SOCIAL FUNCTIONING OF A CHILD-HEADED HOUSEHOLD AND
THE ROLE OF SOCIAL WORK

BY

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DEDICATION

This work is dedicated to my father, SIPHIWE REUBEN and my mother, FELE PHYLLIS (Ma-Msomi), for their contribution and dedication to my education. The successes that I have attained in my academic career are the results of the solid foundation that they have laid.
DECLARATION

I, Zethu Maud Mkhize, hereby declare that the “Social Functioning of a child-headed household and the role of social work” is my own work and that all the sources that have been quoted or referred to have been acknowledged by means of complete reference.

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ZETHU MAUD MKHIZE
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ABSTRACT

A family is a basic unit of society. Among the many functions that are performed by a family, is the task of providing for its children’s needs while simultaneously transmitting the society’s way of life. The functioning of the family takes place through a parent-child relationship. It is therefore significant for the family to carry out parental tasks in order to give a sense of security, a sense of companion and belonging, a sense of responsibility, sense of purpose and direction to its members.

Although there are many factors that pose a threat to family functioning, the scourge of the HIV/AIDS pandemic cannot be underestimated. As the disease has advanced over time, it has negatively impinged on the children’s lives. Children are losing their parents to HIV/AIDS opportunistic illnesses and this has resulted in the burgeoning of child-headed households. The phenomenon of a child-headed household presents a shift from a structural family since a significant subsystem of a family (i.e the parental subsystem) is non-existent.

The study presents an in-depth investigation into the social functioning of a child-headed household. The aim was to come to a better understanding about issues that surround households that are headed by children. The social institutions with whom the household
co-exists have been scrutinised in order to determine the ways in which these institutions impact upon the social functioning of child-headed households. The study highlights that child-headed households are a deviation from the norm and they create a situation where needs of children are unmet and their rights are eroded. The role of social work in mobilising resources to meet the unmet needs and championing for the rights of the children has been investigated.

Case studies of ten families were conducted in the three districts of KwaZulu-Natal an area in South Africa that has widely been reported as hardest hit by the pandemic. A research team was constituted which designed a protocol for conducting case studies and collected data. Social workers also participated in the study with an aim of exploring guidelines for social service delivery with regard to a child-headed household.

The study found that children are increasingly exposed to aspects of multiple care-giving through lack of parental care and a changing family structure. It was also revealed that the HIV/AIDS pandemic is shattering children’s lives and reversing many hard won children’s rights. In spite of the transition in the family life cycle, the family remains the central institution in the children’s lives. The scourge of HIV/AIDS poses a great challenge to society. Children are left on their own without visible means of support. The problems of children develop into great magnitude in spite of policies that are in place.

The findings of the study point to implications for a practice model that is aimed at
co-ordinating services for effective service delivery. The researcher has presented suggested guidelines based on the findings of the study. These guidelines include the role of social work in ensuring that the social functioning of the children in child-headed households is enhanced and that social justice for these children is promoted. A protocol for intervention in child-headed households is provided. This would ensure that interventions in bringing about desired change in the lives of the children, produce sustainable results on a significant scale.
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CHAPTER 1

GENERAL ORIENTATION TO THE STUDY

1.1 Problem Statement

A family serves as a socialisation agent for the society, hence there are specific societal functions that the family is expected to perform. Inclusive in these functions is the inculcation and assimilation of societal norms, mores and values. The fundamental function of the family is to produce and ensure that children grow up and become mature individuals. This suggests that there are specific roles for each family subsystem to perform. Parents in particular play a significant role in the children’s developmental processes. Throughout the decades, families have continued to modify their structures and functions to accommodate changes in the larger society. The single parent family, for instance, is one family structure that has developed resilience in many instances in spite of the reasons for structural changes that might have forced single parents to perform multiple roles. It is clear that the survival of the family unit is highly dependent on its ability to absorb external challenges and adapt accordingly (Mahoney & Filer 1996:440). One external challenge that the family is confronted with is the survival of a social unit without a parental subsystem (i.e. a child-headed household). This refers to a household where both parents are deceased. It is therefore of critical importance to explore how a child-headed household adapts to the new situation
of being without parents and how the well being of the children concerned can be ensured.

The Human Immune Virus (HIV) / Acquired Immune Deficiency Syndrome (AIDS) pandemic is a major challenge that threatens the family unit. As the disease has advanced over time, it has become possible to understand not only its complexities but also what needs to be done to minimise its effects on society, communities, individuals particularly children. The loss of parents as a result of the HIV/AIDS opportunistic diseases has a negative effect on the children, which cannot be underestimated. An increase in the number of child-headed households is a cause for concern for the society in general and social workers in particular. Child-headed households are a deviation from the norm where the parental subsystem is non-existent and children have to take care of their younger siblings.

Traditionally, the sense of duty and responsibility of extended families towards other members was almost without limits. Even though the family did not have sufficient resources to take care of existing members; orphaned children were taken care of by the extended family. The extended family would assure its members of all forms of support thus providing a buffer for many orphaned and vulnerable children. This practice was common not only in South Africa but in other African states as well. Traditionally, the concept of a social orphan did not exist in Zimbabwean societies (Foster, Makufa, Drew & Kravolec 1997:156). Members of the extended family, especially aunts and uncles, cared for
biologically orphaned children. They took it upon themselves to perform the care giving functions of parents. The idea finds support in McEnry & Price (1994: 68) who state that significant others help individuals to mobilise their psychological resources and to master emotional crisis. They share tasks and provide financial and material resources, skills and guidance to improve individuals’ handling of a distressing situation. This was the basis of the assertion that traditionally “there is no orphan in the African family”. The extended family was the traditional social security system, where orphaned children were cared for, loved, and would feel valued and esteemed. Its members were responsible for the protection, care and the transmission of traditional social values and education.

Goody as cited by Foster (2000:279) states that crisis fostering of orphans occurs following the death of a parent. He further asserts that relatives who have a right to claim the child are culturally obliged to foster children who have lost parents. The researcher argues that factors of change like labour migration, the cash economy, demographic change and Westernisation have weakened extended families. Labour migration and urbanisation in particular have led to a reduction in the frequency of contact with relatives. This lack of contact with relatives pose difficulty in the event purposive fostering of the children has to take place. Tracing the members of the extended family is often either problematic or the orphaned children have no emotional bond with them.
The spiraling numbers of child-headed households is indicative of children who are not receiving traditional extended family care. Recent studies (Foster, Makufa, Drew & Kravolec 1997, Saoke, Mutemi & Blair 1996) indicate that child-headed households are the main features of communities with a severe AIDS pandemic and weakened safety nets. As the pandemic increases the number of adults available decreases resulting in a high number of children of all ages who are left orphaned and destitute. A large number of children end up living without an adult, with the older siblings automatically assuming a caring responsibility. These children are deprived of a warm safe environment. They lack parental care and experience a life style, which is drastically different from the family they used to know. They also miss out the opportunity to learn from and identify with adult role models. The presence of parents within a home environment gives children opportunity to interact, to observe, to admire or dislike, to be rewarded by, to learn from and identify with. In a child-headed household children are deprived of this opportunity and their social functioning is somehow affected.

The growing number of orphans is one of the most visible and worrisome impacts of the HIV/AIDS pandemic. The number of orphaned children in South Africa is expected to increase from 1.5 million in 2001 to 2.3 million in 2010 (USAID Report 2002:11). The HIV pandemic in KwaZulu-Natal is growing exponentially and the infection rate of 1:4 attests to this reality. According to the brief of the Medical Research Council, 15 % of children under the age of fifteen are expected to be orphaned by the year 2015. The increasing number of children who are
living in difficult circumstances is a major concern for the social service professionals. The White Paper for Welfare (1997:65) does provide guidelines for strategy to deal with the problem. Among the mechanisms that the Department of Social Development has in place is the extended family. The reality of the situation is that the extended family has weakened as a social security for orphaned children. Sometimes the extended family is overwhelmed by large numbers of orphans. In instances where one particular member of the extended family cannot absorb the orphaned children, children are fostered in different families. According to McKerrow (1996:4) the separation of orphaned siblings is an undesirable solution to the problem of orphan care. It is clear that the pandemic’s impact on children is complex and will continue to accumulate and worsen over the next decade.

caring for the children. Child-headed households are a phenomenon that undermines and or erodes the rights of the children. Various Non-Profit Organisations have responded positively to the plight of orphaned children. The Golden Acre and the Amangwe Village in KwaZulu-Natal are classic examples of this response. With HIV/AIDS on rampant, it becomes clear that meeting the needs of orphaned children will be a massive problem that will overburden formal foster and orphan care systems. Places of care for children in difficult circumstances will in the near future not be able to accommodate these children unless more residential facilities are provided. Informal systems such as older siblings will continue shouldering the biggest share of orphan care in the absence of other care systems and strategies. There is a need for a practice model for service delivery that would ensure that the rights of the children are protected.

Social workers are doing their level best to ensure that the well being of these children is safeguarded. Their service delivery is somehow thwarted by a lack of resources and gaps in some of the child care policies. Other social institutions with which the child-headed household interacts are somehow causing strain to the social functioning of a child-headed household. Social work, as a discipline, aims at enhancing social functioning of individuals to improve the quality of life for everyone. This involves addressing common human needs that must be adequately met to enable individuals to achieve a reasonable degree of fulfillment. A social worker, in his/her involvement with individuals and groups has multiple roles to play. These include, inter alia, advocacy and the enabling role. Social
workers have to engage in activities that involve the utilisation and development of resources for the benefit of the orphaned children. The study sheds light on the social functioning of a child-headed household and how best social workers can advocate for the rights of the children.

While vulnerable children and orphans are a priority of the welfare sector, it is important to understand the social functioning of a child-headed household. This will influence policy with regard to the care of these vulnerable children. According to the researcher’s search for literature, there is no similar study that has been undertaken. It is through the researcher’s involvement with the community-based organisations that she has realised that there is this gap in the provision of services for these children. The Constitution of the Republic of South Africa Act No. 108 of 1996 has the children’s rights enshrined yet there is no adequate provision of resources to ensure the protection of the children’s rights. The recommendations of the study points to the development of practice guidelines that would ensure the protection of the children’s rights in the face of the scourge of the HIV/AIDS epidemic. The researcher has presented suggested guidelines, based on the findings of the study. These guidelines include social work intervention in bringing about desired changes in the lives of children and households affected by HIV/AIDS. Collaborative work would have to be upheld in order for such intervention to produce sustainable results on a significant scale.

The research questions of the study are:
• What is the nature of the interaction in a child-headed household 
i.e. intra-systemic (within the household)?

• What is the functioning of the child-headed household in relation 
to its significant social systems?

• What is the role of social work in developing the support networks 
for a child-headed household?

The study attempts to explore the functioning of a child-headed household. It 
focuses on the functioning of the children in the absence of an adult who would 
have to perform significant roles to ensure that the environment is conducive to 
child development.

1.2 Motivation for the Study

Social work places its primary attention on an individual’s relationship with other 
human beings. Central to the aim of the profession is the enhancement of social 
functioning of the individuals and groups. The family is the social unit where 
most children develop their first relationships with other human beings. It is for 
this reason that the family is a centre of concern for social workers. Social 
workers are expected to ameliorate the unpleasant elements in the individual’s 
social environment. Depending on the client’s needs, direct service practices 
ranging from a broad spectrum of approaches are used by social workers. Social
work practice with the family is based on the premise that children raised in an unstable environment tend to have serious problems later in life. The contribution that social workers make is the ability to engage the client in actively working towards change. The family is in the spotlight of considerable interest to social workers and the public. The reason being that a growing number of family forms and types have dramatically come into being due to factors of change such as urbanisation, migration and cash economy. Social workers have a key role in helping society address these changes and in assisting individual families and households to adapt to these newer conditions or resolve problems associated with them. Child-headed households are one unit that has come to being as a result of the scourge of the HIV/AIDS epidemic. These households are at risk in view of the fact that a care-giving role of an adult is abdicated to children. It is worth mentioning that child-headed households are a deviation from the norm and a disaster. Social work as a profession can therefore not support or countenance this. The researcher argues that the reality of the situation is that children in child-headed households are in appalling circumstances and social workers would have to advocate for the rights of these children.

The burgeoning of a child-headed household presents motivation for research in an effort to determine the role of social work in advocating for the needs and the rights of the children. Research studies about the child-headed households (Gaylord-Dube 2000, Ankrah 1993, Ntozi 1993 and Levine 1995) indicate that the extended family is no longer the primary solution for orphaned children.
Traditionally, children are absorbed in the extended family in the event both parents die. The extended family ties and role functions have weakened such that the extended family is not always an option for orphaned children. According to Mkhize (2001:4) in instances where there is reduction in the frequency of contact with relatives, tracing the extended family in the event both parents have died becomes difficult. In such instances, children are left all by themselves without an adult. This situation is an area of concern since children have needs which should be met for their optimal psychosocial development. These needs are best met by an adult who could be a natural parent, an adoptive parent and or a surrogate parent. The parent’s prescribed societal role is to nurture and socialise a child to be a well-adjusted social being. The challenge for social work practice is how the needs and rights of the children can be advocated for in the face of this disaster. Children’s needs become critical since these can best be met within a family environment. These needs and rights are reviewed in Chapter Two.

The concept of “child-headed household” is relatively new in South Africa. It is known in other countries like Zimbabwe, Uganda, Thailand and South America. In Zimbabwe for instance, child-headed households are perceived as a new coping mechanism in response to the impact of AIDS on communities (Foster et al 1997:155). Community groups have been identified as agents for change in helping extended families to cope with the disaster by encouraging the establishment of volunteer-based visiting programmes to at-risk households. It would therefore be essential to consider the implications for support of child-headed households in
the context of the Constitution of South Africa. It is predicted that children raised in child-headed households will be poorly socialised and this will precipitate a breakdown in the social fabric. The critical issue is the violation of their rights. Social workers have a societal mandate to respond to the needs of individuals. The overall purpose of social work is to enhance social functioning, remedying personal dysfunction and promoting social justice. It is therefore essential for social workers to understand the social functioning of a child-headed household so that they can best come up with appropriate strategies aimed at enhancing the well being of the children.

In the light of the above facts a study, which examines the social functioning of a child-headed household, has a significant contribution to make both to social work knowledge and practice. The findings of the study would provide improved understanding of a child-headed household and how the interests of the children concerned can best be served.

1.3 Definition of Concepts

Conceptualisation is the process through which researchers specify what they mean when they use particular terms (Babbie 2004:118). Although it is a continuing process, it is vital that the researcher specifically describes it at the beginning of the study. The researcher would like to give an exposition of the major concepts. The aim is to clarify their conceptual meaning as well as their
operational meaning in the study. These concepts are the household, the child, the child-headed household, social functioning, role and social work.

1.3.1 Definitional View of a Household

According to Weber (1978:359) a household is a social unit that involves continuous and intensive social action which is based on loyalty and authority. This authority is of two kinds: (1) authority derived from superior strength; and (2) the authority derived from practical knowledge and experience. Weber (1978:359) views the loyalty as one of subjects toward the holders of authority. He further suggests that loyalty becomes a part of the relationship originally having a domestic character. Common residence is an essential attribute of a household (Popenoe, Cunningham & Boult 1998:287). A household can therefore be defined as a group of individuals who are sharing a residence and are involved in continuous and intense social interaction, which is based on loyalty and authority.

Weber (1978:360) states that a household implies solidarity in dealing with the outside and communism of property and consumption of everyday goods within. A household as an analytic term carries with itself a set of assumptions about its constitution and behaviour, its form and function. A household is therefore best described in terms of its functions, which are:

- providing a source of intimate relationship: There is provision of stable emotional satisfaction for all the members of the household
• acting as a unit of economic co-operation thus offering material protection and emotional support for its members

A household is part of and nested in a series of larger systemic structures that are supportive of its functioning. These include the neighbourhood, the local community and the state. These structures should be organised in ways that afford households of resources that are vital for healthy living. Sometimes the said structures are organised in ways that deprive households of the necessary resources. This is one reason why the role of social work is critical in mobilising resources for the benefit of the household.

1.3.2 Child-headed Household

History has known many households based on parents and child relations. Households in different cultures take a variety of forms. Living arrangements may include grandparents, cousins or outsiders. Although households may be structured differently, the parental subsystem (biological, adoptive or surrogate) remains an integral sub-system of the household. This is based on the premise that society has prescribed rights and responsibilities for parents to maintain stability. Parents must socialise the children into dominant values of the society (Rip & Bezuidenhout 1997:17). This conventional household living arrangement is changing as a result of HIV/AIDS. After the death of both parents children are left all by themselves and are hurried to grow up, assuming adult roles. Since children would still live together as a unit, certain tasks would have to be carried out.
These include, decision making, a process in which children would have to engage on a daily basis. There is stress in choosing and in the anticipation of consequences. The idea finds support in Miley, O’Melia & Du Bois (2001:217) who state that “…decision making is hard for everyone, but it is particularly hard when it is done alone without benefits of counsel and shared responsibilities”. The parenting role in a child-headed household dissipates when both parents die and parental responsibilities are often, as a result, abdicated.

A child-headed household in the context of the study is a unit constituting siblings who are children. The absence of a parental subsystem is the main feature of the household. It is worth noting that although AIDS is only one of the several factors leading to the changes being observed in traditional patterns of child care, it is undoubtedly the main predisposing factor to the establishment of child-headed households. Since the cause of the parents’ death cannot always be established, this factor could not form part of the criteria for selection. The most significant factor in a child-headed household is a changing family lifestyle where a caring role has to be performed by children instead of adults.

### 1.3.3 Defining the Child

According to the New Dictionary for Social Work (1995:8) child means a person who is under the age of eighteen (18) in terms of the Child Care Act No. 74 of
1983. It would be logical to expose the concept in accordance with the traditional social system of the Zulus. The rationale for this approach in defining the concept being the important tasks a child would have to perform. Viewing the child in this context would help in understanding the role-related difficulties in the functioning of a child-headed household.

According to Msimang (1991:47) the traditional social system for the Zulus makes provision for the children to be born and raised within betrothal and all the members of the extended family would have a responsibility in raising a child. He further states that culturally, children are perceived as a product of a blessed love. There are certain rituals that would have to be performed from a time when a child is born to the time when he/she starts his/her family (i.e. when he/she gets married). Child care includes a range of responsibilities like providing for the material and the health needs of the child. Sometimes the mothers would have to engage themselves in activities such as fetching water or firewood. It would be in such instances that the older children would assist with child-minding services. Child-minding services would however not be completely relegated to other children. The traditional social system of the Zulus made provision for the allocation of duties for the children and parents would play a major role in the distribution of work. Traditionally, the development of a child would have to take place within a family environment under the care of a parent. The idea finds support in Strong, De Vault & Sayad (1998:289) who state that a child is wholly dependent on the parenting figure for survival. The absence of a parental figure in a child-headed household is likely to pose difficulty in the development of
children. Children in these households are left in the care of their older siblings who would have to fulfill their affective needs. Without loving care, a child may develop a mistrusting attitude towards others and towards life in general.

Parents or any adult must allow the child to develop initiative while at the same time directing the child’s energy. According to Nichols & Pace-Nichols (1993:300) the child must not be made to feel guilty about his/her desire to explore the world.

According to Nichols & Pace-Nichols (1993: 301) child care givers need to encourage the child’s sense of accomplishment and failing to do so may lead to the development of feelings of inferiority in the child. They further postulate that as children enter the stage of puberty, they try new roles as they make transition to adulthood. The development of a sense of self is essential in order to make a smooth or successful transition and adults can provide guidance during this stage. The researcher argues that this time of turmoil in a child-headed household is exarcebated by the multiple parental roles that a child would have to perform.

1.3.4 Social Functioning

Social functioning is defined in the New Dictionary for Social Work (1995:58) as an individual’s role in its entirety at all levels of existence in interaction with other individuals, families, groups, communities and situations. Central to this
definition is the concept of communication, which is an exchange of information within the household. Through communication members of a household can interact with one another and with social systems outside of the household. Communication is a facilitating dimension because it facilitates other processes in the functioning of the household.

According to Karls & Wandrei (1994:34) social functioning refers to a person’s performance in his/her social role. They further state that a person’s social role can be defined in terms of fulfilling a recognised and regulated position in society. It is worth mentioning that relationships within families change as families develop and boundaries shift thus necessitating a shift in role differentiation. In the case of a child-headed household, the absence of the parental figure causes a boundary shift and role redefinition within a sibling subsystem. It is worth noting that society does not allow or condone this boundary shift. Child-headed households are not an evolutionary process but a calamity that would have to be viewed in this context. Children would therefore have to assume multiple family roles and social functioning is about the performance of these roles. Karls & Wandrei (1994) argue that much as the major functions of the social role remain the same across cultures, however the way the functions are accomplished may vary from culture to culture and from unit to unit within the specific culture. They emphasise that it is imperative for the social worker to take into account the specific cultural and societal role definitions influencing the client. With regard to the child-headed households, the shift in role performance is not within an
evolution model and can therefore not be regarded as a cultural shift. The fact that children find themselves in situations where they have to assume roles that are prescribed by society as adult roles is a crisis.

Morales & Sheafor (2004:29) define social functioning as “…. the manner in which individuals interact with other people and social institutions”. Social functioning in a nutshell is the interaction between people and their environments. This includes the individuals’ ability to cope with life tasks and problems. Social functioning is enhanced when individuals feel basically satisfied with themselves, their roles in life and their relationships to others.

1.3.5 The Role Concept

According to the New Dictionary for Social Work (1995:54) a role is an expected or prescribed behaviour patterns of a person in interaction with other persons or within a given social context. It could also mean the expected or prescribed working method of a social worker in specified situations, which develop during social work intervention. It is a social norm that is attached to a given position that dictates reciprocated action. In a family for instance, individuals have a set of roles that are ascribed to them. These include the family leadership role, which is significant for the family to be functional over time. The absence of a parental subsystem in a child-headed household implies that family leadership roles would have to be performed by the children. It is important to note that these children are unprepared and hurried by circumstances into the performance of the adult roles. The researcher argues that the behaviour pattern of children heading households is
not culturally determined but circumstantial. Roles are therefore repetitive patterns of behaviour by which children fulfill family functions. The family has primary functions to fulfill and these include nurturance and raising of the next generation (Vosler 1994:118). For these functions to be carried out, responsibility for various roles must be allocated and structures for accessibility developed. Parents are expected by society to lead in terms of rules. They set rules that govern the functioning of the family. Central to the enforcement of family rules is the process of decision making. In child-headed households, children are all of a sudden forced to assume leadership and make decisions on behalf of the younger siblings. It is essential to establish how decision making is done in a child-headed household. It is also crucial to establish what new rules are developed and how these rules are enforced.

1.3.6 Defining Social Work

According to Morales & Sheafor (2004:35) “social work is the professional activity of helping individuals, groups or communities enhance or restore their capacity for social functioning and creating societal conditions favourable to that goal”. This definition provides a clear and concise description of the social work profession. It draws important boundaries around social work. First, social work is considered a professional activity. Professional activity requires a particular body of knowledge values and skills as well as a discrete purpose that guides one’s practice activities. It means that social workers are guided in their service delivery by a particular body of knowledge and apply a range of skills within a particular
set of values. When practice is judged as professional, it means that a community has sanctioned specific tasks to be undertaken and the profession in turn is expected to be accountable to the public for the quality of services provided.

Secondly, this definition captures a uniqueness of social work. It makes clear that social workers serve a range of client systems that include individuals, families, other household units, groups organisations, neighbourhoods and communities. It is worth noting that the unique activities of the social worker are directed towards helping all those systems interact more effectively to maintain order and a state of equilibrium. Finally, the last part of the definition concerns social work’s dual focus on the person and the environment. Social workers help people enhance or restore their capacity for social functioning. They work to change societal conditions that may hinder people from improving their social functioning. Social work’s attention is directed to the interplay between the person and the environment.

It would be essential to discuss the central themes that underpin social work. This would provide a better understanding of social workers and their practice. There is no one theme that is unique to the social work profession but three themes that reflect the character of social work. The themes are outlined by Skidmore, Farley & Thackery (1998:90) as follows:

- *a commitment to social betterment*
- *a goal to enhance social functioning*
Commitment to social betterment: Skidmore, Farley & Thackery (1998:80) state that social betterment is a central theme of the social worker. It is a belief in the fundamental importance of improving the quality of social interaction for all people. The social work profession has taken the position that all people should have the opportunity for assistance in meeting their social needs. The source of that assistance might be family, friends or more formal social programmes. With regard to the child-headed household, the reality of the situation is that the extended family is no longer the primary solution for orphaned children. The challenge is for social workers to create alternative options for the substitution of an adult in a child-headed household. Skidmore et al (1998: 90) further state that social work has maintained an idealism about the ability and responsibility of the society to provide opportunities and resources that allow each person to lead a full and rewarding life. It is for this reason that social work concerns itself with the most vulnerable people in the society.

A goal to enhance social functioning: A goal to enhance social functioning is another theme that underpins social work. Social work takes the position that social betterment involves more that addressing problems but also involves assisting those who want to improve some aspects of their lives. Social work then is concerned with helping people enhance their social functioning. Child-headed households are a crisis that erodes the children’s rights and social workers have to assist in improving the quality of life for these vulnerable children.
**An action orientation:** Social workers are to take action to prevent problems from developing, attack problematic situations that can be changed. Child-headed households are a disaster and social workers have been caught off-guard by this orphan crisis. Since a child-headed household is assumed to be precipitating a breakdown of the social fabric, social workers should strive towards preventing this. There is a need for the situation to be challenged and social work by the nature of its creativity should explore preventive and proactive ways of dealing with the situation. The findings of the study point to the implications for practice and the action that social workers would have to take to prevent child-headed households from developing.

