburg and Ekurhuleni Metropolitan Municipalities.

## RESEARCH METHODOLOGY

A qualitative research approach was considered the most relevant and appropriate approach to guide the study, since the study focused on the perceptions and opinions of the research participants (i.e. community members) (Fouché & Delport, 2011:64-66).

The collective case study was adopted as research design in this study as the authors were interested in obtaining answers to the research question from 10 community members who were involved in community-based HIV and AIDS initiatives at NPOs across the Johannesburg and Ekurhuleni Metros (Creswell, 2013:99).

More specifically, the population for the study was comprised of community members, male and female, of different age groups, who were involved in community-based HIV and AIDS initiatives at NPOs in the Johannesburg and Ekurhuleni Metropolitan Municipalities. Tembisa, Vosloorus, Katlehong, Thokoza, Orange Farm and Soweto were the research sites.

Purposive sampling was considered the best sampling technique to be followed in the study, because it enabled the researchers to select 10 (n=10) participants who have an interest in, and experience of, the field of HIV and AIDS initiatives from four different NPOs across the metropolitan areas (Neuman, 2011:268). Criteria for the recruitment of community members were as follows:

- Community members had to reside in Tembisa, Vosloorus, Katlehong, Thokoza, Orange Farm and Soweto where social workers are rendering HIV and AIDS-related services;
- Community members had to be volunteers delivering the following services to their communities: care for orphans and other vulnerable children, HIV prevention, care and support, food support to families affected by HIV, and income-generating projects;
- Community members had to be volunteers at one of the NPOs which were targeted in this study;
- Community members must have been volunteers in community HIV and AIDS initiatives for at least one year.

One focus group with one comprehensive focus group discussion, based on open questions contained in an interview schedule, enabled the authors to collect the collective views of a group of participants who represented different NPOs involved in HIV and AIDS work across two metropolitan areas, instead of those of individuals, and as such it effectively links with the collective case study research design opted for (Creswell, 2013:99; Greeff, 2011:361-363).

From the raw data, the data analysis was conducted using Creswell's qualitative data analysis process with the view to specifically undertaking thematic analysis through open coding (Creswell, 2013:182-188). Different strategies were followed to enhance the trustworthiness of the study. Firstly, its *credibility* was ensured through engaging in dialogues with peers "to build self-awareness regarding their own influence on the research project" (Lietz & Zayas, 2010:192). In addition, thick descriptions were used in reporting the research findings in order to convey the authentic voice of the participants (Lietz & Zayas, 2010:194). The interpretation of the research findings were also verified with both the participants and peers to guarantee the *confirmability* of the study (Lietz & Zayas, 2010:197; Nieuwenhuis, 2007:114).

Before the empirical study was undertaken, permission was obtained from the different NPOs to recruit their volunteers for data-collection purposes, and ethical clearance was obtained from the Postgraduate and Research Ethics Committee of the Faculty of Humanities at the University of Pretoria, South Africa.

Ethical considerations, specifically the avoidance of harm, the need for informed consent, non-deception of participants, non-violation of research participants' privacy, confidentiality and the debriefing of participants were operationalised during the study (Akerlind, 2008:245, Neuman, 2011:229).

## **RESEARCH FINDINGS AND DISCUSSION**

The research findings are outlined in two sections, namely key biographical information of the participants, followed by a presentation of the main themes and sub-themes. For the purpose of this article participants' comments are presented *verbatim*. However, comments made in an indigenous language of the area were translated into English.

### **Biographical profile**

Five participants of the sample were volunteers who represented government-funded volunteers from the Expanded Public Works Programme (EPWP) at NPOs, three of the participants represented volunteers working with Orphans and Vulnerable Children (OVC) and two of the participants represented Home-based Care volunteers. Furthermore, two of the participants have been volunteers in community HIV and AIDS initiatives for at least one year, three of participants have been volunteers for three years, two of the participants have been volunteers for four years and three of the participants have been volunteers for seven years. The gender split of the participants was seven female and three male, which is typical of the volunteer population in the research sites.