### 1.4 Goals and Objectives of the Study

Background information that has been obtained from literature about child-headed households indicates that the structure of this unit exerts pressure and stress on the children. The death of parents does not only mean the change of family lifestyle but also that children require new ways of relating to each other. Children may be experiencing emotional problems as they try to come to terms with the loss of both parents. This is likely to create strain among the children as they grapple with their developmental issues and family living. Family life often becomes difficult and taxing for the children. Issues can sometimes not be resolved without
professional help. In the light of the child-headed households, where children are hurried into adult roles, it is significant to state the goal and the specific objectives of the study.

1.4.1 Goal of the study

The goal of the study is to explore the social functioning of child-headed households and the role of social work. This is an exploratory study and is aimed at generating further hypotheses for future research.

1.4.2 Objectives of the study

The objectives of the study have been set as follows:

- To explore the social functioning of the child-headed household i.e. the role performance of the children in their entirety at all levels of existence in interaction with one another and their interaction with groups and other systems outside of the household.

- To establish the needs and problems that are experienced by these households. This relates to the requirements for survival, well
being and self-actualisation of children in a child-headed household.

- To investigate the resource network for these households. This relates to the means that can be mobilised and applied instrumentally to satisfy a need or promote social functioning.

- To explore the tasks of social work towards advocating for the rights of these children.

1.5 Value of the Study

A study which examines the social functioning of a child-headed household, has a significant contribution to make both to social work knowledge and practice. The study provides an improved understanding of a child-headed household. Such improved understanding contributes some important insights towards meeting the training needs of future social workers especially in preparing them for advocacy role with regard to child-headed households. The study informs social work educators on the problems of child-headed households and the challenges thereof. It is of crucial importance for social workers to understand their clients’ strengths, weaknesses, and deficiencies and asserts so that they can be able to respond intelligently to their needs. The findings have also pointed to the development of a practice model in responding to the needs of the children who are in child-headed households. In a nutshell, the study has brought out data that would assist in informing social work agencies and practitioners about the social functioning of a
child-headed household. It also informs welfare policy makers on the challenges for policy analysis and alterations with regard to childcare.

1.6 Method of investigation

Detailed information on the research procedures used in the study is given in Chapter Five. Briefly, these involved the following:

1.6.1 Research design

The exploratory design was used in the study since the aim of the study was to break new ground on the social functioning of a child-headed household. The resource network of the household was also investigated and the role of social work in advocating for the protection of the rights of the children. In order for the researcher to complete the investigation, she had to focus on the intra-systemic and the inter-systemic interaction of the household. Intra-systemic relates to the nature of interaction within the household. Inter-systemic interaction relates to the nature of interaction between the child-headed household as a unit and its significant social systems. It was significant to explore how these social systems are of benefit to the optimal social functioning of the household. Facts were gathered and analysed in order to provide a deeper understanding of what is happening in a child-headed household. Data obtained would add knowledge in the understanding of the social functioning of a child-headed household thus influencing further research and policy development in childcare.
1.6.2 Units of analysis

The study was undertaken in the province of Kwa-Zulu/Natal. Three districts were delineated for the study. These are the Uthungulu District (DC 28), Zululand District (DC 26) and Umgungundlovu (DC 22). The rationale for the selection of these districts was that these are reported to be the hardest hit in KwaZulu-Natal. The nature of the study warranted for two sets of respondents to be considered. The first set were ten child-headed households and the second set of the respondents were social workers that are involved with the child-headed households. A purposive sampling strategy was used to identify the participants for both samples. The strategy was the only practical means of identifying the participants. Purposive sampling as perceived by Grinnell (1993:162) relies on the closest typical subjects to constitute the sample. Although the procedure has been critised by various researchers (Arkava & Lane 1983, Bailey 1994) for its non-probability in that it is not perfect in the representativeness of the universe, Grinnell (1993: 86) argues that a large proportion of social work research relies on this sampling procedure.

1.6.3 Data collection

The researcher used a range of methods for data collection. These included the literature study, group interviews with the children from the selected households, visits of observation to child-headed households and case records.
a) Literature study

Relevant literature was studied prior to as well as during the course of the investigation. The five areas that were covered include, Max-Neef theory, rights and needs of children, policies that impact on children, the role of social work in their intervention with child-headed households and the impact of HIV/AIDS on children.

*Max-Neef theory:* The theory provided needed background information on the understanding that human needs are classifiable and variant. The following is the description by Max-Neef (1991:32-33) where he explains that the premise of the theory is that what changes are not the needs but the satisfiers of those needs. The theory postulates that every human need, if unsatisfied, can create poverty, which can generate into a destructive pathology. The theory further suggests that social policies and societal innovation oriented towards satisfying basic human needs are crucial for shaping a sustainable future. This completes a description by Max-Neef (1991: 32-33). With regard to the child-headed households, needs of the children are unmet hence the rights of the children are violated or undermined. This situation is likely to generate into a destructive pathology. Policies and programmes of intervention are imminent to deal with this national disaster.

b) Focus groups
These were conducted with the children from the selected child-headed households. The purpose of the interviews was to improve the researcher’s understanding of the lifestyle that has since been developed by the households. The resource network of the households was also explored.

c) Visits of observation

These were also undertaken to the households. The purpose was to establish the living arrangements and the interaction patterns of the children.

d) Case Records

Useful information was obtained from agency case records i.e. case files on the family background of the children and the nature of services that have been rendered by the social workers.

1.6.4 Analysis of data

The nature of the study is exploratory and is aimed at breaking new ground in as far as the social functioning of a child-headed household is concerned. A qualitative approach in the analysis of data was adopted because it has a holistic view as its essential element. In analysing data the researcher used the Wolcott’s (1994:84) model or approach. The approach views data analysis as a tri-phased
process, which involves description, analysis and interpretation. Firstly a descriptive account of data is given, followed by the search for the themes and lastly the connection between the themes. A descriptive account of case studies is presented in Chapter Six and the analysis and interpretation of data is provided in Chapter Seven.

1.7 Ethics

Ethics relates to what is considered right and what is considered wrong. This suggests that there is a need for the researcher to conform to the standards of conduct of a given profession when research is undertaken. Issues concerning the invasion of privacy are important. Social research often presents an intrusion into people’s lives requiring people to reveal personal information about their lives (Rubin & Babbie 1997:63). Issues of informed consent, anonymity and confidentiality become critical. The researcher is a registered social worker and has taken an oath of confidentiality. She is currently involved with orphans and vulnerable children in the People-in-Need (PIN) Project. Since focus groups were another method of data collection that was used, the establishment of rapport with the children was essential. The researcher “employed” a team of three research assistants who have an established relationship with the children. The research team members were student social workers who have been involved in direct practice with the children during a student block placement. Children’s informed consent in undertaking the study was requested (See Annexure E in the report). Participants were reassured of confidentiality at the initial phase of relationship
building. Pseudo-names were also used when reporting on the households. This helped to ensure anonymity and confidentiality.

Babbie & Mouton (2001:527) highlight accountability as the most important principle that guides relationship between science and the rest of society. They regard accountability as an obligation for researchers to conduct studies in a socially responsive and responsible manner. This accountability is reflected in a free and open dissemination of research results. The researcher will disseminate findings in accredited journals. Information will also be disseminated through seminars with social work practitioners (particularly those involved with the participants), social work educators and social work administrators.

1.8 Limitations of the Study

The conceptual definition of a child-headed household suggests that only those children that are receiving assistance from the social workers and other Non-Governmental organisations were identifiable. Social workers in the districts helped with the identification of children who could be included in the study. Children who are in a similar situation but did not seek external assistance were automatically excluded. The reason for their exclusion being that they do not form part of the existing database.

Since a case study method was used, cases were selected for a better understanding of the social functioning of the child-headed household. The aim was not to know how different one household is from others hence emphasis was
on particularisation and not generalisation. The idea finds support in Starke (1995:8) who states that the real business of case study is particularisation and not generalisation.

1.9 Outline of the study

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CHAPTER 2

RIGHTS AND NEEDS OF CHILDREN

2.1. Introduction

Child-headed households are a new phenomenon in the community especially the African community which had always had provision for the children whose parents were deceased. The extended family for instance has been a strong support system for these children. The disintegration of the extended family due to the factors of social change has negatively impinged on the care for the orphans. Children who have lost both parents have to assume a caring responsibility for their younger siblings while they also have to look after themselves. This dual role is fraught with complexity much of which appears to result from the under-preparedness of these children for this role and is a gross violation of the children’s rights.
In this chapter, the researcher provides a conceptual context of the study. It is worth noting that a conceptual context is a formulation of what the researcher thinks is going on in a child-headed household. The researcher looks into the rights and the needs of children. The aim is to bring to light the complexities of the social functioning of a child-headed household. Literature reviewed would help build knowledge in the critical issues of a child-headed household. In presenting the discussion, the researcher adopts the view held by some researchers (Kinnunen, Gerris & Verhulst 1996, Trivette, Durnst & Deal 1994) that every household has strengths and that these strengths are unique and depend on the individuals’ beliefs and background. The researcher does not only summarise a body of empirical or theoretical publications but also takes cognisance of her experiential knowledge of child-headed households. Researchers (Starke 1995, Kincheloe & Mclaren 1994) postulate that what one brings to the research from his/ her background and identity is biased. Maxwell (1996:27) argues that the most admirable scholars within the scholarly community do not split their work from their lives. They take both too seriously to allow such dissociation and use each for the enrichment of the other. The researcher subscribes to this view and further argues that her professional background and personal involvement with individuals, groups, households and communities cannot be dissociated. It is for this reason that her experiential data cannot be ignored and would therefore be incorporated in the discussion about the social functioning of a child-headed household.
2.2 **Max-Neef Theory:** Max-Neef, Elizalde & Hopenhayn (1987) have developed a taxonomy of human needs and a process by which communities can identify their “wealth” and “poverty” according to how these needs can be satisfied. They have come up with a model of human scale development. According to Max-Neef et al (1987:12) human scale development is defined as “focused and based on the satisfaction of fundamental human needs, on the generation of growing levels of self-reliance, and on the construction of organic articulations of people with nature and technology, of global processes with local activity, of the personal with the social, of planning with autonomy, and of civil society with the state.” The main contribution that Max-Neef makes to the understanding of needs is the distinction made between needs and satisfiers. The theory is based on a knowledge and understanding that human needs are few, finite and classifiable as distinct from the conventional notion that “wants” are infinite and insatiable. Human needs are constant through all human cultures and across historical time periods. Max-Neef et al’s (1987) argument is that what changes over time and between cultures is the way human needs are satisfied. Each society adopts different methods for the satisfaction of the same fundamental needs. According to Terry Gip’s analysis of the Max-Neef theory in the REPSSI Document (2002:15) “one of the aspects that define a culture is its choice of satisfiers. Whether a person belongs to a consumerist or to an ascetic society, his/her fundamental human needs are the same”. It is important that human needs are understood as a system i.e. they are interrelated and interactive.
The rationale for basing the study on the Max-Neef theory is that the theory forms the basis of an explanation of many problems arising from a dependence on mechanistic economics, and contributes to understandings that are necessary for a paradigm shift that incorporates systemic principles. Max-Neef et al (1987:40) have found that this methodology “allows for the achievement of in-depth insight into the key problems that impede the actualisation of fundamental human needs in the society, community or institution being studied. This particular study is on child-headed households and the key problems that impede the actualisation of the needs and rights of the children who are in these households. The theory also provides a useful approach that meets the requirements of small group, community-based processes that have the effect of allowing deep reflection about one’s individual community situation. This leads to critical awareness and possibly action at the local level. The reality of the current situation is that child-headed households are on the increase and there is a need for the critical awareness of the social functioning of the household and action at local level to deal with this disaster. The theory is based on the premise that any fundamental human need that is not adequately satisfied reveals human poverty. Max-Neef et al (1987:42) suggest that “each poverty generates pathologies that necessitate a constructive dialogue regarding both the effects of their deprivation and potential for becoming a resource”.

Max-Neef et al (1987) classify the fundamental human needs as subsistence, protection, affection, understanding, participation, recreation, creation, identity and freedom. A brief description of these needs is provided below:

- **Subsistence**: This relates to the physical and mental health needs e.g. food, shelter, clothing. The living environment is the setting where this need is met.

- **Protection**: This relates to care, adaptability and autonomy. Individuals need to be ensured of social security and health systems. The social environment and or dwelling is the setting where this particular need is met.

- **Affection**: Affection relates to relationships with others and includes qualities like respect, generosity and sensuality. This need is best met when there is sharing, caring and expression of emotions. An intimate space of togetherness is critical for this need to be met.

- **Understanding**: This need relates to an individual’s intellectual growth and includes qualities like critical thinking, curiosity and intuition. Individuals need to be exposed to situations where they can analyse, study, mediate and investigate. Institutions of learning (e.g. schools, universities) and communities are settings where this need can best be met.

- **Participation**: This relates to receptiveness, dedication, sense of humour. Individuals need to express their opinions and co-operate.
Associations like churches and neighbourhoods are the best settings where this need can be met.

- **Creation:** This relates to imagination, boldness and individuals are exposed to situations where their abilities and skills are developed.

- **Identity:** This relates to a sense of belonging and development of self esteem (i.e. getting to know oneself and committing oneself). Places to which one belongs and can best define who he/she is, are the settings for the fulfillment of this need.

Max Neef et al (1987) also define needs according to the existential categories of being, **having**, **doing** and **interacting**. From these dimensions, a 36-cell matrix is developed which can be filled with examples of satisfiers for those needs. Although all the fundamental human needs are essential, for the purposes of this study the researcher focuses on those needs that relate to the social functioning of the children at household level. These are subsistence, protection, affection, understanding and participation. These are discussed within the context of the children’s rights as enshrined in the Constitution of the Republic of South Africa Act No. 108 of 1996.

### 2.3 Rights and Needs of Children

Rights and needs are two concepts that are somehow related. It is therefore important for the researcher to make a connection between the two. According to
Johnson (1992:5) “… a need is that which is necessary for either a person or a social system to function within reasonable expectation given the situation that exists”. A right is what one is entitled to and best ensures just and fair treatment of individuals. Children have fundamental needs that should be fulfilled but sometimes circumstances are such that the needs of the children remain unfulfilled. This is where it becomes essential to consider the rights of the children to whatever the need is at that particular point in time. Rights are important in the sense that they aim at ensuring that, through provision of services, children’s needs are met and they therefore do not fall within the cracks.

The Constitution of the Republic of South Africa Act No. 108 of 1996 makes provision for the protection of children. The Act requires that everything done by the administration or any public body, which affects children, must be shown to be in the best interest of the child. Section 28, in particular, focuses on the rights of children and contains fundamental concepts, which have been developed in international treaties for the protection of children. It recognises that children have a right to grow up with dignity and a feeling of self worth, that they are entitled to be protected from any form of abuse, and that they are entitled to make decisions about their own lives. The burgeoning of child-headed households is indicative of the fact that the rights of the children as enshrined in the constitution are violated or undermined. The fact that these children’s right to parental care has been compromised through the loss of their parents, is a cause for concern. The right still remains and it is critical to identify ways through which such right can be compensated for hence this study was undertaken. A case cited by Shaw
(2003:45) indicates the sufferings that the children are sometimes subjected to after the death of parents. Members of the extended family would sometimes remove the important documents like the Identification Documents of parents, children’s birth certificates and the parents’ death certificates. This limits the children from applying for any kind of aid and their needs would remain unmet.

Children’s rights that are reviewed in this chapter are: the right to family/parental care, the right to love, protection and care, the right to life, the right to education and the right to participate.

2.3.1. Right to Family/Parental Care

According to Skelton (1998:27) children have a right to live with their parents unless this is incompatible with their best interest. The basic and all pervasive feature of ideal parental love is that the child is valued unconditionally irrespective of his/her sex, appearance, abilities and personality. This love is given without expectation of or demand for gratitude. Parents communicate this unconditional affection through all their relations with the child. This unconditional love ranges from physical care and handling to responding to the child’s first smile and sounds, from protecting the child from the world and gradually initiating him/her into the social world (Burchinal, Roberts, Nabors & Bryant 1996:945). The idea of providing unconditional love is supported in the UNICEF Report (2002:43) which states that parents and caregivers provide unconditional love. Approval and acceptance by others are essential for the
development of self-approval and self-acceptance. Whether a child will develop a constructive or destructive attitude, depends largely on his/her parent's attitude towards him/her. This could be either a substitute or foster parent. In a child-headed household the substitute caregiver is a child who would have to balance his/her developmental needs with the needs of the younger siblings whom he/she is taking care of. This is indicative of the fact that the right to parental care is compromised.

According to Melton (1996:1235) the mother’s loving care is unique in the sense that it is adapted to the child’s very special, individual needs which are recognised as different from those of any other child. During the earliest months of infancy, the mother acts as insulator and filter, protecting the child from the impact of his/her environment. The mother provides love and care thus enabling the child to develop trust. The child learns to trust the mother and then develops trust in other people. It is worth noting that a child is by nature a social being and needs to develop ability to meet and mix with others. The idea finds support in Minett (1994:143) who states that children are not born with these social skills. They develop them as they learn to relate to others in a socially meaningful and acceptable way.

The father’s role, traditionally, has been related to physique and entails the support and the protection of the family. This role has somehow evolved and includes emotional commitments and often-direct involvement in the care and
upbringing of children. The idea finds support in Engle & Breaux (1998:13) who state that while mothers are children’s primary caregivers, fathers do spend time playing with their babies as mothers do but less time feeding or bathing. The researcher’s observation is that in the African families, most fathers see their role as providing material needs for the children. According to Bailey (1994:335) there is a relationship between a father’s close involvement with the child and the child’s cognitive development. He further states that children whose fathers showed sensitivity during free play tended to have better self-help and motor skills than the other children do. The above discussion puts it clear that parental care is significant in the development of any child. According to Konchanska & Askan (1995:241) the only lasting and effective force for influencing children’s beliefs and behaviour is the model that parents provide. It is what the parents are and how they behave which matters and not what parents say or believe they are. As parents share their everyday lives, children learn about values, standards, concerns and ambitions in a subtle yet pervasively influential way. It is clear that parents have a major responsibility in developing children into mature adults who can behave in a socially acceptable way. The researcher’s argument is that in a child-headed household, there is a parental vacuum and children are denied their right to parental care.

The child’s development cannot be understood properly without consideration of the critical role of the family in the child’s developmental process. Children do not develop into competent adults simply through the unfolding of their genetic
endowment. They require direction and delimitation of their vast potential to develop into integrated individuals capable of living in a society together with their fellows. The early stages of the life cycle upon which all later developments rest transpire in the family environment. Parents serve as essential agents in guiding children through the stages of development.

The family is entrusted by society with the task of providing for its children’s needs while simultaneously transmitting the society’s way of life. The family has a basic function of preparing children for life outside the family thus enabling them to develop into mature adults. This happens when parents meet the needs of children in a positive way. The needs of the children that have been discussed above indicate the essence of a parental role in growing children. The family therefore fulfills the irreplaceable function of laying the basis for the adjustment of the individual within society. A family which is able and equipped to carry out its parental tasks consistently and successfully gives a sense of security, a sense of companionship and belonging, a sense of responsibility and bestows a sense of purpose and direction in its members. The family is of unique importance to a child in that it provides a buffer and mediates between the child and the world. With regard to child-headed households, there is no buffer that mediates between the child and the outside world.

According to LeFrancois (1995:274) parenthood and childcare are inseparable. Parental nurturance must meet children’s needs and supplement their immature capacities in a different manner at each phase of the child’s development. This
involves filling not only the children’s physical needs but also their emotional needs for security and affection. It also includes furnishing opportunities for children to utilise new capacities as they unfold (i.e. meeting the child’s need for new experiences). The researcher argues that in a child-headed household, the commitment to the responsibilities of child rearing is left with the older sibling who feels morally obliged to assume a caring responsibility.

It is clear that parental involvement is essential in the social development of children. Moss & Pence (1994:69) identify ways in which parents influence their children’s behaviour. They state that parents provide stable bonds and relationships, which can provide a basis for the child’s growing circle of friends and acquaintances outside the family. The development of such relationships takes place within the family context and therefore the family is essential in the total development of the child. Child-headed households create a situation where children are deprived of family care and or parental care. The nature of the child’s earliest emotional relationship to his/her mother is of vital importance. Papalia, Olds & Feldsman (2001:221) state that children, who never had opportunity to become closely attached to one and the same mother figure during the first three years of life, may become an “affectionless character”. The researcher argues that child-headed households present maternal deprivation. This deprivation is likely to result into a pathology hence there is a need for action towards ensuring that the constitutional rights of the children are protected.
The complete absence of a parental figure within a family is hazardous thus predisposing children to poor socialization resulting in the children not living within the society’s moral codes (Bray, 2003:1). There is likelihood that children growing up in child-headed households would be poorly socialised since there is no parent who would have to ensure that the mores and ethos of the society are inculcated in children.

2.3.2 Right to life

Children have a right to life and it must ensure the child’s survival and development (Skelton, 1998:27). The right to life relates to children’s basic needs such as food, shelter and social services. In the context of Max-Neef et al’s (1987) matrix, the right to life meets subsistence or survival as a fundamental human need. The right to life is aimed at ensuring the physical and the mental health of the children. This means that the living environment of the children would have to be favourable for the survival of the children. Children’s access to food often declines due to loss of household income. The household income levels may decline while the parents are still alive but due to ill health their ability to work declines. It is even worse when both parents are dead. Many children who lose their parents are sent to separate households. This is practically possible in situations where dispersal fostering is the only option in finding a home for the orphaned children (Mkhize 2001:5). In some instances, children opt to live together all by themselves after their parents have died. In such instances children would rely on their neighbours for food in order to survive. Neighbours’ ability to
assist and provide food for the needy children depends on the income levels of that particular community or neighbourhood. In neighbourhoods that are characterised by poverty for instance, it may not be possible for the neighbours to provide food for the children. Neighbours would sometimes bring the plight of the children to the attention of the social workers who would provide food parcels as a relief while they make arrangements for the children to find alternative family care. In child-headed households, children have to take care of their siblings and make sure that they don’t sleep without eating something. Some children have been forced to do menial work in their neighbourhoods so that they can be able to provide for the younger siblings. This is a gross violation of the children’s rights as children become subjected to child labour.

Water is a basic right for everybody and would therefore have to be accessible. In communities where there is no access to clean water, children are subjected to strain, as they would have to fetch water from a distance. According to the Dikwankwetla Action Group Report that was presented to the parliamentary portfolio committee on Social Development (2004), many children have to walk many kilometers to get water. Children were talking for themselves and explained how the need for water can affect their education. They mentioned that due to long distances that they have to travel in order to fetch water, they sometimes miss school. In townships and suburbs for instance, the water system is linked to the rate payment. In the event the household rates are in arrears, that particular household would have its water supply would be cut. Since child-headed
households have no income level at all, the problem is likely to be exacerbated with the pre-paid meter system that is on the cards.

Children have a right to health care and treatment when ill or hurt. In June 2004, the President of South Africa announced that health care for children under six years of age would be free. Skelton (1998:41) states that although there is no law or statute to enforce this policy, the fact that children have a constitutional right to health care gives the policy a basis. Children older than six years are entitled to free primary health care services in terms of Health Department policy.

2.3.3 Right to love, protection and care

This need is best understood in the context of a mother-child relationship, which is the very first interpersonal relationship that is the basis for the development of trust. It is a need that forms the basis of all later relationships even outside the family. The healthy development of the personality, the ability to respond to affection and in time to become a loving, caring parent depends on it. In circumstances where there is no parent, a caregiver who is a mature adult plays a significant role in meeting this particular need. According to Beall & Sternberg (1995:418) the need for love is met when the child is experiencing a loving, stable, continuous and dependable relationship with his/her caregiver. This
experience should be from birth onwards until the child is developed into an emotionally mature individual. It is through this relationship that the child comes to a realisation of personal identity and feelings of self-worth. The idea finds support in Minette (1994: 143) who states that “children are social beings right from the start. Children have an inborn need for the company of other people and they need to learn skills and attitudes, which would enable them to live easily with other members of the community”. Since there is no mature adult in a child-headed household, the possibility is that the need for love is unmet or if met it is met by other siblings whose need for love would remain unmet.

An unmet need for love and security results into impaired social development. The need for love and security is essential for one’s social functioning at all levels. In the event this need is not met adequately, the consequences can be disastrous later on, both for the individual and the society. Becker & Aldridge (1994:18) suggest that individuals, who in childhood lacked consistent, continuous and concerned care, were unloved and rejected, tend to be maladjusted when they reach adulthood. The idea concurs with LeFrancois (1995:272) who states that individuals, who were unloved as children, tend to develop feelings of rejection, hate and lack of concern for others. Children who lacked love and security grow up developing destructive ways of dealing with anger and frustration. Through a loving relationship, children learn to control their anger and later use it constructively during adolescence and adulthood. A child whose love and security needs are inadequately met is likely to become emotionally disturbed
or unstable. An emotionally unstable individual usually finds it difficult to cope with highly emotionally taxing situations. According to Marion (1995:185) losing parents at a tender age has an emotional impact on the children. The type of training that children receive from adults will affect the amount of control children develop over their emotions. Children who are raised in poorly managed family environments are likely to develop aggression. Children’s capacity to deal with worry and frustration is strongly dependent on their first social environment, which is family life. Child-headed households present a different lifestyle for the children where the need for love protection and care is either inadequately met or unmet.