## Themes and Sub-themes

Table 2 provides an overview of the themes and sub-themes identified during the data-analysis process.

**TABLE 2**  
**THEMES AND SUB-THEMES**

Themes	Sub-themes
1. Delivery of social work services to communities	1.1 Meeting individual and familial needs 1.2 Meeting community needs
2. Social workers' knowledge and experience	2.1 Relevant qualifications 2.2 Knowledge of social issues
3. Promotion of social wellbeing of children and families	3.1 Roles of social workers <ul style="list-style-type: none"> <li>• The social worker as counsellor</li> <li>• The social worker as advocate</li> <li>• The social worker as assessor of risk and need</li> </ul> 3.2 Access to social welfare services
4. Challenges faced by the communities	4.1 Poverty 4.2 Family disintegration

### **Theme 1: Delivery of social work services to communities**

Social workers are mandated to mobilise and deliver a wide range of services to community members (Rwomire, 2011:3). Under the theme “Delivery of social work services to communities”, two sub-themes emerged, namely meeting of individual and familial needs, and meeting of community needs by social workers.

#### ***Sub-theme 1.1: Meeting individual and familial needs***

HIV and AIDS have profound effects on individuals. It is a medical condition that also has social, psychological and economic implications (Hardy & Richter, 2006:85). Apart from the direct issues such as ill health and unemployment, the impact of HIV and AIDS is experienced through increasing social disintegration, such as family disorganisation, mental health problems, crime, substance abuse, commercial sexual exploitation, homelessness and children living and working on the street (DSD, 2005:11). The escalation of social ills associated with HIV has exponentially increased the need for social work services (Earle, 2007:22). Participants emphasised the need for social workers to assist individuals and families with the following services:

*“We need social workers in [our] communities so as to help children who have lost their mothers by applying on their behalf for foster care grants, child grants and food parcels.”*

*“They make sure those children that don't have birth certificates at least [get them] ... for grants also they need birth certificates before a child may get that grant ... There is a process [to follow] before a child can get that certificate and then [things like] foster care grants.”*



*“The social workers help people by registering people in community programmes that will ensure that they earn income, such as public works programmes and other community development activities.”*

Social workers help communities function. Some work directly with individuals, conducting needs assessments and making referrals to resources in the community. Others assess needs on a larger scale. They may plan and administer programmes (IFSW (International Federation of Social Workers, 2012:4). Patel (2005:177) argues that in the view of the grave consequences of the HIV and AIDS epidemic for society, the developmental approach to social welfare and social work practice is the appropriate means of intervention. The IFSW (2012:4) purports that social workers take action and engage in securing human rights for individuals and communities, especially those most at risk.

The focus now turns to the next sub-theme, namely meeting community needs.

### ***Sub-theme 1.2: Meeting community needs***

The social and economic effects of the HIV and AIDS epidemic on families and communities are complex (Brookes, Shisana & Richter, 2004.xi). The impact of HIV and AIDS on communities is increasingly pointing to the importance of people working collaboratively to address the challenges associated with the epidemic. Such collaborative efforts require multi-sectoral, integrated responses, involving national and regional role players (Brouard, Maritz, Pieterse, Van Wyk & Zuberi, 2005).

Rwomire (2011:1) states that in working with communities, social workers work in cooperation with the community to identify the needs and to develop or improve services and systems to meet those needs. Social workers aim to improve socio-economic systems and generate resources so that more people in the community will have access to the services they need to experience general wellbeing.