2.3.4 Right to education

Children have a right to education so that they can grow up to be the best they can. Children would have to be critical, curious and develop their capacity through intuition. According to Skelton (1998:28) education should be directed at developing the child’s personality and talents, preparing the child for active life as an adult, fostering respect for basic human rights and developing respect for the child’s own cultural and national values and those of others. According to Max-Neef et al’s (1987) matrix for the classification of fundamental human needs, the school and the family are the main settings for interacting that would enable the child to meet this need. The researcher argues that since a child-headed household has created a “parental vacuum” the school remains the only setting for the child
to have his/her need for understanding fulfilled. It is therefore significant for the child’s right to education not to be taken away. Depriving a child opportunity to education would limit the child’s understanding of his/her responsibilities to the community, the society, the State and legally recognised communities as enshrined in the African Charter on the Rights and Welfare of the Child.

While it is true that rights cannot be taken away, even when violated they still stand, the reality of the situation is that children from child-headed households face hardships that force them to leave school. Hunter & Williamson (2002:13) outline hardships that children heading households are usually faced with. These include dropping out of school and getting involved in farm work or household work. These hardships can contribute to the impaired social development of the children and would constitute a violation of children’s rights. Media information (Mbatha 2003, Molema 2003 & Shaw 2003) report on situations where children have decided to leave school because they could not pay school fees. It is also reported that in some schools principals do not allow children to continue attending school if they cannot pay the annual school fee. Masango (2005:1) reported on a case where a grade twelve learner who is orphaned and is in foster care decided to leave school because he was humiliated by the school principal for his failure to pay school fees. The report highlights that the principal was aware that the learner is in foster care yet the South African Schools Act No. 84 of 1996 makes provision for the exemption of foster parents from paying school fees.
2.3.5 Right to participation

Children have a right to participate in decisions that affect them but would have to exercise this right according to their age and capacity. Skelton (1998:40) states that the right to participate is a recent idea that emerged during the drafting of the United Nations Convention on the Rights of the Child. Article 12 of the Convention makes provision for the right of the child who is capable of forming his/her own views to express those views freely in all matters affecting him/her. The views of the child to be given due weight would have to be in accordance with the age and maturity of the child. According to Max-Neef et al’s (1987) matrix for the classification of the fundamental human needs, the settings for interacting that are appropriate for this right are the associations, churches and the neighbourhoods. These settings form part of larger systemic structures in which a child-headed household is nested. They support the household’s social functioning through provision of resources that are vital for healthy living. The church for instance is one social system that plays a significant role in the healing of “brokeness” of an individual’s heart. In other words the church has a role to play in assisting children deal with issues of death and grief.

2.4 Summary

The above exposition of the rights and needs of the children show the significance of parental care in the development of a child. Children’s rights were reviewed in
the context of family life that is characterised by an absence of a parental subsystem. The rights that were discussed are 1) *the right to family/parental care*, 2) *the right to love, protection and care*, 3) *the right to life*, 4) *the right to education* and 5) *the right to participate*. An attempt was made to discuss the rights in relation to the fundamental needs of the children. These fundamental human needs are *subsistence, protection, affection, understanding* and *participation*. These needs were discussed according to the categories of being *(qualities)*, having *(things)*, doing *(actions)* and interacting *(settings)*. The discussion in this chapter indicates that family/parental care is a critical need for the smooth development of a child. The family is the first social environment for the child and as such should create an environment where all the fundamental needs of the child are met. The family is therefore paramount in enabling children to realise their potential and develop into integrated functioning persons. Child-headed households create a situation where children are deprived of their fundamental human rights. This does not augur well with the South African democratic constitution that upholds the protection of the children’s rights.

In the next chapter, the researcher gives an overview of policies that impact on the lives of children. The aim is to bring an understanding of the context in which children’s rights are eroded. The researcher’s argument is that children who are in child-headed households are subjected to suffering in spite of the legal framework that advocates for the protection of their rights. It would therefore be essential to
establish the social functioning of child-headed households and develop a practice model of intervention.
CHAPTER 3

POLICIES THAT IMPACT ON CHILD CARE AND THE ROLE OF SOCIAL WORK

3.1 Introduction

The Constitution of the Republic of South Africa, (Act No. 108 of 1996), lays out fundamental rights for the children. In recognition of children’s needs and vulnerability, the law makes provision for the treatment, protection and care of the children. In this chapter, the researcher provides an overview of the variety of ways in which the law in South Africa impacts on children’s lives. For the purposes of the study, the researcher focuses on the Child Care Act No. 74 of 1983, the Child Care Amendment Act No. 96 of 1996, the South African Schools Act No. 84 of 1996, the Social Assistance Act No. 13 of 2004 and the National Policy on HIV/AIDS gazetted in 1999. In reviewing policies, the researcher looks at the provisions of the said policies and how these impact on the lives of the children.

The researcher further reviews the role of social work in responding to the needs of individuals, groups and communities in general. The expected working method of a social worker would help in developing social work intervention in child-
headed households. The roles discussed in this chapter are advocacy, facilitator, programme designer and case management.

3.2 Child Care Act

This piece of legislation makes provision for the protection of children. According to section 10 of the Child Care Act no 74 of 1973, “no person other than the managers of a maternity home, a hospital, a place of safety or a children’s home shall receive any child for the purpose of adopting him or causing him to be adopted and maintain him apart from his parents for a longer period than 14 days, unless such person has applied for the adoption of the child, or has obtained the consent in writing of the commissioner of the district in which the child was residing immediately before he was received.” According to Bosman-Swanepoel & Wessels (1995:30) this section of the Act discriminates against illegitimate children and the reason is not clear, especially considering that there are children who are born of marriages between a father and a mother who are both unfit to emotionally and or physically care for them. These children are shifted continually from one place of care to another just as frequently as illegitimate children are. They further argue that in practice many problems are experienced with the application of this section as it would appear in addressing those cases that are referred to as protected infants in the Children’s Act No. 33 of 1960. The researcher’s view is that child-headed households bring a different category of children who would have to be given parental and or family care. This suggests a
need for a provision that would accommodate various circumstances that predispose children to lack of parental and or family care.

Section 11 of the Act makes provision for the removal of a child to a place of safety on order of court or on sworn information. Section 11 (2) in particular, stipulates that “if it appears to any commissioner of child welfare on information on oath given by any person that there are reasonable grounds for believing that any child who is within the area of his jurisdiction has no parent or guardian or that it is in the interest of the safety and welfare of any child who is within the area of his jurisdiction that he be taken to a place of safety, that commissioner may issue a warrant authorising any policeman or social worker or any other person to search for the child and to take him to a place of safety, to be kept there until he can be brought before a children’s court.” This section makes it possible to pen a children’s court inquiry without a social worker being involved. The sworn affidavit of any responsible person can be used for this purpose. This provision is necessary to provide effective protection, especially in remote rural areas, to children who have no parent or guardian but is in the custody of a person who is not fit to have custody of the child. Child-headed households create a situation where children assume a caring responsibility for their younger siblings. This is a violation of the children’s rights and does not augur well with the provisions of the Child Care Act.
According to section 13 (3) of the Child Care Amendment Act 96 of 1996 “the children’s court before which a child is brought…shall hold an inquiry in the prescribed manner and determine whether the child has no parent or guardian who cannot be traced, or has a parent or a guardian or is in the custody of a person unable or unfit to have the custody of that child is a child in need of care: Provided that if the child ordinarily resides in the district of another children’s court the first-mentioned children’s court may refer the inquiry to the children’s court of that other district.” Bosman-Swanepoel & Wessels (1995:35) state that a children’s court is the creation of a statute and is bound to the provisions embodied in the Act and regulations. This means that only orders and inquiries as provided for in the Act may be made and held. They point out that the Supreme Court has inherent jurisdiction to make an order concerning any matter that affects a child’s life whereas the children’s court is bound to specific legislation and has limited jurisdiction that is determined by statute. The researcher argues that child-headed households are a “national disaster” and this suggests a need for protocol in protecting the children’s lives.

A children’s court which, after holding an inquiry in terms of section 13, is satisfied that the child concerned has no parent or guardian, may:

- order that the child be placed in the custody of a suitable foster parent designated by the court under the supervision of a social worker; or
order that the child be sent to a children’s home designated by the
Director-General of the Department of Social Development

Bosman-Swanepoel & Wessels (1995:46) emphasise that the removal of the child from its parental home should not be undertaken lightly. Social workers should do everything possible to grant the child the privilege of being educated and cared for in his/her parental home. In a child-headed household, it is the death of the parents that gives rise to the need for parental care. It is therefore important to establish how best this need would be met for children who are in child-headed households.

In providing practical guidelines for foster placement, Bosman-Swanepoel & Wessels (1995:46) state that when it is decided to remove a child, every effort should be made to place children from the same family with the same foster family. While this is good practice because of the fact that a sense of unity among the children will be maintained, having all children fostered in the same household is likely to create a financial burden on that household. Accessing foster care grants could be one way of alleviating the financial strain.

Child protection has not been fully enforced in South Africa and it is worth mentioning that in June 2005, the first section of the Children’s Bill was passed by parliament. The Children’s Bill seeks, among other things, to enshrine the rights of children. It updates the previous Child Care Act of 1983 and amends a
section of the Bill of Rights as it refers to children. Once both Bills are passed, these will be incorporated into the new Children’s Act.

3.3 South African Schools Act

The achievement of democracy in South Africa has consigned to history the past system of education, which was based on inequality and segregation. South Africa as a society has moved to a new national system for schools, which is aimed at redressing the injustices of the past in educational provision. The South African Schools Act No. 84 of 1996 was promulgated to provide for a uniform system for the organisation, governance and funding of schools.

The Act upholds the rights of all learners particularly the right to education. According to section 3 of the Act “...every parent must cause every learner whom he or she is responsible to attend a school from the first school day of the year in which learner reaches the age of seven until the last school day of the year in which such learner reaches the age of fifteen years or the ninth grade, whichever occurs first”. The researcher’s view is that the absence of a parent in a child-headed household leaves the children with no one responsible to ensure their compulsory attendance. Media information (Cullinan 2001:19, Molema 2004:21 & Mbatha 2003:22) and various studies (Gow & Desmond 2001, USAID, and UNCF UN Report 2002) have established a correlation between child-headed households and school drop out rate. According to the provisions of the Act, in
the event a learner who is subject to compulsory attendance fails to attend school, the Head of Department may investigate the circumstances of the learner’s absence from school and take appropriate measures to remedy the situation. The interpretation of this section would be that every school should have a mechanism of monitoring absenteeism and a set of guidelines stipulating measures that should be taken in a given situation. This would assist with the early identification of children in need of care.

According to Section 39 (4) of the South African Schools Act No. 84 of 1996

1. **Any foster parent, or person taking the role of parent in a foster home or place of safety (registered children’s home) is not to be charged school fees.**

2. **Any parent or caregiver or guardian can apply to the local school board to be exempted from school fees if the combined yearly income of both parents is less than ten times the yearly school fee.**

This school fee exemption policy has not been fully enforced as in some schools children suffer for non-payment. According to Naran (2005:4) free education is still a far-off dream with some schools continuing to hold back learners’ reports if their school fees are in arrears. The KwaZulu-Natal Department of Education has confirmed that the problem is common although the Department has intervened in many instances warning schools that they are acting against the provisions of the South African Schools Act No. 84 of 1996. The researcher’s view is that if needy
children were to be identified early, this would assist in making a distinction between children who cannot pay and those who can pay but would not. Needy children would have to be dealt with in accordance with the provisions of the Act. The right to basic education is provided for in the Constitution of the Republic of South Africa (Act No. 108 of 1996) and the exclusion of children from schools on the basis of inability to pay is in direct conflict with this constitutional right.

3.4 Social Assistance Act

The Social Assistance Act No. 13 of 2004 serves to provide for the rendering of social assistance to persons. The provisions of the Act are in line with the Constitution of the Republic of South Africa (Act No. 108 of 1996) which provides that everyone has the right to have access to social security. The beneficiaries of social assistance are individuals who are unable to support themselves and their dependants. Social assistance obliges the state to take reasonable legislative measures, within its available resources, to achieve the progressive realisation of each of these rights.

With regard to the care for the children who might be in need of parental care, the Act makes provision for the children to be placed either with a “foster parent” or a “primary care giver”. According to the Act a foster parent means a person, except a parent of the child concerned, in whose custody a foster child has been placed in terms of any law. In practice the implication would be that any person could foster a child who is in need of parental care and coincidentally in child-headed
households, an older sibling happen to be a primary care-giver. The extended family, for instance, is one structure that has always absorbed orphaned children. Members of the extended family can best serve as foster parents in the event children are in need of parental care.

According to the Act, a primary care giver means any person older than 16 years, whether or not related to a child, who takes responsibility for meeting the daily needs of that child. This definition is therefore inclusive of children who are in child-headed households, who assume the caring responsibility for their younger siblings. The Act makes provision for the appointment of a procurator who would have to be appointed by the agency to receive social assistance on the beneficiary’s behalf. The interpretation would be that in child-headed households where a primary caregiver is young and unable to receive social assistance, a procurator would have to be appointed for the benefit of the children.

Section 8 of the Act makes provision for the eligibility of a foster parent to receive a foster child grant as long as that child needs such care if the foster child is in need of care and qualifies for such assistance in terms of the Child Care Act No. 74 of 1983. This means that the state is obliged to offer financial assistance to persons who foster needy children.

### 3.5 National Policy on HIV/AIDS

The National Policy on HIV and AIDS for Learners and Educators was gazetted in 1999. The Policy was published in terms of Section 3 (4) of the National
Education Act No. 27 of 1996. The Policy seeks to contribute towards promoting effective prevention and care within the context of the public education system. The provisions of the Policy puts the school at the centre for providing care and support for learners affected by HIV and AIDS. In the “HIV Emergency Guidelines” the Minister of Education urges schools to become caring communities by finding ways to care for the sick and the needy, especially when the family unit has broken down. The “Guide for School Governing Bodies and Management Teams” (2003: 45) outlines the special needs of orphaned children. These include dealing with grief, lack of care and uncertainty. Many children do not have the opportunity to grieve properly. They may be separated from their brothers and sisters when they are put into foster homes. They may have to grieve in silence for their losses and this is likely to affect them for the rest of their lives. One way to help children grieve is to talk to them about death and this has to happen over time.

Losing a parent can make a child vulnerable to bad treatment from relatives and guardians. Sometimes families fight over property of dead people and leave children without anything. Sometimes members of the extended family speak badly about a parent who has died of AIDS and this makes the grief and anger even worse for the child. Death makes life uncertain for the children as they may be afraid that they will lose more people who are close to them. It is worth mentioning that children who do not get emotional support may find it difficult to deal with their feelings of loss.
The “Guide for School Governing Bodies and Management Teams ” (2003:45) outlines the role of the school in caring for the affected learners and this will include orphaned learners. The first step is to identify learners who need support. The school needs to collect information about learners in a confidential and unharmful way. A schools audit is one suggested tool for collecting data on needy children. Educators would be requested to identify vulnerable learners and what problems these learners are experiencing. Learners would then be referred for appropriate intervention to government Departments such as the Department of Health and the Department of Social Development.

The provisions of the Policy, suggest that the school has a major role in ensuring that the needs of the children are met. The ever reported plight of orphaned children is indicative of the fact that the school as a system is not playing an effective role in providing care and support for the needy learners.

3.6 Role of Social Work

Social workers in their intervention with client systems take cognisance of the characteristics of the client system and the impinging forces from the client systems’ environment. They perform a wide range of roles that define responsibilities for the social workers and their client systems. These roles explicate the nature of the interaction between clients and social workers at various system levels. It is worth mentioning that a child-headed household is a
relatively new form of a household and social workers have an ability to respond to human needs in an ever-changing world. Child-headed households present a situation where the fundamental needs of the children are unmet. Social workers would have to advocate for justice in the delivery of services to ensure that the well being of the children is maintained. The researcher has identified specific roles that social workers would have to perform in their intervention with child-headed households. These are the *advocacy role*, *facilitator role*, *programme developer role* and the *case management role*.

### 3.6.1 Advocacy Role

This relates to the role of the social worker to champion the rights of groups and communities either directly or through community action. According to Hepworth & Larsen (1993:25) “service as an advocate for a client or a group of clients has been the role assured of social workers since the inception of the profession.” In performing this role, the social worker engages in a process of working with and or on behalf of clients to obtain services and resources that would not otherwise be provided. Social work as a profession, advocates for the poor, the disadvantaged, the disenfranchised and the oppressed. The purpose of social work is to enhance social functioning and remedy personal dysfunctioning. Social workers promote and restore a mutually beneficial interaction between individuals and society in order to improve the quality of life for everyone. They hold the belief that the environment should provide the opportunity and resources for the maximum realisation of the potential and aspiration for all individuals.
Individual human needs should therefore be provided within the persons’ immediate social environment. The family is the primary social unit that meets the needs of its constituent members. The parental subsystem is expected by society to meet the needs of the family members. The absence of a parental subsystem in a child-headed household poses a threat in the development of children since there is no adult to meet the needs of the children. Children are exposed to a different lifestyle without family care and parental care. It is for this reason that the child-headed household is of paramount significance in social work practice. The social work profession has taken the stance that all people should be given assistance in meeting their social needs. It would be essential to establish how best social workers can advocate for the needs of the children in child-headed households.

Social workers believe that transactions between individuals and others in their environment should enhance dignity, individuality and self-determination of everyone. Sometimes situations that require social work intervention do not develop quickly and usually cannot be resolved readily. Ideally, services will be given to clients when they are needed, but in reality that is not always possible. This is likely to cause social workers a great deal of frustration. Social workers should therefore be willing to persist in efforts on behalf of clients despite frustration. The researcher’s view is that much as the burgeoning of child-headed households seem to have taken social workers off guard, (i.e. these being on the
increase but with limited resources), social workers would have to persist in their efforts towards ensuring that there is delivery of services for the children. Morales & Sheafor (2004:29-30) state that the commitment to social betterment precludes a narrow focus on specific social problems. They further postulate that social work takes the position that social betterment involves more than addressing problems but also involves assisting those who want to improve some aspects of their lives.

Social workers therefore have an important role to perform in addressing the problems that are experienced by a child-headed household. They would have to determine alternatives that could be employed towards meeting the needs of the children. Social workers are not satisfied just to examine social issues rather they take action to prevent problems from developing. Child-headed households are a deviation from the norm and cannot be supported particularly as circumstances in these households impinge negatively on the rights of the children. In performing an advocacy role, the social worker would have to offer support, advice and represent child-headed households in their dealings with the various social institutions or systems within the households’ social environment.

3.6.2 Facilitator Role
The quality of life for people is, inter alia, determined by the quality of their social interactions with people in their social environment. Social workers would therefore have to activate participation of people in a change effort hence the significance of a facilitator role. According to the New Dictionary for Social Work (1995:24) facilitator role is the “role of the social worker to expedite the process of social change by bringing together people and communication structures, stimulating activities, developing and channeling resources and ensuring access to expertise.” It is worth mentioning that no social worker has all the necessary expertise and resources to help with all the problems people may experience. The social worker therefore deals with other professionals from many resource systems. Child-headed households are connected to a number of social systems which come into play. These include the school, the municipality and the church. The social worker would have to co-ordinate the efforts of these systems in assisting the social functioning of a child-headed household. The role of social work in co-ordinating several different action systems is to ensure that children do receive the help they need and are not confronted with different or contradictory messages that may aggravate rather than reduce the children’s problems.

Social workers, as facilitators, would have to enhance linkages within organizations and cooperation of staff within agency to ensure the effectiveness of service delivery. They would have to have a responsibility of pinpointing factors that impede service delivery. Social workers would have to plan and implement ways of enhancing service delivery. This may involve providing relevant input to
agency administrators to address problems that are experienced by children who are in child-headed households. Social workers as advocates for social justice would have to ensure that the rights of the children are protected. This would ensure that the children are not marginalized.

According to Skidmore, Thackery & Farley (1998:105), “… in performing the facilitator role, the social worker serves as a central person vis-à-vis the client system and co-ordinates the interactions of members of action system to ensure that they are consistent with the change purpose”. The social worker should therefore be mindful of his/her focus on the household as an interactive unit and concentrate on his/her goal of effecting change. He/she would have to enable the children to obtain resources they need but guard against becoming too much of an authority. This is in line with the children’s right to participate actively in decisions affecting them and their well being.

3.6.3 Programme Developer Role

The social work profession has a responsibility of meeting individuals’ social needs by developing programmes. Clients sometimes need resource systems that are not available and in such instances the social worker would have to assist in creating and organising new resource systems. Children in child-headed households have specific needs that have to be attended to. Social work carries with itself a societal mandate to respond positively to the needs of individuals.
This also applies to children who are in child-headed households. Rights and needs of the children have been discussed in Chapter Two and it was evident that the child-headed households present a situation where the needs of the children are unmet particularly the need for family care or parental care. Literature reviewed (Makufa et al 1997, Shaw 2003) indicate that the extended family could no longer be relied on as a safety net for vulnerable children due to a number of factors that have been discussed. The challenge is for social workers to create new resources to ensure that the needs of the children are met. This is in line with the White Paper for Social Welfare (1997) which states that strategies should be developed to ensure the protection of vulnerable children.

Children need food, shelter and clothes in order to survive. The satisfaction of these basic needs may vary from household to household. Various Government Departments and Non-Profit Organisations offer food parcels as means of survival for the orphaned and the vulnerable children. The need for family or parental care is a critical need for the children’s protection and optimal development. Social workers would have to create new programmes to meet the needs of the children and ensure that their rights are protected.

Programme design would sometimes mean that social workers would have to modify the existing programmes. In the process of modifying existing programmes social workers would have to document and interpret the need for additional human service programmes. They would also need to develop working
relationships with relevant resources for programme support. These would include agency boards of directors and funding sources who would have to buy-in in the newly developed programmes. The findings of the study provide some guidelines as to what programmes would have to be developed in order to meet the needs of the children.

### 3.6.4 Case Management Role

According to Miley, O’Melia & Du Bois (2001:338) case management is defined as “…services delivered by an individual or team who organises, co-ordinates and sustains a network of formal and informal supports and activities designed to optimise the functioning and the well being of people with multiple needs”. The case management role involves not only providing direct services but also assuming responsibility for linking the client to diverse resources and ensuring that the client receives needed services in a timely fashion. According to Hepworth & Larsen (1993:449) the case manager role evolved in direct practice in response to the rapid expansion of vulnerable client groups who otherwise would not receive essential resources and services because they are somehow lacking assertiveness required to avail themselves of needed resources. Child-headed households are for instance one social group with fundamental needs that are unmet. The reasons could be that the children concerned have not made their needs known or agencies are not providing the services. This situation is likely to result in increased vulnerability of the children to deterioration in functioning. The pervasive needs of the children as reviewed in Chapter Two, suggest that the
case manager role should be of vital importance in the protection of the children. As a case manager, the social worker would have to assume primary responsibility for assessing the needs of the children. He/she would have to arrange and co-ordinate the delivery of essential goods and services provided by other resource systems and working directly with the children to ensure that the services are provided timeously. The social worker must maintain close contact with the children and with other service providers to ensure that plans for service delivery are in place and subsequently delivered as planned.

Social workers are uniquely qualified to serve as case managers by reason of their knowledge of community resources, their skills in communication and advocacy. According to Hepworth & Larsen (1993:24) the social worker, as a case manager must assist when clients lack the ability to follow through on referrals. Children in general are young immature and vulnerable and would lack ability to follow through hence the role of a case manager is important in meeting the needs of the children.

3.7 Summary

In this chapter policies that impact on children’s lives have been reviewed. The Child Care Act No. 74 of 1983 and the Child Care Amendment Act No. 96 of
1996 were reviewed with specific reference to Chapter Three which stipulates provisions with regard to the protection of children. The South African Schools Act No. 84 of 1996 was also reviewed with an aim of providing an exposition of the children’s denial to education in spite of this right being upheld by the provisions of the Act. The Social Security Act No. 13 of 2004 provides for the rendering of social assistance to persons who are unable to support themselves and this includes children who are in child-headed households. This Act makes provision for the financial assistance of the children by means of foster child grant and child support grant.

Since the HIV/AIDS epidemic is the motivating factor for undertaking the study, it was essential for the researcher to discuss the National Policy on HIV/AIDS. This is a comprehensive policy that outlines a framework for assisting children in need of care. It is clear that children still continue to suffer in spite of the legislative framework that aims at protecting the rights of the children and providing for meeting the needs of the children.

The role of social work in the protection of the children is critical. The researcher has focused on the advocacy role (i.e. the role of the social worker to champion the rights of the children), the facilitator role (i.e. the role of the social worker to expedite the process of social change), the programme designer role (i.e. responding to needs of the children by developing programmes) and the case
manager role (this includes the assessment of the needs of the children and coordination of service delivery provided by other resources).

CHAPTER 4

IMPACT OF HIV/AIDS ON CHILDREN

4.1 Introduction
HIV and AIDS have a significant impact on children who are orphaned when their parents die from AIDS. Without adequate care and support, children experience losses in nutrition, affection, security, protection and education. Given the magnitude of the impact of HIV/AIDS on children and society in general, the government, communities, non-governmental organizations and the private sector have responded positively in trying to respond to the plight of orphaned children. It is therefore important to review the impact of HIV/AIDS on children, looking at the current and the proposed policy responses in other countries. This would enable the researcher to suggest practical policy recommendations that would be appropriate for South Africa. In the review, the researcher focused on Thailand, Uganda and Brazil.

4.2 The Case of Thailand

In presenting the case of Thailand, the researcher looks at the situation analysis and the intervention strategies that have been employed by the Government and the various non-governmental organisations.

4.2.1 Situation Analysis: According to Brown & Sittitrai (1996:1), the HIV/AIDS epidemic in Thailand has grown from a handful of infections to become a major public health threat with wide ranging medical, social and economic disastrous consequences for the country. The researcher’s view is that as with all disasters, it is inevitable that children will suffer disproportionately from the epidemic both
directly and indirectly. The following is the description given by Brown & Sittitrai (1996:39-41) with regard to the situation in Thailand. Children orphaned by AIDS pass through a series of difficult adjustments as their parents pass through the successive stages of HIV disease, suffering psychological difficulties in addition to increased household demands and stresses from outside the household. Living with HIV is stressful for the parents, and children will usually sense this tension without understanding the cause. When the parents progress to symptomatic illness, it will be difficult to isolate the children from the problem. Rumours will start in the community and some of their friends will begin to avoid the children.

As the illness worsens, the parent’s care needs will increase and long periods of drug treatment or hospitalization may drain the family’s financial resources. The parent with HIV will no longer be able to work full time and may even be dismissed by their employer. The family may no longer have the resources to keep the children in school or social pressures may force these children out.

In the most frequent scenario in Thailand, the father will die first, leaving behind his wife and children. The community will almost certainly know the cause of death was AIDS, and problems may arise in arranging for the cremation or with neighbours attending funeral services. By this time, household savings will be gone, loans taken out, and in many cases property or goods sold. The children will
need to assume duties in the household or the family business, or to find work outside to supplement household income.

In many, if not most cases, the mother will also be infected, forcing the children to repeat this process of loss. Most of the children will then be cared for by other members of their family, the traditional Thai way of dealing with orphaned children. Most often this will be the grandparents. Grandparents in Thailand have traditionally relied on their daughters for support. However, by this time the daughter is often dead and the grandparents themselves are in need of support. Pressures on the children to work will mount, sometimes forcing them to permanently forgo further education. Those adopted by other relatives may be seen largely as a burden on the adopting family and may not be treated as well as the relatives’ own children. Furthermore, many relatives may wrongly assume that the children are themselves HIV infected and may be reluctant to care for them or divert resources to help them. Still other relatives may fear their own families will suffer in the community because of the stigma that comes with these children and reject them. This completes the description given by Brown & Sittitrai (1996: 39-41).

4.2.2 Intervention Strategies: According to Brown & Sittitrai (1996: 46-49) the problem of ‘AIDS Orphaning’ can be avoided entirely in Thailand if handled properly. They further outline traditional approaches to orphaning which should be developed and new ones which will require a layered approach with several components. While Thailand has a tradition of placing orphaned or abandoned
children within their own family networks, the fear of HIV and stigma associated with it may make family members reluctant to adopt children orphaned by AIDS. Nationwide education efforts need to correct misinformation about HIV and casual transmission. This should be coupled with family counseling of parents with HIV while they are still healthy to forge stronger links between the children and other relatives, thus improving the probability of the children being absorbed into the family network. Parents will need to discuss their HIV infection with family members and make arrangements for the care of their children after they die.

Sometimes children cannot be placed within family networks. In such instances it is preferable to maintain their ties to the community and their peers. Four approaches, which can help achieve this goal, are the “temple boy system”, community care centres, adoption and foster care. It is traditional in Thailand for boys to be placed in a Buddhist temple where they would receive an education. This may be an option for male children orphaned by AIDS if the religious community is encouraged to extend this traditional system to those orphaned by AIDS. Another option for the boys and girls is to create a set of child day or night care centres. Community members would contribute both partnership funds to help the government build a centre, provide food for the children, and assist with the care of children. The centre could continue to function in the evening for those children orphaned by AIDS, giving them the opportunity of spending the day with their friends and keeping them in a community environment.
Adoption is another alternative, including international adoption. Unfortunately, although considerable energy has been put into promoting adoption in Thailand, there is a strong resistance to adopting children from outside of the immediate family network. Placement is even more difficult for children whose parents die with AIDS. Another alternative deserving attention is foster care, where the child is placed temporarily in a foster family. Some families may be more willing to accept a child on a short-term basis. This may also allow time for emotional ties to form and lead to eventual adoption. Since a family environment is developmentally superior to institutional settings, efforts to promote adoption and foster care should continue.

When comparing the situation of Thailand with South African situation, there are similarities with regard to the absorption of orphaned children by the extended family particularly the grandparents. In most situations, the grandparents would become the foster care parents for the orphaned children. The religious sector in South Africa has been in the forefront with regard to the placement of the children. In the apartheid era for instance, churches established children’s homes but these focused on the needs of particular racial groups. There is now a shift in the emphasis of this dual service on the part of the white community. The observation made by the researcher is that in the African community the religious sector is focused on the spiritual needs of the people and does not focus on the total well being of the people. The findings of this study give direction as to what
role would social work play in linking children with the religious sector as a resource system.

4.3 The Case of Uganda

According to Basaza & Kaija (2002:6) AIDS is responsible for up to 12% of deaths in Uganda and is the leading cause of adult mortality. This is an indication that HIV and AIDS have unpleasant effects on children in Uganda.

4.3.1 Situation Analysis: Basaza & Kaija (2002: 34-47) present a scenario at Uganda. According to their presentation, the impact of HIV/AIDS on the well being of children in Uganda has been profound and affected almost all the domains of the child’s well being. A study by Ntozi (1993) presents findings on the impact of HIV and AIDS on children. The study was conducted in 6 districts of Uganda in relation to HIV/AIDS and its impact. In this study, a sample of households that had experienced death in the last ten years was selected and household heads or competent persons interviewed. For each household member who was ill or had been sick in the last four weeks before the survey, questions on name, sex, age, and type of illness and duration of sickness were asked. The results show that the under fives of all the children are the most affected by HIV/AIDS as shown by the percentage of AIDS and related diseases (Ntozi, 1993). According to Ntozi (1993: 24) orphaned children are less likely to get enough food to eat.
The impact of HIV/AIDS on the education of children can be viewed in two different perspectives viz;

- *firstly, how the children regard their performance at school, dropout and lack of parental guidance*

- *secondly, is the impact on the sector in terms of staffing and the quality of education.*

It should be noted that most children drop out of school when they are still at primary school. The percentage of children dropping out due to AIDS has increased from 45% in 1995 to 53% in 1999. This shows the impact AIDS might be having on child education and unless controlled, could lead to worse socio-economic problems. Although the children can attain free primary education, they have to incur costs of scholastic materials. It is therefore plausible to assume that this percentage fails to get money to go to school. Even those who manage to remain at school face problems of lack of parental guidance, inadequate socialization, financial and material support; inadequate socialization of orphaned children leading to low self-esteem and performance.

The impact of HIV/AIDS on the welfare of children has a number of dimensions ranging from orphanhood, depletion of family assets, families splitting, child abuse, drugs and lack of proper homes (for example, street children). HIV/AIDS has taken an enormous toll on Ugandan society in the past two decades, causing the deaths of tens of thousands of people, and particularly decimating the young and middle-aged portion of the population. Ugandans are presently living with
HIV/AIDS, and AIDS has orphaned at least 1.7 million children. Hunter & Williamson (2000) placed the number of Ugandan orphans as high as 2.35 million in 2000. What is clear is that the numbers of orphans are of massive proportions. Orphans in Uganda, by some estimate, constitute around 20% of all children. Parental death from HIV/AIDS has a particularly powerful effect on the children.

Orphanhood can lead to a number of situations such as street children, child abuse and specifically torture and stress. This however does not mean that only orphans experience these situations. A study on the psychological effects of orphanhood in Rakai district (Sengendo & Nambi 1997) found that orphans living on their own (i.e. child-headed) constitute 25.3% of orphaned children.

4.3.2 *Intervention Strategies* According to Niang & Van Ufford (2002:4) Uganda has been cited as one of the two success stories in Sub-Saharan Africa in its efforts to reduce HIV prevalence levels. Basaza & Kaija (2002: 52-59) provides an analysis of responses on the effects of HIV/AIDS on children. This includes policies and programmatic response and some of the responses do not specifically target children but offset the impacts on children. Institutions and organisations have worked either individually or in partnership to design interventions and policy responses to reduce the impact of HIV/AIDS on children and society as a whole. Children, especially those orphaned by HIV/AIDS have specific and special needs for protection of their welfare, rights and entitlements because they may not have the benefit of this protection from their caretakers. Uganda
programmes and statutes that identify this protection of children such as the Uganda National Program of Actions for Children (UNPAC-1992) and the Children’s Statute (1996) have been developed. Government has responded by establishing the National Council for Children (NCC-1999) which directly deals with the problems of children.

The Convention on the Rights of the Child (CRC-1990) set the stage for the development of the Uganda National Program of Action for Children (UNPAC-1992/3). It outlines specific human rights for children and provides specific legal and policy frameworks for orphan care and protection, and emphasizes community care and protection of children in need. According to the CRC, the children’s rights are based upon four principles: i) protection, ii) participation, iii) survival and development, and iv) non-discrimination. The orphan’s rights include specifically issues related to the loss of parents, the loss of the children’s primary caregiver, increased vulnerability and exposure to exploitation and abuse, and the need for psychosocial treatment/support.

The government of Uganda formulated and ratified the Children’s Statute in 1996. This statute provides a comprehensive legal and institutional framework for the protection of children. It also addresses the rights of children as stipulated by the UN Convention and in the Organization of African Unity (OAU) charter on the rights and welfare of children. According to this statute, the local councils and communities have the duty to protect children whose parents have died. Uganda
has also established the National Council of Children (NCC) by Statute in 1996 mainly “to provide a structure and mechanism to ensure proper co-ordination, monitoring and evaluation of all policies and programmes relating to the survival, protection and development of the child and other connected matters”. The Family Protection Unit in the Uganda Police has also been established to help in solving family issues, including the ones of vulnerable children. However, on a broader scale, the UNAIDS in collaboration with the Ugandan Government formulated some principles to ensure that interests of children related to HIV/AIDS are promoted and addressed. These principles include access to HIV/AIDS prevention education, information and the rights to confidentiality and privacy in regard to their HIV status.

The Ministry of Gender, Labour and Social Development (MoGLSD) has played a significant role in helping and protecting children. It has contributed towards the establishment of laws and policies that help children through the Children Statute of 1996. The MoGLSD has a sub-directorate that focuses on the welfare of children, supervises institutional care, foster placement and adoption and tracing of relatives. This department manages short-term assistance, and helps children in problems, some of whom are HIV/AIDS orphans.

There is a plan to establish an AIDS orphan scheme, which will include education bursaries/scholarships and material support for school children, particularly AIDS orphans. In addition the orphan scheme will initiate income-generating activities
such as poultry, horticulture, arts and craft. Also, establishing partnership and networking is one of the interventions. This is basically with government departments, Non-Governmental Organisations, Community Based Organisations including private groups such as fathers and mothers union in provision of AIDS education, counseling and care in various institutions.

Non Governmental Organizations (NGO) have played a major role in assisting and protecting the children. This assistance is in form of providing food, school fees, shelter, clothing, basic training, income generating schemes and counseling. Various community organisations have formed a nationwide network called Uganda Network of AIDS Service Organisations (UNASO) with an aim of promoting cooperation and coordination through common resource mobilization, sharing of information and expertise.

4.4 The case of Brazil

In this section the researcher reviews the situation in Brazil and the intervention strategies that have since been developed.
4.4.1 *Situation Analysis:* According to Beck’s (2005) article in the Eternal Perspective Ministries’ website, “… as of year 2004, 470 000 children in Brazil were known to have lost their mothers to AIDS, an increase of 23% since 1995”. This indicates a serious “orphan crisis” in the country and the proportion of AIDS is higher than elsewhere in the Southern America including the United States.

According to Ellison (1997: 14) Brazilian mothers with AIDS tend to live fewer years due to the relatively poor health care that is available. She further states that many orphaned children end up being abandoned in hospital or in the street and government orphanages do not accept children with AIDS. This has resulted in private agencies establishing orphanages, which are usually fully booked.

4.4.2 *Intervention strategies:* Brazil has been significantly developing support focusing on children in difficult circumstances. Various non-governmental organisations have worked in collaboration to overcome shortcomings in family and community based developmental support. The collaboration among service providers is aimed at improving the existing services for the target children population. The work of these organisations include identifying and creating additional services including the establishment of a community fund. Childhope is one organisation that is engaging the local government in a dialogue on services and funding needed in the community.
Various Faith Based Organisations (FBOs) have taken initiative to address the issue of orphaned children. They have come up with a range of services including advocacy and representation; church based foster care programmes, short-term foster care placements and family style orphanages. Advocacy and representation relates to articulating the needs and the rights of the children who are in need and ensuring that these are met and or protected.

4.5 Summary

The chapter was a review of the impact of HIV/AIDS on children. It has been recognised that HIV/AIDS is a worldwide epidemic and has negative impact on the lives of the children. The manner in which the epidemic has impacted on children varies from country to country and countries have embarked on various intervention strategies. Governments, Non-Governmental Organisations and the donor communities have made contributions towards the mitigation of the social economic impact of the epidemic.

The experiences of Thailand, Uganda and Brazil indicate that a mobilization of the available resources is significant in alleviating the strife of orphaned children. The uniqueness of each country in terms of tradition and culture should also be taken into account. The experiences discussed in this chapter would assist in developing programmes that are aimed at protecting the rights and meeting the needs of children who are in child-headed households.
CHAPTER 5

EMPIRICAL RESEARCH

5.1 Introduction
This chapter contains information on the design of the empirical research. It provides an explanation on the execution of the investigation. Inclusive in the methodology are assumptions and values that serve as the rationale for the research and the standards or criteria the researcher has used for interpreting and reaching conclusions. In this study, the researcher was investigating the social functioning of a child-headed household in its entirety and at all levels (i.e. internally and in relation to the other social institutions). The researcher chose the methodology that would be able to present the phenomenon under study in the clearest possible way. The researcher first provides the scope of the study. She then provides a description of the research process and the kinds of tools and procedures that were used. The specific tasks that are covered in this chapter include the design of the study, the description and the selection of cases and other participants, conducting the case studies, sampling procedures for the second set of participants (social workers), as well as the research instrument that was used to collect data from the social workers. Finally, the researcher covers the procedures that were used in the analysis of data.

5.2 Scope of the study

The study was undertaken in KwaZulu-Natal and three districts were adopted as the spatial territorial boundary of the study. The rationale for the selection of the districts was that much as it is hard to determine the incidence of child-headed households, media has reported about the scourge of HIV/AIDS in these districts
The three districts that have been reported to be hardest hit by the pandemic are, the Uthungulu District (DC 28), Zululand District (DC 26) and the uMgungundlovu District (DC 22). The map is provided as Annexure F in the report.

5.3 Research Design

Design in qualitative research is an iterative process that involves the “tacking” back and forth between the different components of the design, assessing the implications of purposes, theory, research questions, methods and validity for one another. According to Maxwell (1996:4) the design is an underlying structure and interconnectedness of the components of the study. The components of the study are the purpose, the conceptual context, the research questions, the methods and the validity. The design does not only focus on the interconnectedness of these components but considers the implications of each component for the others.

The strength of qualitative research is derived primarily from its inductive approach. Its focus is on specific situations or people hence its emphasis on words rather than numbers. The rationale for using qualitative methodology was that the researcher intended understanding the life circumstances and the social functioning of a child-headed household. The best methodology of getting a
deeper meaning of these children’s life circumstances was by allowing them to
give account of their lives and experiences.

The purpose of the study was to examine the social functioning of a child-headed
household and the role of social work. The researcher used a qualitative
exploratory design since exploratory studies are aimed at providing a beginning
familiarity with a particular topic. This applies to studies of new interest, when
the subject of the study is relatively new. The “child-headed household” is a
relatively new phenomenon particularly in South Africa. Although various studies
have been undertaken on child-headed households, its social functioning has not
been studied. The conceptual context of a child-headed household is that it differs
structurally from other household forms that have been studied. The absence of a
parental subsystem is the distinctive feature of the household. Literature reviewed
(Moss & Pence 1994, Melton 1996, Papalia et al 2001) indicate that children have
developmental needs that can best be met within a family environment where the
parent is a key role player in ensuring that these needs are met. The situation in a
child-headed household is such that children’s needs have to be met by another
child who assumes a care giving responsibility for the younger siblings.

The gap in the knowledge is on how the child-headed household functions hence
this study was undertaken. The research aims at giving answers to:

•  *Firstly,* the nature of the interaction in a child-headed household

•  *Secondly,* the interaction of a child-headed household with its
  social environment
Thirdly, the household’s support network and how these could be well coordinated for the benefit of the children. The researcher applied a range of methods in order to give answers to the research questions and these are discussed in this chapter.

5.4 Selection of cases and social workers

Since qualitative research is flexible and intuitive and does not necessary call for the researcher to adhere to predetermined set of procedures, the researcher used her experience to select steps and procedures. The researcher used a case study method and child-headed households were the units of analysis. According to Yin (1994:50) when using a case study design, a sampling logic is not used and the typical criteria regarding sample size is also irrelevant. He furthermore states that the researcher should instead think of this decision as a reflection of the number of case replications that the particular researcher would like to have in the study. In this particular study, the researcher wanted to articulate the conditions of each household more explicitly and identified ten as an appropriate number of case studies to be included in the investigation. The rationale for selecting the ten child-headed households was based on the qualitative research methodological principle, which states that a relatively small number of participants have to be studied if one needs to understand the particular context within which the participants act. The researcher did not only want to understand the context of the child-headed household’s social functioning but also to preserve the individuality
and uniqueness of each household in the analysis of data. It was therefore essential for the researcher to observe the variation of a child-headed household from the structural and functional family theory. The idea finds support in Silverman (1998:206) who states that a collection of cases should be such that the researcher is able to achieve a position where he/she can observe the variation of the phenomenon in a reliable way.

Ten child-headed households were selected from the three districts (as mentioned in paragraph 5.2) in which the study was undertaken. It is worth noting that though the researcher used her experience, deciding on who to talk to or what sources to focus on, it nevertheless required careful and rational selection. Miles & Huberman (1994: 36) argue that thinking in sampling frame terms is a healthy methodological medicine. If a researcher is talking with one kind of informant, one needs to consider why this kind of informant is important and from there which other people should be interviewed. It is therefore essential to consider whether the researcher’s choices are doing a representative, time-efficient job in answering the research questions.

According to Weiss (1994:17) many qualitative interview studies do not use samples but panels. He describes panels “… as people who are uniquely able to be informative because they are experts in an area or were privileged witnesses to an event”. The researcher argues that since panels are persons, who can provide first hand direct information, there has to be a selection of participants for
inclusion in the study. Panels can therefore be considered as one form of purposive sampling. Selecting individuals that can provide the researcher with the information she needs in order to answer the research questions is the most important consideration in qualitative sampling decisions. In this study, children from child-headed households were selected for inclusion. The researcher’s intuition was that these children have experienced life in a child-headed household and can therefore be the best informants as to how this household functions.

The purposive sample does not use random selection but is based on the judgement of the researcher regarding the characteristics of a representative sample. The strategy was to select units that were judged to be typical of the population under investigation. The researcher structured a specific approach in building up the characteristics of typical participants to constitute the sample. The typical characteristics of the sample were:

- the age category of the family members (between 1 and 18 years)
- the home environment where both parents are deceased and there is an absence of an adult
- children have to be consumers of social welfare services either from a Government Department or from a Non-Profit Organisation

The criterion-based selection was the only practical means of identifying the participants. Drawing up a comprehensive list of all the child-headed households
in the area under study was a difficult if not an impossible task since the incidence of child-headed households has not yet been determined. Although the procedure has been criticised by various researchers (Arkava & Lane 1983, Rubin & Babbie 1997) for its non-probability in that it is not perfect in the representativeness of the universe, the researcher argues that the scientificness of the procedure involved cuts across many approaches in determining an appropriate sample and hence cannot be reduced to a single interpretation. This means that once typical characteristics are built into a purposive sampling, it cannot be construed as a complete non-probability procedure The researcher’s stance find support in Marlow (2001:140) who argues that typical case sampling is the most often used method for purposive sampling in social work research. It is worth mentioning that the researcher followed a theoretical logic in that the selection of the units of analysis were on the basis of their relevance to the research questions, the theoretical position and most importantly the explanation or account that the researcher is developing.

The focus of the study necessitated a second set of participants. Data was also collected from social work practitioners who are experienced in working with child-headed households. Sampling procedures call for rigorous considerations of representativeness. The strategy for selection was purposive in the sense that the researcher used her judgement in determining who the participants would be. The main reason was that there was simple no other way to investigate the role of social work in working with a child-headed household. Social work practitioners
who have experience in working with this household would serve as the best sources of information. The procedure, however, cut across the stratified random sampling in that six social workers were selected from each district.

The value base underlying social work calls for the investigator or researcher to recognise the integrity of individual participants rather than seeing them as just subjects. It is for this reason that the researcher has used the concept participants instead of subjects.

5.5 Conducting Case Studies

Three sources of data were used when conducting cases studies i.e. *focus groups, observation visits to households*, and *children’s life stories*. According to Mark (1996:61), in qualitative research methods the nature of reality is defined by the interaction of the researcher with the phenomenon under study. This suggests that the researcher should take advantage of applying her own perceptions and assumptions to the research study, thus entering into the participants’ world. Before conducting case studies, the researcher had to consider the skills that are necessary for one to be able to collect case study data. It is for this reason that a protocol for the case studies had to be developed. It is worth mentioning that for the purposes of collecting case study data, the researcher had to rely on the team of investigators comprising of research assistants. There were essential activities that the researcher had to consider. It should be noted that focus groups require
greater attention to the role of the interviewer. Since interaction was based on the protocol topics, each research assistant who had to conduct case studies took the role of a moderator. It was critical to ensure that the research assistants had the desired skills. These skills include appropriate questioning, good listening and empathic skills, a firm grasp of issues being investigated and the ability to adapt and be flexible. An inquiring mind is a major prerequisite during data collection. According to Yin (1994: 56) much as data collection follows a formal plan, the specific information that may become relevant to a case study is not readily predictable. It was therefore necessary for the research assistants to be capable of constantly asking themselves why events appear to have happened or to be happening. Questioning was therefore a prerequisite skill for the research assistants since it leads to productive outcomes. The understanding of the researcher was that if the research assistant asks questions properly, the respondent would give the desired information. In a group interview, questioning is one way of reducing intensity if some of the group members happened to be tense.

Listening is another desired skill for the research assistant. According to Yin (1994:58) “…listening includes observing and sensing more generally and is not limited to the aural modality. Good listening is about being able to assimilate large amounts of new information without bias. As an interviewee recounts an incident, a good listener hears the exact words used by the interviewee, captures
the mood and affective components, and understands the context from which the interviewee perceives the world.” The researcher’s view is that this type of skill is involved in the sense that it cuts across other important skills of interviewing like reflecting content and feelings of the interviewee. Corey & Corey (2002:145) perceive listening as applied in a group situation, means being able to pay full attention to others as they communicate. Research assistants had to be able to absorb content, noting gestures and subtle changes of voice or expression, sensing underlying messages.

It is clear that the research assistants had to be well versed and skilled in the art of interviewing. This means being skilled in questioning, reflecting feeling and content. It is for this reason that the researcher used senior level social work students as research assistants. The rationale being that they are experienced in interviewing and conducting groups. The researcher had identified these students during their post-placement assessments when they submitted their portfolios. The researcher is a lecturer in the Department of Social Work at the University of Zululand where these students study social work.

Interviewing requires the interviewer to be skilled in the interactional, narrative procedures of knowledge production and not merely interviewing and group facilitation techniques. Preparatory seminars were held with the research assistants to discuss the phases of the investigation. The aim was to ensure that the research assistants understood the basic concepts, terminology and issues
relevant to the research. Issues that were discussed included readings on child-headed households, theoretical issues and the protocol for conducting case studies. It was important for the research assistants to understand the theoretical issues because critical analysis has to be made during the data collection phase. It is worth mentioning that case study data collection is not merely a matter of recording data in a mechanical fashion, as it is the case with some research methods. One must be able to interpret the information as it is being collected (Gilgun 1994:375). The content of questions and the substantive information communicated by the participants (children) was essential. The research assistants had to use many strategies and tactics of interaction largely based on an understanding of ways to optimise co-operation of the children, mutual disclosure and a creative search for mutual understanding.

The research assistants conducted in-depth group interviews with the children. Babbie & Mouton (2001:291) perceive focus groups as a valuable method in helping to identify the depth and the breadth of the problem areas. This method of data collection allows probing thus enabling the researcher to obtain detailed information. The researcher’s choice for the focus group was based on the following:

- The researcher believes that this was the only possible way she would have been able to access information on the social functioning of a child-headed household.
• Focus groups were useful sources of data in that they tend to create a space in which children got together and created meaning among themselves rather than individually. The questions contained in the interview schedule warranted for the children to respond as a unit rather than as individuals (refer to Annexure B).

• Focus groups created opportunity for the research assistants to observe a large amount of interaction on a topic within a limited period of time.