During the focus group discussions, the participants stressed the types of services provided by social workers to build their capacity in meeting community needs:

*“Social workers in [our] communities help children who have lost their mothers by applying on their behalf for foster care grants, child grants and food parcels. Some children have no parents at all; they live [in] child-headed [families]. So, social workers are needed in order to give them support as regards food and to apply ... and to help them apply [for] grants.”*

*“Social workers are there for counselling community members if they need to be counselled. They have their support groups and also teach people how to take care of people living with HIV. As well as facilitating their groups and income generating ... like veggies... (inaudible).”*

The Bill of Rights laid a solid foundation for the creation of developmental social welfare with the recognition of a range of socio-economic rights for everyone, including additional protection for children (Lombard, 2009:377). In particular Section 28(1) of the Constitution of the Republic of South Africa, 1996 recognises children’s rights to family care, basic nutrition, shelter, basic health care services, social services and

protection. The right to both social assistance and development was captured succinctly in a statement by the Minister of Social Development at the Children's Act Conference (DSD, 2009:1): "Our responses to poverty are to empower people to access economic opportunities, while creating a comprehensive social safety net to protect the most vulnerable in our society."

In line with its development agenda, South Africa adopted the White Paper (RSA, 1997), which embraces a developmental approach to social welfare, intending to address poverty and inequity, and to promote social development by integrating social interventions with economic development (DSD, 2005:2). The developmental approach provides the social welfare sector with the key to making a meaningful contribution to the alleviation of poverty and inequalities in society and to establishing social services professionals, such as social workers, as important social partners in achieving social development as an approach and strategy that will facilitate the achievement of integrated human, social and economic development (Lombard, 2007:300).

The second theme that was extrapolated from the data analysis was social workers' knowledge and experience.

## **Theme 2: Social workers' knowledge and experience**

Under Theme 2, two sub-themes emerged, namely the importance of relevant qualifications, and the knowledge of social workers regarding social issues.

### ***Sub-theme 2.1: Relevant qualifications***

The Social Service Professions Act 100 of 1978, as amended, provides for the recognition of social work as a profession. Acquired knowledge and understanding of HIV and AIDS through training and accreditation of social workers can help one to work more effectively with people affected by the epidemic and gain a valuable insight into the lives and needs of people living with HIV (Patel, 2005:251).

Osei-Hwedie and Rankopo (2008:207) state that social workers provide basic health and social care to the communities through home-based care to those with a terminal illness, such as AIDS. Social workers are also involved in other activities, such as organising community infrastructural development, public education on social and community health issues, orphan care and nutritional programmes. Such activities are consistent with the needs of the people and social workers qualify as legitimate service providers.

During the focus group discussion the participants highlighted the fact that the social workers they are working with, have relevant social work qualifications by expanding on the topic as follows:

*"Yes, the social workers do have qualifications because those are trained people and they know which doors to knock at when someone is in need of something."*

*"Since we are EPWP's volunteers when we go to the field and encounter problems that we are unable to solve, that need someone professional, that's where social workers play their role; they use their training and skills to deal*

*with that issue or problem [with] the right person ... because everything is supposed to follow protocol.”*

The next sub-theme expresses the participants' opinions with regard to social workers' knowledge of social issues.

### ***Sub-theme 2.2: Knowledge of social issues***

Poverty, HIV and AIDS, many orphaned and vulnerable children, high levels of violent crime, rapid urbanisation, and violence against women and children are all social ills that social workers face in their daily practice in South Africa (Triegaardt, 2009:3).

During the focus group discussion the participants encapsulated the social workers' knowledge of social issues as follows:

*“A social worker do home visit to check the type of problems the families are faced with and work together with them and other government department in the area to address those problems.”*

*“Yes, I do think that they have enough knowledge, because in everything that they do, they first do their research and then obviously counting the fact that they have training in what they do. So, I think they know their field and everything relevant thereto.”*

Social work is a professional approach to ameliorating social problems. It is generally understood as a helping profession that utilises professionally qualified personnel who use their knowledge base to help people confront their social problems (Mupedziswa, 2005:277). Social work is a profession which seeks to help and empower vulnerable groups in society such as women, persons with disabilities, children, older persons as well as people living with HIV and AIDS (Chitereka, 2009:145).

Gray and Fook (2004:640) postulate that in South Africa social development provides the macro policy perspective within which social workers are being asked to transcend traditional boundaries and have an impact on problems of mass poverty, unemployment and social deprivation through greater use of diverse social work methods, such as advocacy, community development, empowerment, consultation, networking, action research and policy analysis. In short, the social development approach challenges social workers to revisit their values relating to social justice, and to redirect their services to the poor by finding effective ways of addressing poverty. One way of approaching this task, is to start with the compilation of community profiles to identify community assets and needs.