The use of focus groups in qualitative research finds support in McQuarrie (1996:88) who states that the main advantage of these is their reliance on the interaction within the group. This group interaction was significant in that it produced data and insight that would be less accessible without the interaction found in a group. Group interaction provides direct evidence about similarities and differences in the participants’ opinions and experiences as opposed to reaching conclusions based on the separate statements from each individual. It is worth mentioning that similarities of opinions link up with the developmental stage of the participants. It is for this reason that the research assistants used a technique called “family graphics” as an additional data collection instrument for younger children. The technique is discussed in paragraph 5.5.2.

The research assistants engaged the households in active interviewing which is a form of interpretive practice involving respondents and the interviewer as they articulate ongoing interpretive structures, sources and orientation. The interview
situation has an ability to incite the production of meanings that address issues relating to particular research concerns. In this study, the group interviews and family graphics enabled the research assistants to have an understanding of the children’s worldview and issues relating to their family living. The two methods of data collection were used as forms of conversations and were interactional. Children were constructors of knowledge in collaboration with the research assistants.

Since focus groups can sometimes be used in studies that combine two or more means of gathering data, the researcher triangulated focus groups with the life stories of the children. The purpose of the combining the two methods of data collection was to use each method so that it contributes something unique to the researcher’s understanding of the phenomenon under study. Another reason for using multiple sources of evidence was to increase construct validity.

The main activities in conducting case studies were the development of a case study protocol and the collection of data. The researcher provides an overview on how these activities were undertaken.

5.5.1 Case Study Protocol
A case study protocol was designed in order to deal with the issue of reliability. A case study protocol is more than an instrument. It contains the instrument, the procedures and the general rules that should be followed in using the instrument. This was designed by the research team, which constituted the researcher as the principal researcher and three research assistants. Each research team member was assigned to one portion of the substantive topics to be covered. The research team had seminars and discussed the individual drafts. It was the discussion of these drafts that led to the completion of the case study protocol. The case study protocol included the procedures, the sets of questions and topics, analysis plan and case study reports (refer to Annexure A).

The procedures of the protocol included visits by the research assistants to the households, group interviews with the children and the children’s stories about family life. The aim of the visits was for the research assistants to get informed consent of the children, to observe the living arrangements and to collect data from the children.

A set of case study topics was set and these were organised into a guide that formed part of the protocol. According to Silverman (1998: 104) the structure that a guide imposes on discussions is valuable both in channeling the group interaction and in making comparisons across cases in the analysis phase of the research. The researcher subscribes to the idea of a guide in that it creates a natural progression across topics with some overlap between the topics. An additional value to creating a guide is to ensure consensus among the members of
the research team with regard to which topics are covered and at what level of detail.

While most researchers acknowledge the interactional character of the interview, the technical literature on interviewing (Silverman 1998, Gubrium 1994) stress the need to keep the interaction strictly in check, hence guides to interviewing. The main purpose of the guide is to maximise the flow of valid, reliable information while minimising distortions of what the participants know. The researcher used a form of a guide that is based on questions. The rationale for the adoption of this form being that the very act of asking questions signals the investigator’s control over the content and the direction of the interview. The idea finds support in Maxwell (1996:75), who states that the guide format is most popular in structured approaches to focus groups. An interview schedule was organised around a set of discussion topics that were loosely phrased as questions. These were classified into nine parts.

Part one dealt with the family background of the children and was easy for the participants to respond to. The ages of the children were significant in understanding their cognitive level and a range of developmental issues that the children have to grapple with. This gave insight into the social functioning of these children in the absence of a parent in the household. The background information was also significant in establishing the social network of the children. Literature reviewed (Pruchno & Johnson 1996, Amato & Booth 1997, Foster
show that the extended family cannot always be an alternative for children who are orphaned. According to the findings of the study undertaken by Ankrah (1993:13), while there are many orphaned children that are well cared for by their extended family members, there are invariably profound disruptions to the extended family’s capacity to care for its members. In view of the extended family’s disrupted capacity to care for its members, social work would have to respond to this need since the aim of the profession is to restore impaired capacity.

Part two of the interview schedule focused on the assumption of new roles by the children after the death of parents. These include childcare, basic provision, household maintenance, leadership and decision making. The aim was to establish who assigns these roles and to what extent are these roles performed. Part three focused on household rules. The rationale for the item was to establish what rules govern the behaviour in the household and how these are set. In part four, focus was on the children’s basic need for survival and how the need is met. Part five of the instrument looked into the financial situation of the households. It was important to establish the households’ source of income and how the income is spent. Since a household is a group of individuals who are in constant interaction, conflict is inevitable. It was important to establish how conflict is dealt with within the household hence part six focused on this aspect.
Parts seven, eight and nine focused on the social support network of the child-headed household. The premise is that the household is part of and nested in a series of larger systems that likewise develop organisational structures, roles and patterns of communication. These larger systemic structures should be supportive of the households’ social functioning. In some instances, these systems deprive some households or their members of resources that are vital for healthy development. It was essential to identify social systems, which could best be of help to the household. The rationale was to establish how supportive or unresponsive these systems are to a child-headed household. The resource systems that were part of the investigation are the *school system*, *the religious system* and *the local government system*.

The protocol included descriptions of neighbourhoods. Research assistants explored a typical day in a child-headed household. This included the daily activities that the children engage in. This information would best help in providing understanding of the social functioning of a child-headed household.

A final preparation for data collection was the pilot study. While there are no specifications for the size of the pilot study sample, four (4) households were piloted. Each research assistant had to conduct one (1) case study. This was the way of trying out the protocol that had been developed and to determine how best it could be refined. In choosing the pilot cases, the research assistants did not have to use the criteria that was used for the selection of the actual cases. Since
the aim was to refine the data collection plans with respect to both the contents of the data and the procedures to be followed, research assistants selected any child-headed household that was accessible. The pilot data provided considerable insight into the basic issues being studied. Data were used to assist the researcher and the research assistants to develop relevant lines of questions. Some topics and items had to be restructured.

5.5.2 Collecting data from the children

The main source of evidence was the focus groups where a child-headed household was a unit of analysis. Focus groups were conducted with the children in their respective homes. The rationale for this site selection was that participants had to be interviewed in a setting where they would be comfortable and relaxed. The home environment was the natural habitat of the children involved in the study. The descriptive account of each child-headed household and its social functioning is provided in Chapter Six. When approaching the households, the research assistants needed the children’s informed consent before they could continue with the data collection process (see Annexure E in the report). It was necessary for the research assistants to explain to the children the process of data collection. This would enable the children to understand that there would be a series of visits made by the research assistants.
Collecting data was a tedious process since multiple sources of data were used. The research assistants visited the households several times. Besides the focus groups that they conducted, they also asked children to write stories on family life. In households with young children, research assistants used the family graphic technique. This is a useful technique in the assessment of children. Since children cannot be elaborate, they are given a piece of paper and crayons and required to make visual presentation of people in their lives.

During the household visits, the research assistants made some observations on the living arrangements of the children. These observations gave more insight into the circumstances of the children who are in child-headed households. The observations also served as sources of data. Observations made during the visits are incorporated in the descriptive account of case studies provided in Chapter Six in the report.

5.6 Collecting data from the social workers

Data on the social service delivery was gathered from eighteen social workers (six from each district). This was done by means of an interview. Rubin & Babbie (1997:392) perceive an interview as a valuable method in helping to
identify the depth and the breadth of the problem areas. It is valuable in that it allows probing thus enabling the researcher to obtain responses in areas where specific questions are difficult to construct. The researcher’s choice of the interview was based on her intention to eliminate the “I don’t know” answers and to ascertain that all questions were responded to. Interviewing gave the researcher an opportunity to probe for answers.

An interview schedule was designed for the social workers (see Annexure C in the report). The aim was to explore the gaps in the support network for the child-headed households and explore the strategies that could be employed towards ensuring that the children’s needs are met and their rights are protected. The interview schedule comprised three sections. The items were intended to establish the nature of services that are rendered by the social workers in relation to a child-headed households and to establish if there are any inadequacies in service delivery. The first section dealt with the identification of the social worker. Inclusive in this category were aspects that relate to the nature of the agency/organisation where the social worker is working, the years of service, the social worker’s experience in working with child-headed households. The second section related to the social workers’ understanding of child-headed households (i.e. the profile of child-headed households). Section three related to social service delivery. Aspects that were covered in this section included the nature of services that are rendered by social workers, the relevance and appropriateness of the services, social workers’ comments on the available resources and their views on
how best the needs of the children can be met. It is worth mentioning that some of the households were consumers of social services prior to becoming child-headed households and others landed with the welfare organisations after the parents have died.

The researcher had to make arrangements, such as requesting permission to interview the social workers, with the service managers of the various organisations and or agencies that were identified for inclusion (refer to Annexure G in the report). The service managers granted permission and interviews were held at the welfare organisations/ agencies. The social workers would arrange a possible suitable place for the interview. In some organisations a boardroom was used whereas in other social service agencies the social worker’s office was the venue for the interview. The researcher relied on handwritten recording while continuing with the interviews. This would eliminate the risk of forgetting significant answers.

5.7 Collecting data from other resource systems

The researcher had identified different resource systems with which the households strongly interface. These are the school system, the religious system
and the local government system (municipality). The researcher used an unstructured interview to collect data. The purpose was to establish how each of these systems respond to the needs of the children. Ten educators were randomly selected for inclusion in the study. With regard to the religious system, the researcher worked with the minister’s organisations which are representative of ministers of religion in each district. Concerning the municipality a purposive sampling strategy was used and one representative from each of the three municipalities was included (i.e. Zululand, Umgungundlovu and Uthungulu).

5.8 **Validity and Reliability**

Data triangulation (use of group interviews and children’s life stories) helped in addressing the problem of construct validity. According to Yin (1994:94) multiple sources of data essentially provide multiple measures of the same phenomenon. This is however criticised by some research writers (Morgan 1997, Silverman 2000) who state that the use of multiple sources of data requires the researcher to know how to carry out the full variety of data collection techniques. The researcher argues that much as the multiple sources of data might be perceived as imposing a burden on the researcher, in undertaking this research, such burden was alleviated by the involvement of the research assistants who worked together with the researcher as a research team. The research assistants, although trained in the interviewing skills and group facilitation, had to participate in preparatory seminars prior to conducting case studies (refer to Annexure A in the report).
Exposure of the research assistants to such seminars was a pre-requisite for using multiple sources of data.

The researcher has created a database for the other researchers to review the case studies and this markedly increased the reliability of the entire study. The researcher has collated the case studies. This would give a critical reader a resource if he/she wants to inspect the database that has led to the conclusions drawn.

Reliability was also maintained through a chain of evidence. The use of the family graphic technique was useful in getting children tell their life stories. This would allow the reader to follow the derivation of evidence from initial research questions to the ultimate conclusions.

5.9 Analysis of Data

Data analysis is a process of resolving data into its constituent components to reveal their characteristic themes and pattern. Analysis of data consists of examining categories, recombining the evidence to address the initial propositions of the study. It entails the systematic coding, grouping or summarising the descriptions provided by the respondents. According to Coffey & Atkinson (1996:5), qualitative data occur in a variety of forms, hence there is no single way of approaching the material. It is however important for the researcher to structure
a particular way of summarising the descriptions and providing a coherent framework that encapsulates and explains aspects of the social world as portrayed by the respondents (i.e. children that were studied).

The nature of the study includes the qualitative accounts of the child-headed households. It is worth noting that one should not assume that techniques used in quantitative research are the only way of establishing the validity of findings from field research. These include the assumptions that social science research can only be valid if based on experimental data, statistics or the random sampling of population. Methods used in qualitative research provide a deeper understanding of a social phenomenon than would be obtained from purely quantitative research. In this study, the researcher is interested not only in the physical events and behaviour that is taking place in the child-headed households, but also in how the children make sense of their circumstances.

The data analysis procedure followed was based on the Wolcott’s (1994:84) tri-phased model of analysis (i.e. description, analysis and interpretation). Firstly a descriptive account of data was given. This descriptive account of the case studies is in Chapter Six. According to Coffey & Atkinson (1996:134), the framework for case study analysis suggests that the researcher obtains an intuitive and holistic grasp of the data. This is achieved by breaking down the interview responses into units. Subsequent to conducting focus groups, the researcher broke down the verbatim responses into naturally occurring units with each unit conveying a
particular meaning. Kruger as quoted by Kvale (1996) suggests that a Natural Meaning Unit (NMU) may be defined as “…a statement made by the respondent that is self definable and self delimiting in the expression of a single, recognisable aspect of the respondent’s experience of the researched phenomenon”. In other words, an MNU is observed where there is a transaction from one nuance of meaning to another. The natural meaning units are a reflection of the focus groups that were conducted by the research assistants. The researcher then classified data to develop a meaningful account. She then connected data to produce an overall picture of the social functioning of a child-headed household and drew conclusions.

5.10 Summary

The chapter gives an overview of the protocol that the researcher had followed in undertaking the investigation. The scope and delimitation of the study has been discussed. The study was undertaken in the Province of KwaZulu-Natal and focus was on the three districts that are reported to be hardest hit by the HIV/AIDS pandemic. The research design was discussed and it was clearly indicated how the researcher went through the iterative process between the different components of the design. The selection of case studies was also discussed. The researcher discussed the processes that were undertaken with regard to the conducting of the case studies. This included the case study protocol and the means that were used in order to collect data.
The units of analysis were child-headed households but since these are nested in a
neighbourhood and are connected to various resource systems, it was essential for
the researcher to collect data from the systems concerned. Social workers as
providers for social services form an integral part of the study. The sampling
strategies that were used to identify the various categories of participants were
discussed. The instruments that were employed in the collection of data were
described and explained. The fieldwork programme was discussed and also how
the principles regarding the collection of data were followed. A brief synopsis on
the methods of data analysis was also given.
CHAPTER 6

DESCRIPTIVE ACCOUNT OF CASE STUDIES

6.1 Introduction

According to Silverman (1998:126) the analytic objective is not merely to describe the situated production of talk, but to show how what is being said relates to the experiences and the lives being studied. The study is about the experiences and the lives of children who are living in child-headed households. It is therefore significant to show how the responses of the children relate to the children’s experiences.

Since the case study method was used in undertaking the investigation, it is therefore essential for the researcher to offer a comprehensive description that include the context of the family functioning and the processes in which the household is embedded. The researcher first provides a brief synopsis of each case study and then the descriptions that explain the social functioning of a child-headed household. It would therefore be important to explain the worldview as portrayed by children who are in child-headed households. The aim is to provide a clear description and the understanding of the meaning of the children’s experiences. Case study compositions take varieties of form and need not be in written form only. According to Yin (1994:95) every case study project should
strive to develop a formal, presentable database, so that in principle other investigators can review the evidence directly and not be limited to the written reports. The researcher subscribes to the idea in that if there is enough data, the reader can be in a position to draw independent conclusions about the case studies. In resolving such data, the researcher breaks it into three processes i.e. describing, classifying and connecting. In this chapter focus is on the description of data. The other two processes are covered in Chapter Seven.

The researcher selected written reports as a form of composing the case studies. The rationale for a written product being that it has the advantage of familiarity both for the writer and for the reader. Another reason was that the sources of data warranted written reports. This chapter comprises narratives of the ten case studies that were conducted. It is essential that case studies be identified. Yin (1994:143) states that every case study presents an investigator with a choice regarding anonymity of the case. The critical question is should the case study and its informants be accurately identified or disguised? It is worth noting that the anonymity of case studies remains important for ethical reasons. The researcher argues that disclosure of identities would be a violation of anonymity. She furthermore argues that even though relative confidentiality is sometimes applied in social work practice, social workers use pseudo-names to conceal the identity of the cases. It is for this reason that the researcher has used certain labels to identify the households that were studied. She refers to Household A, Household B etc rather than identifying the households by surnames. The justification for the
concealing of household identities being that the research topic dealt with a sensitive phenomenon. The informed consent signed by the children reassured the children of the confidentiality (refer to Annexure E). It would be unethical of the researcher to reveal the identity of the households. The researcher presents descriptive data on each household.

6.2  Presentation of Case Studies

In presenting the descriptive data on the case studies the researcher gives the narratives household by household. The composition of each case study follows a series of questions and answers based on the case study protocol. The content of the database is shortened and edited for the purpose of reporting. The researcher indicated in the right hand margin the children’s fundamental needs that are compromised and the rights that are violated. The researcher has also used eco-maps to picture the ecological context of each household. According to Hartman (1995:111) eco-maps focus specifically on the major systems with which the client systems are involved to visually depict their relationship with these systems. In other words, eco-maps portray transactions between the client system and other systems. These transactions include the exchange of resources, the nature of system relationships and the connections to the social delivery system.
6.2.1 Household A

Background: Nhlanhla (18) is a child heading a household of two. It is only him and his younger brother Zamani who is 16 years old. The children have been staying alone for two years after their parents died of natural causes. The father died of pneumonia and the children do not know what claimed their mother’s life. According to Nhlanhla, their mother died of an unidentifiable illness. She suffered a severe headache and was hospitalised. The headache was so severe that she would sometimes appear mentally disturbed. She died six months after their father’s death. The children have never set new rules. They have adhered to the rules that were set by their parents while they were still alive. They do sometimes have conflict and they have learnt to resolve conflict in an amicable way. Their desire is to do what they believe would have pleased their parents.

Housing issues and challenges: The children live in a township house which was left to them by their parents. The main reason for the children to stay alone is that there were no good relations with the members of the extended family even while the parents were still alive. Only their paternal aunts are alive. Their uncles are deceased. The children do not have grandparents. The grandparents died when the children were still young.

The two children are self-supporting. Nhlanhla does odd jobs in the nearby city. He complains that life is difficult because the earnings are not enough to take care of the family needs. They experienced difficulties with the municipality for non-
payment of rates and have had their electricity blocked. They have since built a
two roomed shack in the yard and have sub-let the four-roomed house to tenants
who are paying rent. There are six tenants who pay R 250 per person per month.
The children spend money on groceries, household needs and rate payments. Only
their father was working before he got sick. He worked as an industrial labourer
and was never a permanent employee.

The two-roomed shack “ikoyi” that they have built serves as a kitchen and a
bedroom. There is no television set and they visit their friends sometimes during
weekends when there is a coverage of an interesting soccer game. They do have
pictures of their deceased parents and this connects them to their deceased
parents.

Both children are involved in the household responsibilities. They take turns in
doing household chores to make sure that things are in order. They do house
cleaning, cooking and washing. Concerning security, they feel that they are brave
enough and would not allow any person to take advantage of their situation. They
feel that they can be able to handle any physically taxing situation.

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2 This is a shack that is built at the backyard of a township house
The children reported that their day starts at 06h00 when Nhlanhla wakes up and goes to work. The younger brother stays at home and does the household chores i.e. cleaning, washing and cooking. They do joint manual work during weekends.

Educational challenges: Both children are not schooling. Nhlanhla completed grade 12 the same year in which their parents died. He was never able to further his education although he would have liked to, neither was he able to find a job. He commented that he would like to be an electric engineer so that he could be able to meet their needs adequately. Zamani dropped out of school of his own accord, when he was doing grade 10. He says, most often children at school would talk about their parents, the good things and the bad things that their parents did. Zamani could not stand it because he had nothing to say about his parents except making references to the past.

The children view family life as tough and they remarked that sometimes they have a wish that they would also die just like their parents. They feel that life was perfect when their parents were alive, since the parents would meet their needs. Their most basic need is thinking about what to eat for the day. They feel that it is not easy to be responsible for oneself. Nhlanhla remarked “I envy those children who still have their parents and such children should pray that God do not take their parents away because life without parents is really tough”
The children feel that they miss their father the most and would have liked to have a male figure around to talk to about growing up as a male. They are not very sure whether their father would have appreciated what they do. The children get along very well and communication between them is smooth and open. They show mutual respect for each other. Zamani’s comment in one interview was “*my brother loves me, what more do I need? He is the only one I love since he is the only one that I have as my family*”. The children reward each other for achievements they make. Zamani congratulated Nhlanhla when he got involved in the road construction project.

*Religious factors:* Nhlanhla and Zamani used to be committed members of the Nazareth Baptist Church. The members of the church did not offer support even while the children were still in pain. The last time they saw them at their home was at their father’s funeral. They have never offered even material support. The children have since stopped going to the religious meetings.
Figure 6.1 Eco-map of household A

Key

- Mutually supportive relationship
- Stressful relationship
- Arrow indicates direction of resource flow
6.2.2 Household B

Background: Ncumisa, a 20 year-old woman, is heading a household of four. She has two younger sisters, Bongi who is 14 years old and Zanele who is 7 years old. Londi, Ncumisa’s baby girl is only 5 months old. The children lost both parents to tuberculosis two years ago and have been staying alone since then. Both sets of grandparents are still alive (the paternal and the maternal grandparents). They however do not live with the children. The children feel that it is better for them to stay alone rather than stay with people who pretend as if they do not exist. Ncumisa has assumed the parental role fully. She is taking care of her two siblings and her 5-month old baby. She is the one who makes decisions in the household.

In the interview that the research assistant had with the children, they indicated that family life has not been good since 1998. Their mother was sick and they took care of her. Their father was still alive and was very supportive. According to Ncumisa, the pain that their mother suffered was so intense that they felt that it was time for them to let go. She further remarked “our mother was everything to us. She would do anything for us”. Their mother was working as a domestic assistant. The family managed to survive after the death of the mother. The father was an industrial labourer. A year after the mother’s death, their father got sick and the children had to take care of him. He died and the children stayed alone because they had no one to go to.
Housing issues and challenges: The children live in a four-roomed township house with two bedrooms, a kitchen and a dinning room. Bongi and Zanele share a bedroom while Ncumisa sleeps with her baby in the other bedroom. The household is well located in terms of services. The school and the clinic are a 10-minute walk from the household. Only the welfare office is located 20 kilometers away from the household.

Ncumisa provides for the basic needs of the younger children. She is employed as a waitress at a restaurant. A woman who lives in the neighbourhood has offered her services as a child minder for Ncumisa’s baby. The main source of income for the household is the social grant and Ncumisa’s wages. Zanele is receiving a social grant and Ncumisa has been registered as her foster parent. Ncumisa has applied for the child support grant for her baby and it had not come through yet at the time of conducting the case study.

The children spend money on groceries, school needs like stationery and household needs. Ncumisa has received a letter of demand from the municipality for the non-payment of rates. Their electricity has been blocked and they were unable to purchase the electricity tokens. She fears that they might be evacuated from the house. She has since made arrangement with the municipality to pay for the rates that are in arrears and the children are able to buy electricity tokens.
Ncumisa’s baby is not healthy. She sometimes suffers from diarrhea and is usually taken to the district clinic for treatment. According to Ncumisa, the child’s illness has never been identified. Sometimes the clinic can not provide medication and it becomes difficult for Ncumisa to get treatment from the pharmacy.

Household rules that are set relate to coming home early from school and being indoors at a specific time in the afternoon. The children do sometimes have conflict around these issues. Sometimes the younger siblings want to stay with friends until late in the evening.

Social workers have intervened in the children’s situation and the maternal grandparents have indicated her willingness to foster the children. They expressed their fears that the paternal grandparents might perceive them as interfering. The matter was still receiving attention at the time of data collection.

During one household visit, the children expressed that at first, life was difficult for them to live without parents. They struggled to survive and sometimes did not have anything to eat. Neighbours are supportive and would give children something to eat. The children do not like their family living. They feel that it is a life of continuous struggle but are satisfied that they can handle family stresses.

The children’s daily routine involves waking up at 06h00 in the morning. Bongi baths the younger sibling and Ncumisa’s baby while Ncumisa prepares breakfast,
which is usually soft porridge. Ncumisa takes her child to the neighbour who assists her with child minding. After school Bongi prepares a snack (usually tea and bread) for herself and Zanele. They bath and do homework while waiting for Ncumisa who usually arrives at 17h00. Sometimes Ncumisa works late shifts and comes back at 20h00. This compromises the safety of Bongi and Zanele who stay on their own until late hours. During weekends all the children engage in house cleaning and Ncumisa allocates work according to age.

*Educational challenges:* Ncumisa dropped out of school in the same year in which their parents died. She was doing grade 10 and had to look for a job in order to take care of the younger siblings. She fell pregnant one year after she had dropped out of school. The reputed father lives in the area but there is no relationship and he does not support the child in any way. Bongi and Zanele are still at school and are doing grades 8 and 1 respectively. They have been suspended several times due to non-payment of the school fees. They have sometimes had their school reports withheld. This is quite disturbing to the children. The school is somehow supportive in the sense that through the nutrition programme children are able to get at least lunch/a meal at school.

Ncumisa’s desire is to get a decent job so that she could be able to meet the needs of the younger siblings. Bongi’s remark about her needs was “*I would like to be helped with my education so as to be able to have schooling needs being met. I am tired of being suspended and not getting a school report at the end of the term*.”
Religious factors: The household members are affiliated to a Zionist Church. The members of the affiliation church are not supportive. They have never shown interest in them even when the parents were still alive. The children are no longer attending church and have vowed not to go to the assembly anymore, because of the spiritual and the emotional neglect they have suffered.
Figure 6.2 Eco-map of household B

Key

Mutually supportive relationship

Stressful relationship

Arrow indicates direction of resource flow
6.2.3 Household C

Background: Zenzile, a 19-year-old girl is heading a household of five. The other children are Zozo (a 16 year-old girl), Thaba (a 14 year-old girl), Celiwe (a 12 year-old girl) and Baphelele (a 9 year-old boy). Zenzile has been taking care of the younger siblings for the past 2 years. Their father died 3 years ago due to natural causes. He was not feeling well and the children suspect the cause of the death was witchcraft. Their mother died a year later. She suffered from an unknown illness and was in and out of hospital. In some instances, she had shortness of breath and would be rushed to the district clinic where nurses would put her on a drip.

Housing issues and challenges: The children live in a rural community, in the same neighbourhood with the members of the extended family who have not offered any assistance to the children. The children stated that their aunts and uncles expressed that they would not take the children because they are naughty, unruly and quarrelsome. It is for this reason that the children are staying alone. They have half brothers in the neighbourhood and one of them is abusive. Each time he is drunk, he comes to the children’s home and causes a brawl. Social workers’ intervention was with regard to the application for a protection order to prevent the half brothers from abusing the children. The social worker has since informed the school about the children’s situation and the school has considered exempting the children from paying school fees. Baphelele is receiving a child a child support grant.
The mother was unemployed and the father was self-employed. He ran a commuter service and had a fleet of taxis. Some taxis were sold by the half brother and others were stolen. The children, however, do receive some monthly income from other taxi operators. These are the people to whom their father had loaned the certificates of ownership for the taxis. The children receive a total of R600 per month. They spend money on groceries; electricity tokens and school-related needs like stationery. The money does not suffice for the children’s needs.

The day in the household starts at 05h30 when children wake up. Zozo and Thaba alternate in preparing breakfast, which is usually soft porridge. They get dressed and walk to school which is approximately 5 km from home. Zenzile stays at home and does the household chores like cooking and house cleaning. After school, Zenzile prepares a snack, which is usually traditional food like sour milk (amasi), sweet potatoes (ubhatata) and a traditional “mealie” drink (amahewu). Zenzile prepares supper while the younger siblings do homework. Sometimes Zozo and Thaba fetch water from a communal tap, which is about 100m from home.

The children’s view of family life is that it is tough. They have set family rules because they are always fighting. The younger children do not have respect for the older siblings. The children always argue about the household chores and other routine tasks. The 16 year old, Zozo, tries to lead by making decisions and setting rules. She requests others to come straight home from school and be
indoors at a set time. This is strongly resented by the other siblings hence there is constant fighting and tension. Zenzile, the 19-year-old was pregnant at the time of conducting the case study.

**Educational challenges:** Zenzile is not attending school. She dropped out of school a year ago when she was in grade 10. The reason for dropping out of school was difficulty with the transport fares. The school is about 7 km away from home and she could not afford to pay for the taxi. Thaba and Celiwe are in grades 9 and 5 respectively. The children have never shared their plight with the educators. They fear that they might be rejected as their relatives have rejected them.

**Religious factors:** The children are affiliates of a religious group (traditional church). They have reported that they do not get any support except from individuals who offer them taxi fares and money to buy food each time they attend the group assembly. They attend church regularly but miss out on the church pilgrimages or retreats simply because no one can afford to pay for them to travel to these places.
Figure 6.3 Eco-map of household C

Key

Mutually supportive relationship

Stressful relationship

Arrow indicates direction of resource flow
6.2.4 Household D

*Background:* Sibahle is a 15-year-old girl who is heading a household of three. Her two younger sisters are Toto (13 years) and Vuvu (11 years). The children have been staying alone for one year. Their father died of tuberculosis and their mother died of pneumonia, six months later. Sibahle has assumed a caring responsibility for the younger siblings and makes sure that the housework is distributed evenly among the children. She is the one who makes decisions and sets limits for the children’s behaviour. She feels that setting limits for behaviour is not difficult since the younger siblings are cooperative.

*Housing issues and challenges:* The children live in a five-roomed house in a rural area. There is a hut in the yard, which sometimes serve as a kitchen in the event there is no electricity. There are three bedrooms but the three girls sleep in one bedroom which used to be their parents’. The members of the extended family live in the same neighbourhood but have never offered to take the children. They however do sometimes offer emotional support to the children. In terms of safety needs, the children feel secure and protected since the members of the extended family are in the neighbourhood. According to the children, nothing has scared them.

The children’s parents were hawkers. They used to sell vegetables and clothes at the social pension pay points. The death of the parents has left the children destitute. The children are struggling financially and their grandmother meets...
some of their basic needs. She is an old age grant recipient and has approached the Department of Social Development for a foster grant application. She is going to be the children’s foster parent. The grant application was being processed and at the time of collecting data it had been four months then and nothing had been forthcoming.

The observation made by the research assistants was that the house is neat, tidy though poorly furnished. The children commented that their paternal grandmother assists with supervision and the performance of the household chores. The house is electrified but there was no electricity. The children could not afford to buy electricity tokens. The unavailability of electricity makes life more difficult. The children would have to fetch wood in order to be able to cook. The children’s uniforms were torn and were not looking good.

The children’s paternal grandmother, who is 67 years old, lives with the children’s uncle and his family but visits the children on a daily basis. In the event there is misunderstanding, the children try to settle their differences and if it intensifies their grandmother intervenes.

The children feel that their needs are either inadequately met or unmet at all. They are struggling to survive on their paternal grandmother’s social grant. Concerning their affective needs, they feel that their paternal grandmother is sometimes
unreasonably harsh particularly to the youngest siblings. Sibahle and Toto feel emotionally abused when this happens.

*Educational challenges:* All the children are attending school. Sibahle is doing grade 10. Toto and Vuvu are in grades 8 and 6 respectively. The children’s grandmother assists in meeting their school related needs. There is no one who supervises the children’s homework. Educators are aware of the plight of the children and sometimes offer material support like food parcels.

*Religious factors:* The children are the active members of the African Gospel Church. They always attend the church gatherings or assemblies but not retreats and church conferences, due to financial reasons. The religious group did offer spiritual support after the death of the parents. They would visit the children and pray with them but last offered material support during the time of bereavement.
Figure 6.4 Eco-map of household D

Key

Mutually supportive relationship

Stressful relationship

Arrow indicates direction of resource flow
6.2.5 Household E

Background: This is a household of three siblings, which is headed by a 16 year-old girl Bongiwe. The other siblings are Khanyisile (a 15 year-old girl) and Lungile (an 11 year-old girl). Mlondi, a 9 year-old boy, is the last born who is cared for by the children’s paternal aunt. The children have been living alone for the past 14 months. Both parents died of HIV/AIDS related illnesses. Their mother disclosed this while she was still alive. She was part of a support group that encouraged disclosure to significant others. The interval between the death of the parents was six months and their mother was the first to die.

Housing issues and challenges: The children live in a four-roomed township house with two bedrooms, a kitchen and a lounge. The house is fairly furnished and there are pictures of their parents hung on the wall. The children have a paternal aunt who lives in the neighbourhood (approximately 100 metres from the household). She is the one who is taking care of Mlondi. She visits the children almost everyday and helps with the supervision of housework.

The children’s father was employed by a labour organisation and the children receive R 3000 on a monthly basis from their father’s place of work. The children’s aunt holds the power of attorney to receive the money on behalf of the children. She visits the children regularly and provides them with what they need, if she can afford it. Their aunt does the monthly budget on their behalf. She pays for the electricity and the municipality rates. The children are happy about their

Right to parental care
aunt’s support. Bongiwe commented that their aunt discusses with her everything that she does with the money. Their aunt has applied for a foster grant and at the time of data collection the process had not been finalised. She is going to be the children’s foster parent.

Children sometimes feel insecure because they are all by themselves especially at night. Although their aunt does set rules for the children, the children sometimes bend the rules and do as they wish.

The children wake up at 06h00 and prepare breakfast, which is usually soft porridge or jungle oats. They use a 25 litre plastic urn to heat water for bathing since they do not have a geyser. They leave for school at 07h00. Bongiwe and Khanyisile walk for 2 km to school while Lungile walks for 5 minutes. Lungile and Mlondi are in the same school. After school, Lungile walks with Mlondi to their aunt’s place where they get a snack which is usually tea and bread. At 15h30 Bongi and Khanyi pick up Lungile from their aunt’s place and go home. They wash their socks; polish shoes and prepare supper. Bongiwe and Khanyisile alternate in doing the cooking. They have supper at 18h00 and do homework thereafter.

Bongiwe remarked that “Life without parents is hard. There is a need for parents in a child’s life. We sometimes fail to control our friends and they do as they
please in our home. Though we know that it should not be like that but we fail to make rules for the home”

Educational challenges: All the children are attending school. Bongiwe is in grade 10, Khanyisile is in grade 9 and Lungile is in grade 5. Their aunt is responsible for their school fees. The children feel that it is difficult because sometimes they cannot afford to buy books. Being without books is a major problem in performing their learner role. They do survive through the help of the schoolmates who sometimes lend books to them. The children have never discussed their home circumstances/ family living with the educators.

Religious factors: The children are affiliated to an evangelical church and the members of the church are somehow supportive. They assist them in attending church crusades by providing them with transport.
Figure 6.5 Eco-map of household E

Key

Mutually supportive relationship

Stressful relationship

Arrow indicates direction of resource flow
6.2.6 **Household F**

*Background:* Thandazile is a 21 year-old woman who is heading a household of three. Her two younger brothers are Zoxolo who is 14 years old and Thulani who is 12 years old. The three children were born out of wedlock and of different fathers. Thandazile can only remember that her mother moved to the area where they are staying when Thandazile was only 7 years old. Thandazile can not tell who her father is and what happened to him. Her mother got involved with another man who soon moved in and stayed with them. Zoxolo was born a year later and then Thulani. The children have never seen any member of the extended family.

Their mother worked as a domestic assistant and the father of the two younger siblings worked as a labourer in an industrial organisation. The father moved out two years ago and the children have never seen him since then. They have been to his place of work and gathered that he has since resigned. The children’s mother got sick immediately after the father had left. She died of an HIV/AIDS related illness. The children have been staying alone for almost a year. Thandazile has since assumed a caring role for the children. She provides for their basic needs and makes decisions for the household.

*Housing issues and challenges:* The children live in a township house and have to pay for the rates. They have had experiences when the electricity was blocked and
Thandazile had to make an arrangement to pay the arrears. The research assistant observed that the door has a broken hinge and is unlockable.

Thandazile is working as a domestic assistant. She assumed duties as a replacement for her mother who could no longer perform her duties due to ill health. She manages to provide for the needs of the younger siblings through her meagre earnings (i.e. R900). The foster grant that she receives for the two younger children is quite helpful in that it augments the family income.

There is smooth interaction in the household. Children communicate openly with one another. The younger siblings sometimes misbehave and do not take instructions. Thandazile resents this a great deal because of the sacrifices that she has made for her siblings. She feels that she does not deserve to be ill-treated and disrespected by the younger siblings.

A day in the household starts at 06h00 when the children wake up and prepare breakfast, which is usually soft porridge or oats, with tea and bread. Sometimes they have weetbix if there is milk. Thandazile then goes to work and the younger siblings go to school. After school, Zoxolo and Thulani come home and start cooking rice or traditional “mealie” pap (phuthu). They wait for Thandazile who usually comes back at 17h00. She usually cooks spinach, cabbage and sometimes meat.
The children expressed that family life is difficult. In one interview Thandazile remarked “We are living an unpleasant life, it was better when our mother was still around because she had friends who would offer assistance. Our home is small but we appreciate it because even though it is not in a good condition, we do not sleep in the streets”. Zoxolo remarked that “life without parents is really bad”.

_Educational challenges:_ Thandazile completed grade 12 two years ago and could not go to tertiary level due to financial constraints. Her dreams are to become an accountant in future. Zoxolo is doing grade 8 and Thulani is doing grade 6. Thandazile struggles to meet the children’s school needs.

_Religious factors:_ The children are affiliated to a traditional church (Zionist). They expressed in one interview that the members of the church have never supported them since the death of their mother.
Figure 6.6 Eco-map of household F

Key

Mutually supportive relationship

Stressful relationship

Arrow indicates direction of resource flow
6.2.7 Household G

Background: Zwelihle is a 14 year-old boy who is heading a household of three. His two younger brothers are Lungani (10 years) and Ndumiso (6 years). The children have been staying alone for one year. Their father died of a natural cause when their mother was pregnant with Ndumiso and their mother died a year ago.

Housing issues and challenges: The children live in a squatter camp, which is on the outskirts of a township. The children’s maternal aunt used to visit them while their mother was still alive. She stayed with the children for three months after the death of the mother and left after the first ritual was performed. She promised to come back and never did. She lives in a remote area, which is 40 km away from the household. Zwelihle and Lungani are doing grades 7 and 5 respectively. Ndumiso is staying with a neighbour (Ma-Mdletshe) who offered to look after him while the older siblings are at school. Ma-Mdletshe is married and has two children who go to the same school with Lungani and Zwelihle. Her husband is the only one who is working in the family. She used to be in the same social club with the children’s mother.

There is virtually no source of income at present. Ma-Mdletshe buys electricity tokens for the children from Eskom. Her source of income is the interest she makes out of the “stokvel\(^3\)”. The children are supported by Ma-Mdletshe who

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\(^3\) This means an informal group that generates income through a loan system
provides them a cooked meal every evening. Sometimes they have supper in her house and then go to their home (a shack adjacent to Ma-Mdletshe’s). The matter is receiving attention from social workers who provided children with food parcels and are working on formalising foster placements of the children. Ma-Mdletshe will foster the children and a foster grant will be of great relief to her.

A day in this household starts at 05H45 when the children wake up and get prepared for school which is about 150 m from the household. Zwelihle usually cooks soft porridge for breakfast. After school they have bread and juice or even starch water if there is no juice. They do homework or play with other children. Zwelihle starts preparing supper at 16h30 but if the food parcels are finished, they have supper at Ma-Mdletshe’s house. After supper they was dishes clean up and then go home to sleep. During weekends they assist Ma-Mdletshe with household chores. This is voluntary and Ma-Mdletshe appreciates that the children do offer assistance to her.

**Religious factors:** The children used to go to a Zionist Church. The members of the church did offer material support while the children were still bereaved. The children seldom attend religious meetings due to transport problems. The meeting place is located 8 km away from the household and the children would have to board a taxi. They can not afford taxi fares.
Figure 6.7 Eco-map of household G

Key

- Mutually supportive relationship
- Stressful relationship
- Arrow indicates direction of resource flow
6.2.8 Household H

Background: Nondumiso is a 17 year-old girl who is heading a household of four. The three other children are Hloniphile (a girl who is 15 years old), Bheki (a boy who is 13 years old) and Musa (a boy who is 11 years old). Nondumiso has been taking care of the younger siblings for the past 2 years. Their father died 3 years ago due to natural causes. He was not well and the children suspect the cause of death was witchcraft. Their mother died a year later due to natural causes.

Housing issues and challenges: The children live in a township. Their maternal grandmother (59 years old) lives in the same neighbourhood approximately 300 m from the household. She is working as a domestic assistant and offers support to the children. The children’s mother was a teacher and their father was a police officer. The grandmother receives R 3 500 on behalf of the children every month (from the parents’ pension funds) and is able to meet the needs of the children. The children are able to pay for the rates, municipal services and to buy electricity tokens. They are coping and owe it to their grandmother who is a strong support system.

The household came into contact with the welfare system when Bheki was in conflict with the law and there was a court request for the social worker’s report. He had to be included in a diversion programme.
A day in this household starts at 06H30 when the children wake up and prepare breakfast which is a variety of cereals depending on what is available. Hloniphile and Nondumiso alternate the cooking and if one does the cooking the other prepares lunch boxes. They leave for school, which is a ten-minute walk from the household. After school, they clean the house and have a snack which is usually the leftovers of the previous supper. They settle down to do homework and play with friends if there is no homework. Sometimes the younger siblings maintain that there is no homework even if there is simple because they want to go and play with their friends. Nondumiso tries to discipline them but sometimes lose heart. At 18h00 they go to a prayer meeting and the church members take them back home.

*Educational challenges:* The children are attending a school that is located in the same neighbourhood. Nondumiso is in grade 11, Hloniphile is in grade 9, Bheki is in grade 7 and Musa is in grade 5. The educators are aware of the children’s circumstances.

*Religious factors:* The children are affiliated to a traditional church, Nazareth Baptist. They reported that the church did offer spiritual support during the time of bereavement and sometimes church members visit them to pray with them.
Figure 6.8 Eco-map of household H

Key

Mutually supportive relationship

Stressful relationship

Arrow indicates direction of resource flow
6.2.8 Household I

*Background:* This is a household of three siblings with Xolile, a 16 year-old girl who is heading the household. The two other children are Xolani, a 14 year-old boy and Noxolo an 11 year-old girl. The children have been living alone for the past 2 years. Their parents died of HIV/AIDS related illnesses.

*Housing issues and challenges:* The children live in a township and have a paternal aunt who lives in the area. She is married and has five children. The children’s parents were educators and the children’s aunt was appointed as executor for the will of the parents. There is monthly income of R 3 800 (i.e. pension money from the parents’ employment) which they use to buy groceries and other household needs. They are able to service the municipality and never experienced problems with them.

The aunt has not been well for some time but she is now back on her feet. She decided to go for voluntary counselling and testing and has since discovered that she is HIV positive. It is for this reason that she approached the social workers and is receiving post-test counselling. She has not disclosed her status to anyone as she first needs to come to terms with this discovery.

A day in the household starts at 06h00. The children wake up and get ready for school. Xolile is responsible for preparing breakfast which is usually cereals. They prepare lunch packs except for Noxolo who gets her lunch through the nutrition
programme. Xolile and Xolani go to a school that is located at 1 km from the household. They usually walk to school and sometimes board a taxi (i.e. on rainy days). Noxolo’s school is about 100 metres from the household. Noxolo comes back early and puts up at their aunt’s place until Xolani picks her up. After school, the children usually have a light snack which is bread and juice and they prepare supper. They do their homework after supper which Xolile usually serve at 18h00. The younger siblings would have to wash the dishes before they do their homework. Xolile supervises Noxolo’s homework if she is not pressurised by her own homework.

*Educational challenges:* All three children are attending school. Xolile is in grade 10, Xolani is in grade 8 and Noxolo is in grade 6. Xolile and Xolani go to the same school and the educators are aware of the children’s situation. Their aunt is able to provide for their school related needs.

*Religious factors:* The children are affiliated to a church group and are receiving spiritual support from the members of the church. The church has never offered them any form of material support.
Figure 6.9 Eco-map for household I

Key

Mutually supportive relationship

Stressful relationship

Arrow indicates direction of resource flow
6.2.10 Household J

Background: Sibusiso is a 16 year-old boy who is heading a household of four. He has a sister, Zamokuhle, who is 12 years old and two brothers, Thula who is 10 years old and Sasa, who is 8 years old. Their mother died two years ago and the children have been living alone since then. The children were born from different fathers and they never knew their fathers except for Sasa’s father who died four years ago.

Housing issues and challenges: The children live in a settlement outside a metropolitan city. They have never been in touch with the members of the extended family. All they know is that their mother was originally from the Eastern Cape and has never visited her family. Their mother worked as a domestic assistant and she had to stop when her health was becoming disintegrated.

Sibusiso has to ensure that he finds something to eat for his younger siblings on a daily basis. He shares the household chores with Zamokuhle but only Sibusiso does the cooking. There is no income and the children survive through the kindness of the neighbours particularly a woman called Tozi who used to commute to work on the same bus with the children’s mother.

The children live in a house with two bedrooms. The sleeping arrangement is that the boys share a bedroom and Zamokuhle sleeps alone in the other bedroom. The house is poorly furnished and the children do not have a television set. They do
have a small radio and sometimes go to Tozi to watch television. Tozi is single and has two children who are aged 8 and 10.

Tozi discussed the plight of the children with her employer who contacted the social welfare immediately hence the matter is receiving attention. The children got food parcels as relief and the social security section is processing the grant application. Since Sibusiso is 16 years old, he qualifies to be a primary care giver for his siblings. The social workers took cognisance of his immaturity particularly with the handling of money and have since appointed Tozi as the children’s procurator.

The children get electricity from Eskom and Tozi buys them tokens if she can. In the event they are unable to buy electricity, Tozi invites them for supper. The children appreciate Tozi’s caring attitude and they remarked that she is very kind to them.

The children wake up early in the morning and prepare for the school. They have breakfast, which is usually oats or soft porridge. They walk to school, which is approximately 250 m from home. After school they go back home, wash their socks and polish their shoes before Tozi comes. They prepare supper, which is usually prepared by Sibusiso. The children have access to clean water. There is a communal tap about 50 m from the household.
Educational challenges: All four children are attending school. Sibusiso is in grade 10, Zamokuhle is in grade 7, Thula is in grade 5 and Sasa is in grade 2. The social workers have approached the school, requesting that the children be exempted from paying school fees and the request was acceded to. The school is supportive in the sense that the two younger children (Thula and Sasa) are able to get a meal through the school-based nutrition programme.

Religious factors: The children are not formally affiliated to any church. Tozi is a Zionist and takes the children with her to the gatherings on Sundays. The children have shown interest in attending the church services.
Figure 6.10 Eco-map for household J

Key

Mutually supportive relationship

Stressful relationship

Arrow indicates direction of resource flow
6.3 Summary

The chapter provides a descriptive account of the ten case studies. This is the initial step of the case study analysis and the other steps (i.e. classifying of data and connecting data) are covered in Chapter Seven. The researcher structured a particular way of summarising the descriptions. This was done by providing a synopsis of family life for each unit of analysis (i.e. household). In presenting the case studies, the researcher followed a particular format to ensure that similar information has been incorporated in the case studies. The researcher was able to highlight the most pressing needs of the children. Eco-maps of the households were also provided. The aim was to portray transactions between the households and the resource systems with which the households co-exist.
7.1 Introduction

Data analysis consists of examining, categorising, tabulating or otherwise recombining the evidence to address the initial propositions of a study. According to Yin (1994:102) it is essential for the researcher to provide a general analytic strategy thus yielding priorities for what to analyse and why? Descriptions of case studies have been discussed in the previous chapter and this descriptive framework assisted in organising the case study analysis. According to Silverman (1998:126) the analytic objective is not merely to describe the situated production of talk, but to show how what is being said relates to the experiences and the lives being studied. The study is about the experiences and the lives of children who are in child-headed households. It is therefore significant to show how the responses of the children relate to the children’s experiences.

Another general strategy employed by the researcher was to rely on and to follow the theoretical propositions that have led to the case study investigation in the first place. The objective of the study was to explore the social functioning of a child-headed household and to investigate its network. Central to this objective were the needs and rights of the children and the policies that impact on the lives of the
children. It was also considered as essential to explore the social context within which the households exist, and the transactions between the households and the resource systems. These objectives reflect a set of research questions to which the study aims to give answers. These questions are:

- *What is the nature of interaction in the household (i.e. intra-systemic and inter-systemic)?*
- *What is the household’s support network?*
- *What is the role of social work in ensuring the exchange of resources and connections to the social service delivery system?*

In working towards finding answers to these questions, the researcher used role analysis, particularly when establishing the role performance of the children within the household and at all levels outside the household. The chapter covers the profile of the children, classification of data according to the themes that have been explicated from the interviews that were held with the children. The researcher first breaks data into natural meaning units and then presents it. The researcher uses various analytic techniques to present data, including the construction of a matrix of categories and placement of evidence within such categories. Pie charts and flow charts were used to create data displays.

### 7.2 Profile of the Children

In providing a profile of the children, the researcher focuses on the age distribution of the children who are heading households, the structure and the
sizes of the households in question and the households’ sources of income. Age is a numerical quantitative variable. Its significance to the study is that it provides a better understanding of the children’s circumstances particularly if viewed in relation to the needs and rights of the children.

*Figure 7.1 Age Distribution of Children Heading Households*
7.2.1 Age: Figure 7.1 presents the age distribution of children who are heading households. It represents the age distribution at the time of the parents’ death and at the time of conducting the research. Among the households that were investigated, the ages of children heading households ranged from fifteen (15) years to twenty one (21) years. The average age at the time of conducting case studies was seventeen (17). A substantial percentage of the children (i.e. 60 %) started heading household when they were less than sixteen (16) and 40% were above sixteen. It is worth mentioning that within the provisions of the Social Assistance Act No. 13 of 2004, sixteen is the minimum age for one to qualify as a primary care giver. The researcher’s view is that children cannot be entrusted with a responsibility of managing finances for the households and the Act does make provision for an adult to be appointed as procurator for the children. The analysis is that since it is a trend to have children heading households, the challenge is for social work to create alternative strategies that could best assist the children to benefit from the social assistance as provided by the state.

7.2.2 Family size: The size of the household is significant in that it gives meaning to the responsibility that the children would have to shoulder. Children heading households have a responsibility of taking care of the needs of the younger siblings. The absence of a parental subsystem forces them to become primary care givers for the younger siblings. It is worth mentioning that this situation
undermines their rights in the sense that much as they care for the younger siblings they are also children who have an equal right to parental and or family care.

*Figure 7.2 Distribution of Household Members*

As indicated in figure 7.2 the number of household members varied from household to household. Forty percent (40%) of the households had four members, another 40% had three members, 10% consisted of two members and another 10% had five members. Looking at the figures one should be concerned about the fact that children are shouldering a parental responsibility at a tender age. Children are hurried into parental roles and this erodes the children’s rights. The researcher would like to point out that in household B the structure was
complicated by the fact that the young woman who is heading the household also had a five month old baby that she would have to take care of together with the rest of the household.