In Theme 3, Promotion of social wellbeing of children and families, the attention is drawn to the participants' point of view in relation to social workers' involvement in the promotion of social functioning.

### **Theme 3: Promotion of social wellbeing of children and families**

To assist children and households affected by HIV and AIDS, there is a need to go beyond addressing only AIDS-related problems; other causes of children's vulnerability cannot be overlooked. While not all orphaning is the consequence of HIV and AIDS, it

remains the most visible, extensive and measurable impact of AIDS on children (Bray, 2003:40).

Two sub-themes emerged under this theme, viz. the roles of social workers, and access to social welfare services.

### ***Sub-theme 3.1: Roles of social workers***

The roles of social workers in South Africa are mandated by the White Paper (RSA, 1997). Within this mandate the White Paper challenges the welfare system to devise appropriate and integrated strategies to address the alienation and the economic and social marginalisation of the vast sections of the population who are affected by and infected with HIV, living in poverty and who are vulnerable and have special needs (Lombard, 2008:25).

Social workers are expected to be knowledgeable and skilful in a variety of roles (Patel, 2005:148). The role that is selected and practised should ideally be the role that is most effective with a particular client system in the particular circumstances.

The participants elaborated on their perceptions of social workers' roles as follows.

#### **The social worker as counsellor**

The counsellor role is applicable in social work with individuals, families and groups addressing issues of a psychosocial nature (Patel, 2005:220). Social workers are expected to provide support and guidance, and inform their clients about their needs and rights, as well as counsel them about their choices and options in addressing their social and economic needs (Patel, 2005:149).

During the focus group discussion the participants reflected on the fact that the social workers fulfil their counselling role as follows.

*“They [social workers] also help people who need counselling, like heart to heart talk, when the two of you are talking and you tell her your problem, she keeps it as confidential.”*

*“Social workers also do traditional HIV and AIDS counselling, where they provide you with pre and post counselling ... they teach you about importance of counselling to help people to accept their status.”*

The idea of the social worker as someone who works with or counsels individuals has been a recurrent and powerful notion in social work throughout its history. It has also been closely associated with some of the key values of social work and in particular recognising the inherent worth of the individual and respecting the person. Counselling also appeals to those whose view of social work as a whole is one in which helping or supporting individuals is a key component (Asquith, Clark & Waterhouse, 2005:18).

#### **The social worker as advocate**

Social workers campaign for the rights of others and work to obtain the needed resources by convincing others of the legitimate needs and rights of members of society. Furthermore, social workers are particularly concerned with those who are vulnerable or

are unable to speak up for themselves. Advocacy can occur on the local, provincial or national level (Suppes & Cressy Wells, 2003:280).

During the focus group discussion the participants underlined the role of the social worker as an advocate as follows:

*“Social workers are needed to make sure that the elderly and people with disability are taken care for and receiving their grants from government.”*

*“Some children don’t have birth certificates and others come from outside South Africa with no documentation, but social workers are then able to write a letter perhaps for children to be admitted in our after-care facilities because every child has a right to education.”*

Asquith *et al.* (2005:20) indicate that the social worker can also be viewed as an advocate for the poor or socially excluded. The advocacy role can also be assumed for individuals or groups such as families, and in some respects the advocacy role can also be associated with community work.

### **The social worker as assessor of risk and need**

Increasingly, social workers have been given a major role in the assessment of the needs and risks of a number of client groups. The concern has been that whereas assessment is an important task for social workers, it may well occur at the cost of other activities that are important for social workers, such as fulfilling the casework role and working with individuals, families and groups. Similarly, the assessment role may also be construed to be associated with a policing or surveillance role (Garrett, 2004:58).