7.2.3 *Time spent by children living alone*: The appearance of child-headed households is a recent phenomenon in South Africa. According to Foster et al (1997:155) child-headed households increase rapidly in communities with high rates of HIV infection. Although this fact is based on the case of Zimbabwe, the researcher’s view is that Kwa-Zulu Natal is no exception considering the fact that Zimbabwe is also in the sub-Saharan Region which is reported to have the highest HIV infection rate in the world. It is clear that much as the incidence of child-headed households has not been established in South Africa, the likelihood is that there are many child-headed households that would soon come into being.
Figure 7.3 indicates that at the time of the study 60% of the children have been living alone for two years and 40% have been living alone for one year. This living arrangement is peculiar to the traditional system of the Zulus which makes provision for the care of orphaned children. Traditionally orphaned children are absorbed in the extended family. The children cited various reasons for staying alone. Among the reasons that they cited are:

- strained relations between the family and the members of the extended family
- an attitude of indifference as demonstrated by the members of the extended family
- loss of contact with the extended family due to migratory labour
• adherence to the wishes of their parents before they died. Staying together to these children represents a way of maintaining a bond among themselves.

The reasons cited by the children are similar to the findings that were made by Foster et al (1997: 156) in their study on the role of the extended family in caring for orphaned children. They state that the extended family represented a traditional social security system and its members were responsible for the protection of the vulnerable family members. They also point out that factors of change such as labour migration and urbanisation, have weakened the extended family and have led to a reduction in the frequency of contact with relatives. The researcher’s view is that since this has created a “vacuum” in the parental care for orphaned children, a practice model that looks at the fulfillment of this need is critical in the face of this orphan crisis.

The first reason for their isolation from elders as cited by the children relates to strained relations among the members of the extended family. It is worth mentioning that conflict is inevitable in any relationship and as the societal values are evolving with time, there are likely to be conflicts within families. According to Msimang (1991:40) “…traditionally, members of the extended family would come together and try to resolve issues collectively”. The researcher’s view is that the assimilation of individualism among Africans in particular has weakened this tradition to the detriment of the functioning of an extended family as a support system for its members. It is likely that the attitude of indifference, as
demonstrated by the members of the extended family, is a result of the unresolved family issues that have been prevailing over a period of time.

The second reason that the children cited for staying alone was that it served as “means of maintaining a bond among themselves”. This reason concurs with what the participant social workers cited as a reason for children to stay alone, namely that children in most instances felt that they should stay together in order to provide support to one another. The separation of orphaned children (dispersal foster care) has been a common practice in the past. The rationale for the practice is understood to be that the members of the extended family should share the “extra burden” of meeting the needs of the children.

7.2.4 Household income: Income is significant for any household to be able to meet its needs and service its debts. It was essential to establish the source of income for the child-headed households so as to have better insight into how the basic needs of the households are met. Figure 7.4 indicates the various sources of household incomes.

*Figure 7.4 Distribution of Households’ Sources of Income*
As indicated in figure 7.4 only 3 (30%) of the households have a stable income from their parents' work organisations. These are the households where parents were holding permanent jobs prior to their death. In instances where parents were self employed and or involved in informal income generating activities like hawking, the death of parents implies that there would be a sudden loss of income. Another 3 (30%) of households virtually did not have income. It is worth mentioning that these households in particular were receiving attention from the social security and the grant applications were still processed at the time of collecting data. Only 1 (10%) household had succeeded in securing a social grant.
One 1 (10%) household had a different source of income. This is household B that receives income from the taxi association. This source cannot be guaranteed as it largely depends on the success of operation of the taxis. In two households, the eldest child had to look for odd jobs. It is worth mentioning that these are households where the primary care giver has completed grade 12. Much as these individuals are above eighteen the researcher’s view is that there is a need for them to be linked with the appropriate resources for them to reach a stage of financial independence otherwise there is likely to be a cycle of poverty in the households.

7.3 Natural Meaning Units

This section of the report analyses the protocols and provides the natural meaning of the responses that were provided by the children when focus groups were conducted. Kruger as quoted by Kvale (1996) suggests that a Natural Meaning Unit (NMU) may be defined as…

“a statement made by the respondent that is self definable and self delimiting in the expression of a single, recognisable aspect of the respondent’s experience of the researched phenomenon”

In other words, an NMU is observed where there is a transition from one nuance of meaning to another. Wherever possible, the researcher adhered to the respondents’ phraseology in order to let the data speak for itself. These are analysed household by household.
7.3.1 Househould A: Natural Meaning Units (13)

1. We love each other in such a way that we do not hurt each other. We feel unconditionally valued and we show respect for one another.

2. We are men, we believe we can deal with any physically challenging situation. We are not scared and can beat whoever takes advantage of us.

3. I (the older sibling referring to himself) completed grade 12 the same year in which our parents died and was unable to further my education. The younger brother dropped out because he could not cope emotionally.

4. We both do odd jobs in order to get money to survive.

5. Concerning decision making, we come together and make a decision jointly. We are both responsible for whatever housework that has to be done at home like cooking, washing and cleaning.

6. Nhlanhla remarked “…my brother Zamani assign roles because I believe it is better that way to keep things right. I do not like to argue so I think it is the best way to do whatever he says, but not all the time”.
7. We had a four-roomed house, which was convenient, but since we needed income, we had to build a two-roomed shack to sublet the house. This enabled us to get income from the tenants on a monthly basis. The shack is not in a good condition but at least we do have shelter and are able to get income in order to survive.

8. Zamani does reward me sometimes…for instance I looked for a job and found it. He praised me for the success that I had made. I do not feel good when my achievements are not rewarded but I never worry myself about unmet needs for praise.

9. Limits have to be set by Nhlanhla, but we feel that decisions have to be made jointly.

10. Communication between us is smooth. We respect each other and try our level best not to hurt each other. Most importantly we love each other and we know that we have got to be available for each other.

11. If there is any misunderstanding, we sit and talk things out. We always try to settle our differences without harming each other.

12. The church members did not give us any support. They did not even comfort us when we were in pain.
13. The municipality always irritates us with letters demanding that we pay for the rates. At one stage they threatened us to evacuate the house. This would be unfortunate since the four-roomed house is the only asset that we have. It is actually our main source of income.

7.3.2 Household B: Natural Meaning Units (15)

1. We could not stay with the members of the extended family because there was no good communication with them even when our parents were still alive. Both grandparents from our mother’s side and from our father’s side do not care about us. They know very well that nobody is looking after us but they are not supporting us in any way. We cannot stay with people who pretend as if we do not exist.

2. Ncumisa’s response: “I always give love to the younger siblings but I am not valued. Bongi is too demanding.”

3. Sometimes we feel scared because anybody can do anything to us knowing that we live alone. We know there is nothing that we can do about that but to lock the doors and pray to God to protect us.

4. As the elder child in the family, I take care of my younger siblings and provide for their basic needs. I make sure that the house is clean, there is food
for them, their schooling needs are provided. When there is a parent meeting at school, I take it upon myself to attend because if I can not attend nobody would.

5. It is my responsibility to assign roles. The younger siblings have respect for me and I take it upon myself to assign roles to them.

6. Zanele remarked “Ncumisa rewards us when we have made some achievements.” Ncumisa is never rewarded. She maintained that at first she felt bad but soon got used to it after realising that since their parents are deceased no one would ever reward her for her achievements.

7. As the eldest child, I set limits for the behaviour and make decisions in the family. I also set family rules and am respected by the younger siblings.

8. There is good interaction within the family except for Bongi who sometimes does not perform her assigned roles. She likes arguing and can be very cheeky. Several times she has expressed that she does not get attention that is given to the 5-year-old.

9. We sit and iron things out when there is a misunderstanding.

10. I work at the restaurant….err…. I dropped out of school when I was doing grade 10, in order to get income so that I could take care of Bongi and Zanele.
11. Bongi remarked that at school they provide them with lunch. Ncumisa added that she is happy that at least the children get a meal at school even if she cannot afford to provide a meal for them at home.

12. The church members did not show any interest in us even when our parents were still alive. It is worse now that our parents are no longer around.

13. Ncumisa remarked “…without the foster grant, life would have been very difficult. Although the grant does not suffice for our needs, it does keep us going.”

14. We have all been fine except for my 5 month old…eer. She is sometimes sick and I take her to the clinic often. (hmm) At times I do not get medication from the clinic. It is hard since I do not know where the father of the child is. Otherwise I would request him to take care of the child’s needs.

15. I experienced difficulty with the school when my younger siblings could not pay the school fees. They were suspended and did not get their progress reports. The municipality also gives problems. We have had the electricity blocked when we did not pay for the rates.

7.3.3 Household C : Natural Meaning Units (12)
1. The members of the extended family do not like us. They say we are aggressive and naughty hence they can not stay with us.

2. Our neighbours have stopped giving us food when we are hungry.

3. We always feel insecure… Hmm…. Our half brother is abusive. He does not stay with us but each time he comes home he beats us and we feel very much unsafe when he is around.

4. Zenzile remarked “… I am responsible for childcare. I need to make sure that the younger siblings are clean and they have something to eat. I also make sure that the houses are clean. The three rondavels (wattle and mud huts) have to be kept clean. I collect dung to clean the floor.”

5. Assigning of roles is difficult. There is no respect for one another. There is always tension and we tend to fight with one another. It is even difficult to make decisions, since there is likely to be resentment from the younger siblings.

6. Our need for praise is never met by anyone and we do feel bad since our parents are deceased. Who should we expect to meet this need?
7. No one sets limits for the behaviour. Everyone in the house do as they please.

8. Interaction is not smooth and no one is prepared to listen. We do as we wish and nobody cares about anybody’s feelings. We never sit down and resolve our misunderstandings. We get even with one another and tension subsides with time.

9. Our father was a taxi owner and “hired out” two of his ownership certificates. The two lessors give us money on a monthly basis.

10. Only the three younger siblings are still attending school. I could not afford to pay for transport that would take me to school as a result I dropped out of school… hmm I was in grade 10.

11. We belong to the Nazareth Baptist Church and are actively involved in the church activities. The church has never offered support neither had they visited us since the death of our parents. Some individuals give us money to buy food each time we attend the church assembly.

12. Our brother treats us like slaves and we do not like that. We usually go to the neighbours for protection and they are tired of us.
7.3.4 Household D: Natural Meaning Units (14)

1. We have been staying alone for sometime and not a single member of the extended family has indicated interest in taking us after the death of our parents. .... err...Our paternal grandmother is the only one who cares.

2. Sibahle remarked “… I took it upon myself to take care of the younger siblings.”

3. Our home is among the houses of the members of the clan and this makes us feel safe in a way and nothing has really scared us.

4. I am taking care of the younger siblings by making sure that their clothes are washed and there is food on the table. I always prepare food for them. I do all the housework….err… collecting wood, fetching water and house cleaning.

5. I assign roles to the younger siblings and they are co-operative.

6. We have four huts that have thatch roofs. It is physically taxing to clean them especially the floor. We have got to collect dung and paste it on the floor.
7. Since I am the older sibling, I take it upon myself to set limits for the behaviour of my younger siblings. I also set family rules and my younger siblings co-operate.

8. The interaction is very good. We show respect for one another. In the event we have a misunderstanding, we sit down and talk things out.

9. We sometimes quarrel over housework and other chores and our grandmother always intervenes. She advises us not to fight one another.

10. Our grandmother is the sole provider for the family. She is a social grant recipient and brings us food on pension day. She has applied for the foster care grant and is still waiting for the response.

11. We are all attending school and have informed our class teachers about the family circumstances. The teachers are understanding and supportive. They sometimes offer material assistance.

12. We belong to the African Gospel Church and always attend gatherings except when there is a retreat or rally. We never go on pilgrimages due to financial reasons. The church members have offered no material support. They would visit us and pray with us.
13. Sibahle remarked “…Being involved in house maintenance and providing for the basic needs for the younger siblings puts more pressure on me. I wonder how I would have coped without our grandmother’s support.”

14. The house has electricity but we can not afford to buy the electricity tokens.

7.3.5 Household E : Natural Meaning Units (10)

1. Our aunt lives in the neighbourhood and has taken Mlondi to stay with her.

2. Our aunt is also taking care of us. She visits us and always show us love. She tries to provide for our needs especially food and school needs.

3. We are not happy about the fact that we are staying alone. We feel insecure and unsafe especially during the night and when it is thundering.

4. Bongiwe remarked “… I do the household chores most of the time. Khanyisile and Lungile sometimes assist and nobody actually assigns roles in the family.”

5. We make joint family decisions..err… that is myself and Khanyisile. We have stuck to the rules that were set by our parents and everyone adheres to the family rules.
6. We relate very well with one another and if there are problems we resolve them jointly and sometimes invite our aunt for her intervention.

7. We survive through the monthly pension that we get from our father’s place of work. Our aunt is the one who withdraws money on our behalf. We like the ways it is because she keeps us informed about the financial transactions that she makes. She has applied for a foster grant and is still waiting for the response.

8. Although all of us are still at school, we experience difficulty with books because we cannot afford buying them.

9. We are happy about our aunt’s support

10. Life without parents is tough

7.3 6 Household F : Natural Meaning Units (11)

1. There is conflict between the members of the extended family and this is the reason why we were left alone. We do not have contact with the members of the extended family.
2. As the older sibling I am the one who provides love to the younger siblings…. (Zoxolo interrupts) ... I feel unconditionally valued and my sisters praise me for doing well.

3. We feel very much insecure…err… As you can see the main door is falling apart and is no longer lockable.

4. Thandazile remarked “… I took it upon myself to provide for the family. I am working as a domestic assistant in order to support my brothers. I also receive a foster grant and the money does not suffice for the needs of the family but at least we are able to survive.”

5. Money is spent on groceries, household needs and to service the municipality.

6. I do childcare, make sure that there is food and meet the schooling needs for Zoxolo and Thulani.

7. As the older sibling, I assign roles to Zoxolo and Thulani. Since I sometimes go to work, I assign them to do some housework and they co-operate.

8. I am the eldest in the family and set limits for behaviour. I also make decisions on behalf of the family.
9. Only my two younger siblings are attending school. I completed grade 12 a year ago but could not get to tertiary level because of financial reasons.

10. The members of the church group have never been supportive even when our mother was sick.

11. The most pressing need is the shelter. The door can not be locked and the house is falling apart.

7.3.7 Household G: Natural Meaning Units (10)

1. As an eldest sibling, I take care of my younger siblings to make sure that they have something to eat.

2. Our aunt, the only member of the extended family that we know, has forgotten about us.

3. We need to make decisions with regards to household chores and the younger brothers co-operate.

4. Life is tough but thanks to Ma-Mdletshe who is kind to us.
5. We miss our mother and do not have a picture of her. Our aunt was our consolation since the two looked alike.

6. We enjoy doing household chores and sometimes offer assistance to Ma-Mdletshe.

7. We enjoy going to school and are able to get school needs from Ma-Mdletshe.

8. There has never been a need for us to set new rules. We have adhered to the rules that were set by our parents.

9. Getting electricity tokens is sometimes not possible and in such instances Ma-Mdletshe provides us with a cooked meal.

10. We enjoy helping Ma-Mdletshe with housework.

7.3.8 Household H: Natural Meaning Units (10)

1. I am taking care of my younger siblings. I make sure that they have something to eat.
2. Our grandmother is supportive and visits us almost everyday to see how we are doing. She is working and usually sees us when she comes from work.

3. I assign responsibilities and household chores to the younger siblings. Hloniphile and Musa cooperate but Bheki sometimes give us problems. He never does what he is supposed to do and sometimes stays outdoors until late.

4. Our grandmother has tried to talk to him but he would not listen (Bheki was not available on this particular day)

5. Sometimes there is conflict with regard to the household chores and time for coming back home. Bheki is the only one who gives problems.

6. No new rules have been set but we stick to the rules that were set by our parents.

7. Our grandmother is able to provide for our financial needs and we are not suffering.

8. The church was supportive at the times of bereavement and they sometimes visit us to offer spiritual support.
9. The main concern at this time is Bheki who associates with bad company and he would not listen even to our grandmother who warns him about the influence of bad company.

10. In another interview when Bheki was present he remarked “… it is not true that I mix with bad friends these are my old friends and I have always enjoyed their company.”

7.3.9 Household I: Natural Meaning Units (8)

1. When we were left alone, I took it upon myself to take care of my younger siblings.

2. I do the allocation of duties particularly the household chores but I am solely responsible for cooking.

3. Our aunt tries her best to care for us. She supports us and has her own children …err she has five children.

4. We are sometimes scared of sleeping alone especially when it is thundering. Sometimes our cousins sleep over and give us company.

5. We are affiliated to the African Methodist Church and we enjoy going to church. They offered spiritual support during the time when we needed them the most.
6. We are able to service the monthly debts like payment of rates, electricity and the telephone. Sometimes we are tempted to phone our friends and our aunt is very strict. She confronts us if the bill is high.

7. There is sometimes conflict over the use of the telephone and our aunt intervenes. With regard to household chores we all cooperate and do what is expected.

8. No new rules have been set. We obey the rules that were set by our parents. Our mother… before she died, warned us to keep to what they had taught us.

7.3.10 Household J: Natural Meaning Units (8)

1. Life without parents is difficult. It is hard to survive without income.

2. I must ensure that there is food for my younger siblings. I do the cooking and if there is no food I rely on neighbours for assistance.

3. The woman next door, … aunt Tozi is very kind to us. Life would have been very difficult without her assistance.

4. The food parcels that we got from the social welfare were such a relief.
5. Sometimes we are without electricity and aunt Tozi assists in buying tokens from Eskom for us.

6. We enjoy going to school and are able to get at least soup and bread for lunch.

7. We do not have a television set but enjoy listening to the radio. Sometimes aunt Tozi invites us to watch her television.

8. We have never met a member of an extended family and aunt Tozi is like family to us.

7.4 Classification of data

According to Dey (1993:40) classifying data is an integral part of qualitative data analysis and it lays the conceptual foundations upon which interpretation and explanation are based. Since the study is on the social functioning of a child-headed household, in classifying data the researcher looks at the aspects of social functioning i.e. satisfaction with roles in life, positive relationships with others and feelings of self worth. The researcher focuses on the shared universal roles that are performed by the children within the households as well as in relation to other social institutions. She took into consideration the analysis of roles performed by the children within the household (i.e. intra-systemic), role
performance in relation to other systems outside the household (i.e. inter-systemic) and the support network for the household.

7.4.1 Intra-systemic Role Analysis

The structure of a child-headed household lacks a parental sub-system and this brings about a transition to which the children would have to adapt. The children, who have to assume a range of more responsive roles, then undertake tasks and responsibilities previously assigned to parents. The analysis of these roles is hereunder provided.

7.4.1.1 Children as decision-makers: Children in child-headed households are confronted with the responsibility of having to make decisions on a daily basis. They need to decide on what happens at what stage. Sometimes decisions to be made are trivial, for instance, decisions on doing the household chores (NMU A: 5, NMU C: 4, NMU D: 5, NMU E: 4, NMU G: 3). Decision-making may sometimes pertain to responsibilities like attending parents’ meeting (NMU B: 4). Children who are heading households take it upon themselves to attend parents’ meetings because they feel that they have an obligation to do so.

Children sometimes make decisions with serious consequences, such as dropping out from school, which may have a serious impact on their future. Children may decide to drop out from school for various reasons (NMU A: 3, NMU B: 12,
The main reason is that they cannot afford to meet the schooling needs, such as paying school fees, or buying the books and the stationery. In some instances the remote location of the school is a problem and children have to board a taxi in order to get to school. Much as the children would like to attend school, family circumstances may have prevented them from doing so. The finding agrees with the view by Cullinan (2001:15) who reports that many orphaned children end up dropping out from school because they cannot afford to meet their schooling needs.

In households A, one child dropped out of school due to emotional reasons. It was emotionally disturbing for the child to listen to his schoolmates talking about their parents (NMU A: 3). The researcher argues that much as one might consider this as an improper decision, it is of critical importance to perceive that matter from the child’s frame of reference. It is apparent that children need to come to terms with the death of their parents. They need to mourn over the loss so that they can be able to go on with their lives. The finding agrees to the view by Hunter & Williamson (2000: 14), who state that the impact of the parent’s death on children is complex, because it influences various aspects of their mental health, physical well-being and future potential.

The general view among the children is that decision making is an enormous task they are faced with almost on a daily basis. They are never certain about the appropriateness of the decisions they make. They have however learnt to make
joint decisions (NMU A:5, NMU E:7) which, in the researcher’s opinion tend to work well in households where there is good communication. The presence of an adult in the neighbourhood who offers supervision to the children tends to be an advantage that is welcomed by the children as they can always refer to the adult concerned for approval of any decision that they might have made (NMU D: 16, NMU E: 2, NMU H: 2, NMU I: 3). This indicates the significance of adult supervision in child-headed households. The idea agrees with a view by Foster, Makufa, Drew, Kambeu & Saurombe (1996:389) who identify the significance of the caregiver’s role in a “community-based orphan visiting programme”. They describe how adult support smoothes the difficult process of decision making for children. The interpretation is that children tend to cope better with decision making when there is an adult who is willing to provide guidance.

Difficulties in family decision making are characterised by tension and resentment. In one household visit, children mentioned that they do not relate well with one another and that this has estranged them from the members of the extended family (NMU C: 5, NMU C: 1). This concurs with Frude’s (1993:16) view on individuals who make decisions. He postulates that people act rationally and make choices that they think will provide the best “pay–off”. The interpretation is that if there is no rewarding interaction within the household, there is likely to be difficulty with decision making.
7.4.1.2 Children as leaders: According to Walsh (1993:127) any regular pattern of behaviour may be described as “rule following” and will generate expectations about future actions. The researcher subscribes to this idea and furthermore argues that, traditionally parents are expected by society to prescribe rules for their children. Since there is no parent in a child-headed household, children tend to develop a particular style of interaction. It is through this kind of interaction that recurrent behaviour patterns that may be identified as routines or habits develop. Children may adopt these behavioural patterns as household rules that are essential to maintain order and regulate control in the household (NMU A: 9, NMU B: 8, NMU D: 9, NMU F: 7). Regulation of order in a household is not only about generating household rules but also about setting limits for behaviour.

Although children usually work together to set rules and limits (NMU A: 4, NMU E: 6) the eldest child usually leads the process. These children take charge and assign roles to younger siblings who may accept the authority of the elder sibling (NMU A: 9, NMU D: 6, NMU E: 6, NMU F: 7 NMU G: 5) or challenge it (NMU B: 9, NMU H: 4, NMU J: 3). The researcher attributes the variation of these responses to the age factor. In households where the authority of the sibling is accepted without question, there is usually an age gap between the sibling who has assumed leadership and the younger ones. In households where setting limits for behaviour is challenged, the range in the ages of the children is usually small. In some households children did not have to develop new rules but adhered to those rules that were set by their parents (NMU H: 5, NMU G: 8, NMU G: 8).
Good communication among the siblings is an important factor towards fostering new rules. Children usually make references to the rules that were set by their parents while they were still alive. It is worth mentioning that the cognitive age of the eldest child at the time of the death of parents is an important factor towards enabling children to realise that they are on their own and would have to set rules in order to regulate behaviour within the household.

Handicapping attitudes, such as resentment and constant tension among children might be a factor that contributes to difficulty in the setting of rules and limits for behaviour (NMU C: 5). The interpretation is that problems that have prevailed within a family prior to the death of parents are likely to contribute to difficulty in setting rules and limiting behaviour.

### 7.4.1.3 Children as economic providers:

Children in child-headed households often have to take it upon themselves to perform the role of being economic providers for their households. It is usually the eldest child who assumes the role of being an economic provider. The eldest children in child-headed households usually leave school and look for jobs. Since they are young, unskilled and with limited education, they are prone to fall victim of cheap labour. They usually engage in lower paying economic activities, such as finding jobs as domestic assistants, waitresses and car washers (NMU A: 4, NMU B:11, NMU F:4).
It is worth mentioning that the economic needs vary from household to household and largely depend on the geographic locality of the household. In urban settings, for instance, the payment of rates is an expenditure that is imperative since failure to do so might threaten the dwelling if the house is rented. The Municipality might sell the house in order to recoup the cost in the event the payment of rates fall into arrears. In one household for instance, (NMU A: 7) children had to sublet the four roomed house that was left to them by their parents in order to be able to pay the rates.

Generally, the economic needs of the households include electricity, food and school requirements. Children sometimes stay without electricity because they cannot afford to purchase the electricity tokens or are in arrears with the payment of rates (NMU B: 16, NMU D: 17, NMU G: 9, NMU J: 5). In such instances children opt for the traditional modes of providing energy which do not make their live easy. In rural areas they would have to fetch wood in order to be able to cook and in urban setting they resort to the use of paraffin and gas cylinders, which predisposes the children to more physical danger.

In one household, the economic provision role was performed jointly by two siblings (NMU A: 4). The two children dropped out from school when they were in grade 12 and 10 respectively and had to work in order to survive. The two children decided to sublet their four-roomed house in order to augment their monthly income.
In most instances, parents were either unemployed or in casual employment hence they did not contribute to any pension fund. This created a situation where children were financially destitute after their parental death. In instances where parents were permanently employed (households E, H and I), children benefited financially from their parents’ work organisations. The financial needs of the children are met adequately and the children are able to survive. This worked very well in instances where there is a relative who is responsible for maintaining the finances on behalf of the children (NMU E: 8, NMU H2, NMU I: 3). The financial source eases the burden off the relative who would have to act as an executor for the children. There were instances where the responsibility of maintaining the finances on behalf of the children was taken over by a neighbour (NMU G: 4, NMU J: 1). It is worth mentioning that the element of trust between the children and the neighbour is of critical importance and should have developed prior to the parental death. This idea agrees with the view by Makufa et al (1996), who outline the significance of caregivers in a community-based orphan visiting programme. They postulate that the provision of adult support by means of a visiting programme plays a significant part in meeting the needs of the children.