The participants described the role of the social worker as an assessor of risk and need as follows:

*“Cause they [social workers] are trained, they can understand a person’s story and know that if it is like this [or that] this is how I should respond. So without them I don’t think that the ... the information would be communicated appropriately. So they play a big role.”*

*“A social worker compiles a community profile of the area where they are working. They know the problems of that area ... they know the community, their struggles, everything. They establish the problems of the area through community profiles. They meet with managers and stakeholders so as to establish the situation in the community.”*

The authors concur with Schneider (2004:15) that social workers need to extend their various roles, such as that of assessor, to facilitate the linking of social capital. In so doing, community members are often connected to those who control key resources such as the government, employers, citywide financial institutions, or foundations to create trust-based relationships with the people who rely on these powerful organisations’ resources. At the same time, community-based people and institutions need to know how to work with those in power to build trust-based relationships.

The next sub-theme will focus on the participants' experiences of access to social welfare services.

### ***Sub-theme 3.2: Access to social welfare services***

Hosegood, Preston-Whyte, Busza, Moitse and Timaeus (2007:1249) state that households experience HIV and AIDS in a complex and changing set of environments. These include health and welfare treatment and support services, HIV-related stigma and discrimination, and individual and household social and economic circumstances. There is an increasing level of destitution because of HIV and AIDS. The numbers of families in need and people who are unable to meet their most basic needs are growing continuously (Palitza, 2013:2).

Participants agreed that social workers are needed to assist families and children to access social welfare services. They expanded on this subject as follows:

*“We need social workers in [our] communities so as to help children who have lost their mothers by applying on their behalf for foster care grants, child grants and food parcels.”*

*“Some children have no parents at all; they live [in] child-headed [families]. So, social workers are needed in order to give them support as regards food and to apply ... and to help them apply [for] grants.”*

The World Bank (2003) laments the fact that access to basic social services is very limited in townships. The absence of financial resources and lack of coordination by the government has left non-state actors, such as NGOs and faith-based organisations, as the sole providers of essential social services in most of the country. As a result, social interventions in South Africa can be fragmented, underfunded and uncoordinated, limiting their *bona fide* impact on the poor.

A social development approach requires purposeful intervention from state and non-state actors with a comprehensive commitment to people-centred development (Midgley & Tang, 2001:246) to ensure that economic development (e.g. social security) can translate into social improvements and that the benefits of growth reach all people equally.

The next theme will focus on the challenges faced by communities.

### **Theme 4: Challenges faced by the communities**

Kalichman, Simbayi, Jooste, Cherry and Cain (2005:238) assert that communities living in poverty face multiple immediate threats to life, several of which are more pressing and immediate than HIV and AIDS. It can be daunting to consider AIDS within the context of other social problems that on their own can appear insurmountable. However, a unique feature of AIDS, relative to most of the other serious personal threats of poverty, including discrimination, poor education, unemployment, crime, and violence, is that HIV infection can in many cases be controlled by an individual.

HIV and AIDS have undermined social cohesion by straining households, kinship ties and various community structures (Office of the Special Adviser on Africa [OSAA],

2003:21). In many communities HIV and AIDS adds to household costs, endangers livelihoods and food security, deepens poverty, increases the vulnerability of women and children, and leads to the adoption of coping mechanisms such as the selling of household assets, which can result in irreversible destitution (Kelly & Van Donk, 2009:3).

Two sub-themes emerged under the theme Challenges faced by the communities, namely poverty and family disintegration.

#### ***Sub-theme 4.1: Poverty***

Although HIV is a worldwide problem, it is the people living in the poorest communities who are feeling its effects most deeply. HIV thrives in situations of poverty, inequality and conflict. Poor people, particularly women, youths, children and carers for older persons are the most vulnerable, be it physiologically, economically or socially (Kalichman *et al.*, 2005:238).

Patel (2005:180) states that HIV and AIDS can lead to the impoverishment of families as a result of loss of income caused by illness. It may lead to the loss of employment, loss of income of a breadwinner or members of a household, or it may diminish the capacity of a household to earn a livelihood.

Participants elaborated on the issue of poverty in their communities by saying the following:

*“We were trained on food gardening, and have to go and tell or train children’s parents to have their own vegetable gardens in their backyards. Maybe they will sell the veggies to make some money or they will eat them ... just to fight poverty.”*

*“We asked mothers and grandmothers to use some of the grant money to start small business of making vetkoek and sell them by the side of the road. This will help the family to survive much longer and not be hungry anymore.”*

Many inhabitants of South African townships face poverty. Poverty alleviation entails the active involvement and support of local businesses with specific organisations that represent the interests of impoverished communities (Kroukamp, 2006:23). Kroukamp (2006:24) further thinks that access to poverty-alleviation programmes gives poor people, especially youths, the opportunities to improve their level of income through employment, education and other skills-enhancement programmes.

Poverty and unemployment, urban violence, insecure housing tenure, a high prevalence of HIV and AIDS, chronic diseases and food insecurity are some of the critical human development issues facing the residents of cities. The urban poor, residing in certain pockets of the city such as informal settlements and inner city areas, are particularly vulnerable and struggle to gain access to services and opportunities to improve their livelihoods (City of Johannesburg, 2013:18).

To alleviate poverty, the developmental approach could be utilised to facilitate community development services through the human-orientated and people-centred

approaches of participation, empowerment and ownership of the development actions by the community to address and prevent deprivation (addressing physical and psychosocial needs, lack of access to basic materials, etc.) (DSD, 2005:27). The Integrated Service Delivery Model (DSD, 2005) proposes various programmes aimed at the reduction of poverty. These include promotion and facilitation of the establishment of cooperatives, integrated empowerment programmes that build the capacity of the poor to achieve self-reliance, and promotion of access to departmental and other opportunities and resources.

The next sub-theme will focus on family disintegration as an important challenge faced by the communities living with HIV and AIDS.

#### ***Sub-theme 4.2: Family disintegration***

The effect of the HIV and AIDS epidemic on families is reflected in the increasing numbers of orphans and child-headed households. More and more children are growing up with absent fathers and/or in single-parent households. Poverty exacerbates the impact of family breakdown on children (South African Institute of Race Relations, 2011:1).

Amoateng, Richter, Makiwane and Rama (2004:11) emphasise that families in South Africa are subjected to changes and that they continue to experience difficulties in fulfilling their social roles because of the challenges they are facing. Dysfunctionality within the family and the disintegration of family life impact on the wellbeing of family members and leads to moral decay in families, thus affecting the fibre of society. This is particularly pertinent where there are high levels of poverty and unemployment.

The participants expanded on the issues of family disintegration as follows.

*“Some children have no parents at all; they live [in] child-headed [families]. So, social workers are needed in order to give them support as regards food and to help them apply for grants.”*

*“There is the problem of children who end up in the streets after their parents have died [from AIDS]; social workers helps them to get a good shelter, food, and to be able to go to school.”*

According to the United Nations International Children’s Emergency Fund (UNICEF, 2012), the number of orphans in South Africa is growing. UNAIDS (2012:18) estimates that two million children are orphaned as a result of HIV, half of whom have lost their mother, father or both parents to AIDS. South Africa’s households headed by children receive home and community-based care, but thousands more remain unreached. Many children do not have birth certificates and consequently are not eligible for social grants (DSD, 2012:20-21). Most orphans and other vulnerable children are cared for by extended families, many of whom are under severe economic strain themselves, especially those headed by older persons and women who already live on the edge of poverty (DSD, 2012:25; UNICEF, 2012).

The Green Paper on Families (abbreviated as Green Paper) (DSD, 2011:47) endorses developmental family support, which entails strengthening the social support and coping capacity of children and adults in the context of their family and neighbourhood,



personal development groups, recreational projects, youth programmes, parent education or other adult education relevant to family living and relationships. This type of family support is not problem focused and is, in principle, open to all who are encountering the ordinary challenges of parenting and family living.

## CONCLUSIONS

Several conclusions emerge from the above discussion of the research findings.

Social workers are an asset to the communities. In the provision of services, social workers offer their services with integrity, commitment and exercise their professional discretion to serve the best interests of the clients as required by the professional body (i.e., the South African Council of Social Services Professions).

It is a misperception to think of social work as synonymous with social welfare. The social work profession has adopted the empowerment and wellbeing of individuals, groups and communities as its core practice and is grounded in the notion of social justice, guided by developmental and critical perspectives, nurturing people's strengths and emphasising human diversity.

Joint HIV-prevention programmes with community members, social workers and other government departments have the potential to generate coordinated community responses to HIV by mobilising financial, human and social capital.

Enhanced social capital may contribute to the prevention of the AIDS epidemic within communities and mitigate the impact of HIV and AIDS in areas of high prevalence. Linkages have been made between high levels of social capital and public health. Research evidence demonstrates that societies with high levels of social capital and social cohesion may have better overall population health (Mohseni & Lindstrom, 2007:1380).

Social workers are trained to assist communities and individuals to deal with the consequences of the many social problems they are confronted with in different areas of their lives.

Through the execution of their varying roles, social work professionals demonstrate commitment to social justice, protection of human rights and the eradication of poverty and inequality. Moreover, based on the views of the participants, the specific roles of social workers in enhancing the social capital of communities to manage HIV and AIDS in the Johannesburg and Ekurhuleni Metropolitan Municipalities crystallised as follows.

- Since HIV and AIDS has profound effects on individuals, social workers play a critical role in assisting them with applications for disability grants, planning for the future, addressing the physical and emotional aspects of placement of children into foster care, and bereavement counselling. The DSD (2010b:20) emphasises that child-headed households are one category of vulnerable children who require assistance in accessing birth registration and the necessary benefits that are aimed at preventing intergenerational marginalisation.

- The role of social workers is to assist in restoring, maintaining and enhancing the social functioning of individuals and society through the development, procurement and/or delivery of resources and services to meet the many and varied needs of community members.
- Social workers assist people with the application for appropriate social assistance (e.g. social grants), especially for those who are unable to support themselves and their dependants.
- Social workers collaborate with the community to identify needs and to develop or improve services and systems to meet those idiosyncratic needs.
- Social workers are actively involved in community activities, such as providing public education on social and community health issues, orphan care and nutritional programmes.
- Social workers, in their role as counsellors, provide support and guidance, and inform community members about their needs and human rights.
- In their role as advocates, social workers are the champions of those who are vulnerable or are unable to speak up for themselves.
- Social workers, in their role as assessors of risk, appraise the needs and risks of community members incessantly.
- Social workers play an indispensable role in assisting families and children to access social welfare services.

## **RECOMMENDATIONS, GUIDELINES AND SUGGESTIONS**

This section offers recommendations emanating from the research findings, as well as a discussion and conclusions. Guidelines and suggestions for developmental social work services to enhance the social capital of metropolitan areas to manage HIV and AIDS are also outlined. The recommendations, guidelines and suggestions are presented within the framework of qualitative research, specific to the Johannesburg and Ekurhuleni Metropoles, although social work professionals may find them valuable when working in other South African metropolitan areas.

### **Recommendations**

In the provision of services, and of particular importance, social workers should continue to provide their services with integrity and commitment, and exercise their professional discretion in the best interests of the client as required by the professional council.

Through their actions social workers should demonstrate to the public that the profession is not limited to the delivery of piecemeal welfare services. The capacity of social workers to facilitate successful projects that are sustainable through the ethos of developmental social work and social capital building among networks and communities from across different sectors in the society should be emphasised.

Community members should continue to seek support from social workers, government departments and other stakeholders to start and promote local cooperative activities in responding to the impact of HIV. Such cooperation has the potential to generate and/or increase their income and to assist collaboration in economic projects. This could lead to higher levels of mutual trust and support among community members (United Nations Division for Social Policy and Development (UNDSPD), 2010:1).

It is recommended that communities in metropolitan areas should continue to work closely with social workers and other government departments to ensure that there is broad-based community participation in HIV prevention and in the identification of priority HIV prevention needs, in order to improve their overall health through social and economic development projects.

Communities should continue to collaborate with other communities, social workers and other government officials in order to be strengthened in a way that will allow them to receive capacity and life skills that will assist them in confronting their daily social challenges and to improve their lives, thereby increasing social capital.

In the provision of services, social workers should continue to play out their varying roles in accordance with the Integrated Service Delivery Model to encourage integration of communities' social and economic systems and promote collaboration.

### **Guidelines for social workers to enhance social capital in metropolitan areas in the management of HIV and AIDS**

The abovementioned recommendations give rise to the following guidelines for social workers to enhance social capital building in metropolitan areas in the management of HIV and AIDS.

- Social workers should remain abreast of the impact of HIV and AIDS on communities by taking into consideration aspects such as the prevalence of HIV in South Africa, the social triggers for the high prevalence rates, and their impact on local (metropolitan) communities.
- Social workers should familiarise themselves with the legal frameworks and policies providing them with a mandate to render services to communities affected by HIV and AIDS, and participate in calls to lobby for policy changes to create enabling environments for service users. The legislation and policies to become acquainted with include South African legislation (e.g. Social Assistance Act 13 of 2004) and South African policies, e.g. *National Strategic Plan on HIV, STIs and TB (2012-2016)* (South African National Aids Council Trust (SANAC), 2011), Regional legal frameworks, such as the *SADC HIV and AIDS Strategic Framework (2010-2015)* (SADC, 2009), as well as International legal frameworks, e.g. *International Guidelines on HIV/AIDS and Human Rights* (Office of the United Nations High Commissioner for Human Rights (OHCHR) & UNAIDS, 2006).
- Social workers require full comprehension of their role and function in the promotion of social development, and of how to operationalise this in developmental social work services targeted at, amongst others, the development of social capital in

metropolitan areas. To this end, social workers have to be cognisant of the rationale for social capital development and how it relates to achieving social development as an end goal. Social workers could build social capital in communities through *animation*, which entails assisting local people to stimulate their own critical awareness and to examine and explain issues in their own words. In addition, the involvement of residents in decision-making processes created benefits for the community, as it also makes the NPOs' work easier as many of the tasks could be performed by enthusiastic volunteers. Furthermore, workshops could be aimed at both social workers and community members to learn from one another and translate ideas into action.

### **Suggestions for developmental social work services**

The guidelines outlined above should ideally culminate in the delivery of a number developmental social work services at the macro level.

- **Community mobilisation and mitigation of impact:** utilising strategies that are targeted at strengthening the capacities of families and communities in geographic areas have proven to be the most effective and sustainable way to address the crisis.
- **Education and prevention:** education pertaining to the forms of behaviour that increase the risk of HIV infection such as unprotected sex, engaging in sex with more than one partner, mother-to-child transmission and ways to prevent HIV infection. A lack of HIV and AIDS-related knowledge, such as modes of transmission, effective condom use, misconceptions and peer pressure increases the risk of contracting HIV.
- **Poverty reduction and livelihoods strategies:** HIV and AIDS can lead to the impoverishment of families as a result of the loss of income caused by illness; social workers should encourage community members to engage in poverty-reduction activities that could improve their livelihoods.
- **Gender-sensitive and non-discriminatory practice:** unequal gender relations and social, economic and cultural factors are directly connected to the high infection rates among women.
- **Social planning:** social workers should conduct community-based research to design programmes that are appropriate, effective and sustainable.
- **Social policy, legislation guidelines and advocacy:** social workers should be involved in the development of policies and pieces of legislation that are responsive to the needs and rights of, amongst others, people living with and affected by HIV. They should also play an active role in advocating for legislative and policy reform and reviews.

The authors conclude that social workers should continue to strive for the prevention and elimination of social problems by adopting a social development approach and by utilising their specialised roles to investigate and address the deep-rooted causes of social ills, such as HIV and AIDS. Developmental social work, underpinned by social

development as a theoretical framework, could be one tactic to enhance social capital in communities in order to manage HIV and AIDS in metropolitan areas.

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