It was found that the social security grants do serve as a supplementary measure that improves care for orphaned children such as those who are dependent upon their grandmother’s old age grant (NMU D: 12) or foster grant (NMU J: 8).
According to Moller & Sotshongaye (1996:4), the old age pension is a major contribution in household incomes. It is worth mentioning that the provisions of the Social Assistance Act No. 13 of 2004 stipulate that a primary care giver can apply for a foster grant for non-children who are in his/her custody. The application of this provision of the Act in practice would be that any person who fosters a child who is in need would qualify for a foster grant. This will include the members of the extended families who might be willing to take care of orphaned children but are financially destitute. According to the social workers who participated in the study, the application of grants is supposed to take three months, yet in practical terms it takes up to six months, causing more hardship for the household being studied\(^5\).

7.4.1.4 *Children as caregivers:* The care-giving role that children often have to assume is multi-dimensional in nature. They are the ones who are expected to give care to their parent(s) when the latter’s health condition deteriorates. Since AIDS is a progressive health condition, children of infected individuals need to develop coping and management skills that are peculiar to each stage of the disease (Mkhize 2001:3). Caring for a dying parent is an emotionally taxing situation which the children have to bear. The researcher postulates that offering practical support to someone whose life is disintegrating can be depressing. The situation is even worse in instances where children who have already lost one parent offer such support. According to the study, some of the children had to take care of

\(^5\) There is back-pay for social grant recipients with effect from the date of the approval of the grant
their sick parents. The researcher’s view is that in a situation where a child has
come a caregiver to an adult with HIV/AIDS, childhood is effectively
sacrificed.

Children provide care to their younger siblings after the death of parents. The
parents’ death pose a structural change in the household, hence constant care of
the children becomes necessary. According to Frude (1993:80), in such instances,
one member of the household is likely to adopt the role of a “principal caregiver”.
The finding of the study is that the eldest child, irrespective of gender, assumes
this role. These children perform caring responsibilities to their younger siblings
(NMU B: 4, NMU C: 4, NMU D: 2, NMU E: 4, NMU F: 5, NMU G: 1, NMU H: 1, NMU I: 1, NMU J: 2). They perceive this role to be very difficult, challenging
and demanding. The finding agrees to a view by Mbatha (2003:22) who reported
that parental role is heavy going for the siblings.

Literature reviewed (Minett 1994 and Melton 1996) indicate that the role of a
parent is significant in meeting the children’s needs in a positive way. The study
has revealed that children as caregivers, have to provide psychosocial support for
one another (NMU A: 1). This includes meeting needs for love, recognition and
praise. The eldest child is the one who best meets these needs for the younger
siblings (NMU A: 1, NMU B: 2, NMU F: 2). Although these children offer
psychosocial support, they in turn, never get mutual response from their siblings
(NMU B: 2, NMU C: 2). Some of the children have learnt to accept the situation.
Their understanding is that they should not expect any positive regard since there is no one who can give it to them (NMU A: 8, NMU B: 7, NMU C: 6). The researcher argues that this is a serious concern since a positive regard is an essential aspect in the development of one’s self esteem. Children have since learnt to meet one another’s need for love, praise and recognition (NMU A: 1, NMU D: 3, NMU E: 5, NMU F: 2). This idea is contrary to Le Francois (1995: 274) who maintains that parents have a significant role to play in the development of a child hence parenthood and childcare are inseparable. The finding is that circumstances in a child-headed household are such that childcare and parenthood are separable but this is not by choice. It is worth noting that abnormal as the situation might be the fact of the matter is that this is a reality that poses challenge to the society.

7.4.1.5 Children as conflict managers: Conflict is inevitable in any relationship. As the children continue to live and interact as a unit, there is likely to be conflict in their functioning, even if there is no tension among them. Difference of opinion is likely to result in conflict. Occasional arguments and the allocation of household chores are likely to lead to sibling rivalry (NMU B: 9, NMU D: 11, NMU H: 7, NMU I: 7). Children develop strategies of dealing with conflict as they try to work out their differences (NMU A: 10, NMU B: 10, NMU D: 10, NMU E: 7). Sometimes children would try to get even with one another without sitting down to settle their differences in the hope that tension would subside with time (NMU C: 8). In such households, differences are squashed by the exercise of unilateral
power rather than resolved by discussion and negotiation. In households where there is an adult in the neighbourhood who provide constant supervision to the children (NMU E: 7, NMU D: 11, NMU H: 5, NMU I: 6), children usually depend on the intervention of the adult.

Conflict is generally well managed where there is a free flow of communication and where siblings are co-operative with one another (NMU A: 9, NMU D: 6, NMU G: 5,). These children have a strong sense of cohesiveness and a “we feeling”. The positive response to conflict can be attributed to good familial relationships that prevailed even while the parents were still alive. Since qualitative case study analysis is about particularisation and not generalisation, the households that respond to conflict in destructive ways are also taken into cogniscance. Hypothetical thinking would lead one to assume that such households were dysfunctional even before the death of parents. The idea concurs with Frude (1993:51) who postulates that many dysfunctional families are unfamiliar with strategies that would be useful in de-escalating a conflicting situation. The interpretation is that for a child-headed household to continue functioning optimally as a unit, conflict would have to be managed continually.

7.4.1.6 Children as housekeepers: The researcher’s understanding of housekeeping in this context relates to the running of household affairs and the different operations involved in maintenance. The eldest child in the household is usually charged with this responsibility. This role is sometimes fraught with difficulty, especially in
instances where the child would have to assign roles to his/her siblings. Siblings might resent having to take instructions from another and this is likely to create constant tension and infighting in the household (NMUC: 5).

Sometimes situations beyond the children’s control may crop up. A house that is in a dilapidated condition is one practical scenario. Children would feel insecure because they do not have means to fix the damage (NMU F: 3). This idea finds support in Cullinan (2001:18), who reports on the home conditions of children who are heading households. The children live in constant fear (NMU B: 3, NMU C: 3, NMU E: 3, NMU F: 3, NMU I: 4). The gender of the children is a determinant of whether children would feel insecure or not. In a household that is composed of boys only (NMU A: 2), children strongly felt that they would deal effectively with anyone who might take advantage of them. Child-headed households who are located in the same neighbourhood with the members of the extended family or clan felt secure in as far as their safety needs are concerned (NMU D: 4, NMU I: 4).

In rural areas, some of the household chores are physically taxing. These include fetching firewood (*ukutheza*), fetching water and collecting dung (*ubulongwe*) for pasting on the floor (*ukusinda*). Children would have to perform all these chores in order to keep the house clean and for them to survive (NMU D: 7). The finding is that housekeeping is a physically taxing role that children would have to perform. Much as this might be perceived as children’s work, the researcher
argues that children’s work has to be age appropriate. The assignment of inappropriate work is considered by the researcher as an erosion of the children’s rights and more so impacting on prioritising other child appropriate issues like education.

7.4.2 Inter-systemic Role Analysis

Families in general are influenced by their social environment and by the wider social context. There is substantial involvement of external social institutions in many aspects of family life. These include the school system, the religious system, the social welfare system, the health system and the local government system (municipality). The researcher investigates the role analysis of the children in relation to these institutions hereunder as well as the impact of the aforementioned institutions on the functioning of the household.

7.4.2.1 Relationship with the School System

The school was identified as a resource system with which the child-headed household co-exists. It was significant to establish the transactions between the children and the school. Children who are from child-headed households are also learners who have the responsibility of balancing their learner role with the multiple family roles that have been identified.
The study revealed that there were children who were harassed by the school due to non-payment (NMU B: 6). The children have been suspended several times and have had their reports withheld. This behaviour by the school authorities was also established by Cullinan (2001:18) who reported that few principals allow children who cannot pay school fees to continue attending school. In instances where children do not provide information about their family circumstances, it would be difficult for the school to identify the problem immediately.

In some households, children continued paying fees even though they qualify for the exemption in accordance with the provisions of the South African Schools Act No. 84 of 1996 (NMU D: 11, NMU G: 7, NMU J: 6). The relief was only granted after an intervention by the social workers. In the case of household D, the educators knew about the circumstances of the children and would offer material support to the children like providing them with food parcels. The interpretation of the situation is that the children’s caregivers were not informed that they qualify for the exemption from paying fees. The possibility is that there might be many children who are still suffering because the matter has not been picked up by the social workers.

Transport fares to commute between home and school is one factor that contributed to children dropping out of school (NMU C: 12). The remoteness of the school led to the child failing to attend school because he could not get the money. The interpretation is that a child looses out on this important right to
education because of transport needs. This is a matter of grave concern as this does not only deprive a child of his/her right to education but many children would be disadvantaged if this aspect is not considered in an intervention strategy of dealing with the crisis of child-headed households.

Emotional imbalance as a result of failure to come to terms with the fact that the parents are deceased, may sometimes be a factor that leads to the children dropping out from school (NMU A: 3). This concurs with the finding in Sengendo & Nambi’s study (1997: 115) who found that emotional difficulty in dealing with death can sometimes affect performance at school and eventually result in school drop out. The study has revealed that in some households the eldest child had to leave school in order to provide economically for the family ( NMU A: 3, NMU B: 11, NMU C: 10, NMU F: 8). The researcher would like to highlight that these children had gone beyond the age category for exemption as per the provisions of the South African Schools Act No. 84 of 1996.

The National Policy on HIV/AIDS, Government Gazette of 10 August 1999, makes provision for the care and the support of learners who are affected by HIV/AIDS. The Department of Education has since developed a set of guidelines for School Governing Bodies and Management Teams to develop an HIV and AIDS plan for their schools. The researcher had interviews with educators (refer to Annexure D in the report). The aim was to establish the response of the school system in dealing with the children. According to the educators who participated
in the study, schools are responding to the situation in various manners. The study revealed that response in schools is fragmented and not properly coordinated. Only 10% of the school educators knew about the National HIV/AIDS Policy but had not designed action plans for their schools. The educators and some of the principals were not aware of the guidelines for developing action plans. They attributed this to the Psychological, Guidance and Special Services, a unit within the Department of Education that is charged with the responsibility of championing HIV/AIDS intervention in schools. They mentioned that the unit is short staffed and is still grappling with the issues of integrating Life Skills in the curriculum.

It was significant to establish how children from child-headed households are identified (refer to item 5 of the interview schedule, Annexure D). The views expressed by the educators were synthesised. The synthesis indicated that it is not easy for the educators to identify the children unless learners come forward and disclose their family living with the educators.

The school as a system should be responsive to the needs of the children. It is worth mentioning that much as the school cannot do everything in order to assist vulnerable children, according to the Guide for School Governing Bodies and Management Teams (2003:9) schools can lead the way. It was significant for the researcher to establish what action is taken by the school towards assisting the identified children. The views of the educators were that the children are referred
to social workers. In one school, the educators are in collaboration with the social workers who have since designed a home-finding programme to assist vulnerable children.

The study revealed that all the educators were aware that needy children should be exempted from paying school fees. The educators’ understanding was that social workers should actually send a motivation letter to the school. The educators mentioned that in some instances learners had their reports withheld due to non-payment of school fees and that a motivation from the social worker was a response to the problem.

The issue of support programmes has not been dealt with on the ground. The interpretation of this situation is that since there are policies that aim at protecting the rights of the children, the challenge is with the development of action plans. The nutrition programme is of great value to the children who are coming from child-headed households (NMU B: 12, NMU J: 4). They are satisfied that even if they cannot get a meal at home at least they do get one at school.

### 7.4.2.2 Relationship with the Religious System

This is one system that serves to provide for the spiritual needs of individuals. The researcher’s view is that provision of such needs for child-headed households
would have had an impact in the healing process of the children. The study has
disclosed lack of support to children in need by the various religious groups (NMU
A: 12, NMU B: 13, NMU C: 12, NMU F: 9). The last time that many children
saw the members of their religious group was during the burial of the children’s
parents. This has caused some of the children to stop attending the religious
meetings.

Even with those children who still attend the religious meetings, they do not
necessarily get material support from these. These children often miss out when
there are church outings due to financial problems. In some instances individual
members within the group would offer food parcels and money when the children
do attend the meetings. The researcher’s view is that the offering of alms and
material assistance is a positive move in the sense that it reflects the church’s
sense of responsibility to assist needy children. The concern is that such assistance
is not properly regulated. Only one church group in the Uthungulu district ( i.e.
the Covenant Fellowship Church) has succeeded in coming up with a structured
programme for child-headed households.

The members of the religious group would sometimes visit the children and pray
with them (NMU D: 15) without offering any form of material support. The
researcher argues that this is a narrow view of spirituality, which separates faith
from practical action. Most church groups do not have policies and action plans
for assisting child-headed households. The researcher’s view is that it is common
practice for church groups to visit and pray with the people in need. Some church
groups reported to be in their infancy stages of developing HIV/AIDS policies.

7.4.2.3 Relationship with the Municipality System

According to the provisions of the Constitution of the Republic of South Africa
Act No. 108 of 1996 the purpose of the municipality is to seek to achieve the
integrated, sustainable and equitable social and economic development of its area.
This is achievable by promoting bulk infrastructural development planning and
promoting the equitable distribution of resources. Provision of water and the
supply of electricity are some of the many functions of the municipality. The
children highlighted that this is one system that poses a great threat in the
functioning of the household. The payment of rates is a major problem that has
resulted in children having their electricity blocked (NMU A: 13). The researcher
argues that electricity is a basic need and depriving children of this need is a
violation of the children’s Constitutional Rights.

Municipal officers in the three districts were interviewed with regard to the
provision of services to these households. The information provided was that the
restriction of the provision of electricity when rate payments are in arrears is
actually in line with the provisions of the Local Government Municipal Systems
Act No. 32 of 2000. The officials pointed out that the Act does make provision
for different categories of users of services and that differential credit control and
debt collection should be enforced as long as the differentiation does not amount to unfair discrimination. The point that was highlighted by the municipal officers was that with regard to child-headed household, the executor would have to make sure that the payment of rates is up to date. In the event a household is without visible means of support, concessions would have to be made and each household would be dealt with on its merit. The researcher’s interpretation of the situation is that child-headed households are deprived of electricity because there is no one who presents the matter on their behalf to the municipality. Although the social workers were facilitating the grants, the matter of accessibility to basic needs was not presented to the municipalities.

7.4.2.4 Views of Social Workers

In an attempt to sketch and establish the role of social work in child-headed households, the researcher administered an interview schedule to social workers (refer to Annexure C). Eighteen social workers who are experienced in working with child-headed households participated in the study. The aim was to establish the nature of services that the social workers have to render to the households. Various organisations have unique ways of identifying the child-headed households. According to the social workers, social service agencies have established relationships with community structures in order to assist with the identification of the children. These structures include the community health workers and the child care committees. Sometimes children are referred by the
educators and the neighbours. In one social service agency (i.e. a Non-Governmental Organisation which is linked to a health care centre for the terminally ill) parents of the children, who happened to be receiving care at the centre, are usually a point of referral. Social workers get to know about the circumstances of the children through the children’s parent who might have been admitted to the centre for the terminally ill. These children get in touch with the welfare system while their parents are still alive.

Social workers offer a range of services which differ from agency to agency. They provide for the school related needs for the children, including payment of fees and the buying of uniform and stationery. Social workers may motivate for the children to be exempted from paying school fees. They have never lobbied for non-payment of municipality rates.

Social workers provide child minding services through the social services agencies’ volunteers. The services are provided to the younger siblings while the older siblings are still at school. This service is mainly provided by the Non-Governmental Welfare Organisations who sometimes have creches where the younger children are kept while the older siblings go to school. According to the social workers, funding is a major constraint with regard to the fulfillment of the service. Since the children are financially destitute, there is a need for funding to maintain the service. With regard to the ten households that were studied, no
child-minding services have been deployed and in one household, children relied on the neighbour for child-minding services.

Although social workers facilitate foster placements for the children, this is often fraught with difficulty. Obtaining the required documents like the birth certificates and the parents’ death certificates is usually a problem in itself. Members of the extended family usually take the documents and keep them thus preventing children from having access to foster placements. The policies of the Department of Home Affairs sometimes pose problems, such as the waiting periods of three months in respect of death certificates for people who passed away more than a year ago.

Foster parents who voluntarily make themselves available to care for the children outside of their families experience a lot of frustration in this regard due to the following facts:

- *They have to wait for these grants for long periods (often six to twelve months)*
- *Foster care grants have to be reviewed annually. The process is such that foster parents would have to wait in long queues. This is inconvenient and time-consuming*
- *Foster care grants are sometimes suspended without any notice*
Foster parents become de-motivated and are not prepared to take care of the children any longer. Foster parents develop mistrust towards the social worker and the welfare system.

Sometimes the children may not want to be removed from their home. Children would prefer to stay together and this is one of the circumstances that have led to the establishment of child-headed households. Children who are staying alone loose out on their right to parental care and this would have to be attended to as it is a violation of the children’s right. It is worth mentioning that children have a right to participate in decisions that affect their lives. It is on this basis that foster placement should never be seen as the only viable option in ensuring that the children’s right to parental care is protected. There is a need for other alternatives to be explored. The “orphan visiting programme”, for instance could be a viable option for children who would prefer to stay together.

Circumstances in child-headed households are such that most of the children are living in abject poverty. The situation is likely to be perpetuated since the children drop out of school when they are young and unskilled. There is a need for a multifaceted approach towards meeting the needs of the children. This would entail an inter-sectoral approach which will include the involvement of the school, the welfare sector, the church and other significant institutions. Although this inter-sectoral collaboration has greatly been emphasised at policy level, not much is happening at practice level. The fact that children are somehow deprived of
their right to the basic needs is indicative of the lack of interfacing among the various systems that are vital for family functioning.

Zastrow (1999:14) and Colby & Dziegielewski (2001:124) discuss a range of emergent roles of social workers. These roles are indicative of new approaches and philosophies in the satisfaction of the needs and the resolution of social problems. There is a need for the development of a protocol to identify children who are from child-headed households. This would help in assessing vulnerability and need for support. The facilitator role becomes significant for the social worker who would have to link the children with the resources that are available in the community. The study has revealed how unresponsive some institutions are to the needs of the children. Social workers have to make social institutions more responsive to the needs of the children. The advocacy role for social workers becomes critical where social workers have to provide leadership for collecting information, arguing the correctness of the children’s needs and requests. Social workers would have to challenge the institution’s decisions not to provide services to the children.

7.5 Summary

In this chapter the researcher presented, analysed and interpreted the data obtained from the case studies. Child-headed households are a new phenomenon in South
Africa but considering the statistical projections of the HIV infection rate, it is apparent that what has been observed is a tip of an ice-berg. The extended family can in many instances no longer be considered as an option due to urban migration which creates a situation where children grow up not knowing the members of the extended family. The chapter also provides insight into the social functioning of a child-headed household. It depicts the reality of a child-headed household and its functioning on intra-systemic and inter-systemic levels. Child-headed households present a situation where the fundamental needs of the children are compromised. Given the situation that exists (i.e. absence of a mature adult), children continue to function although within unreasonable expectations. They perform various adult roles at household level. These roles are decision making, leadership, economic provision, care giving, conflict management and housekeeping. It was also important for the researcher to analyse and interpret the perception of the children about their performance in fulfilling these roles. It was clear that children are not in a position to meet their needs on their own but need a caring adult.

Fundamental needs of children should be understood within the context of the society and how children in child-headed households find themselves vis-à-vis the broader systems of society. The social functioning of a child-headed household in relation to its significant social systems was also analysed. The school, the church and the local government systems were identified as significant systems in the social functioning of a child-headed household. The interpretation of data indicate
how the various systems appear unresponsive to the needs of a child-headed household. Children continue to suffer in spite of the fact that children’s rights are enshrined in the Constitution of the Republic of South Africa Act No. 108 of 1996. Policies have been formulated but the major challenge is with the translation of these policies into concrete services, for the benefit of the children. Rights of the children should be upheld through provision of services which ensure that the needs of the children are met. The analysis of data pointed out to the significant social work roles. These include facilitation, advocacy, programme designer and case-management role. These are elaborated upon in the next chapter where the researcher provides a practice model of intervention in dealing with children from child-headed households.
CHAPTER 8

FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

8.1 Introduction

Child-headed households are an area of concern in the South African community. Although there are many causes for loss of life among parents, the scourge of the HIV/AIDS pandemic cannot be underestimated. No matter how astute the observations made by various concerned groups within the community may be, it is surely time to put these to the test of rigorous scientific observation in order to come to a better understanding about the issues that surround households headed by children. For this reason, it is necessary to codify bits and pieces of information that are available and to work towards filling in the gaps in the understanding of a child-headed household, which is the focus of this study.

This study represents an in-depth investigation into the social functioning of a child-headed household, which is a household without a parental system. The multiple roles that the children perform within such a household have been highlighted and the social institutions with whom the household co-exists have been scrutinised in order to determine the ways in which these institutions impact upon child-headed households. The role of social work in intervening in child-headed households has been investigated. In this chapter, the findings are mentioned only briefly in the
process of drawing up conclusions in relation to the objectives of the study. In discussing the recommendations, a suggested practice model is outlined. This would assist with the early identification of the children before their rights become eroded.

\[8.2\] \textbf{Re-statement of the objectives}

Before concluding the research report, it is essential to re-state the objectives of the study. These were formulated in the light of the background information obtained from literature and observations made about the child-headed households. The objectives of the study were:

- To explore the social functioning of the child-headed household. This meant that the role performance of the household in its entirety and at all levels of existence had to be investigated. This objective was achieved by conducting case studies in which ten households participated. Data was collected by means of a protocol for case studies. The case study protocol topics or questions covered the children with one another and also with other social systems outside of the household.

- To establish the needs and problems that are experienced by the household which relate to the requirements for survival, well being
and self-actualisation. This objective was met by conducting case studies.

- To investigate the resource network for these households. This relates to the means that could be mobilised and applied instrumentally to satisfy the needs of the household thus promoting social functioning. The resource networks that are peculiar to each household were identified by means of an inter-systemic role analysis.

- To investigate the role of social work in ensuring the optimal functioning of the children. Social workers who are extensively involved in working with the child-headed households were involved in the study and their roles in this regard were established and analysed.

8.3 Case study findings

The study has identified the social functioning of a child-headed household and the performance of specific roles by the children. The role performance of the children in their entirety at all levels of existence in interaction with one another was taken into account. The absence of a parental subsystem is the main feature of this particular household. Parental care is significant in the development of
children since their developmental needs can best be met within a family environment where a parent or an adult is a key role player in ensuring that these needs are met. Child-headed households present a situation where a child assumes a caring responsibility for the younger siblings. This is a gross violation of the children’s right to parental or family care.

Children are also deprived of their right to education. Although there are policies that are aimed at ensuring that children are not deprived of this right, in practice circumstances force children to leave school. In some instances children were suspended from attending school and had their reports withheld because they did not pay school fees. The educators reported to be aware of the policy but expected social workers to write motivation letters in order to have the children exempted from paying school fees. In other instances, children stopped attending school because of transport problems. They could not afford the taxi fare in order to commute between school and home.

The study revealed that many young persons who eventually dropped out from school were those who were above 18 years and were either in grade 11 or 12. These young persons opted to look for jobs in order to provide for their younger siblings. They fall beyond the age category for the exemption of school payment in accordance with the South African Schools Act No. 84 of 1996.
Children from child-headed households have experienced the loss of parents. Loosing a parent can be a traumatic experience for the children. Children grieve for the loss of parents and also for the happy times that are no more. The hurt has also built up during the long and painful illness that preceded the parental death. Children need to deal with grief immediately so that this does not affect them late in life and it is harder to deal with delayed grief. One child for instance decided to leave school because he could not stand it when his classmates related stories about their parents.

The study revealed that loss of sustainable financial support is another feature of a child-headed household. The situation is aggravated by the fact that in most instances parents had made no provision for their children due to the nature of work that they did prior to death. The finding concurs to Kabadaki’s view (1995:82) who assets that the economic impact of HIV/AIDS threaten the security and the well being of children. According to the findings of the study, in instances where parents were in formal permanent employment, children had access to gratuities and pension which alleviated financial strife within the household.

Child-headed households present a situation where children are hurried into adult roles and would thus be expected to perform a variety of family roles. These include decision making, house keeping, leadership, conflict management and care giving. The children did express that assuming adult responsibilities is stress
producing. This view concurs with Papalia et al (2001:445) who state that thrusting too much responsibility onto a child or to do so too early may have harmful effects.

Another finding of the study is that most schools did not have action plans with regard to the implementation of the National HIV/AIDS Policy. The action plans are significant in that they would best provide a forum where children as learners would be assessed and appropriate referral would be made before the circumstances of the children develop into complex problems.

8.4. Case study conclusions

Due to the work intensive character of the case study method that was used, the study was based on a relatively small data base. The critical question in drawing conclusions was to what extent can generalisations be made from the results that were gathered from such a relatively small sample? Could everything that is said about case studies be applied to the particular site that was observed or studied? “How widely the results can be derived from a relatively small sample be generalised?” Does everything that is said in case studies apply exclusively to the particular site that was observed or studies? Some researchers (Mark 1996, Wolcott 1994 and Yin 1994) postulate that case studies have a very restricted “generalisability”. The researcher argues that particularisation, and not generalisation, is the essence of case studies. This idea agrees to a view by
Silverman (1998:215) who argues that the question of “generalisability” can be approached from different directions. He furthermore maintains that social practices are the central objects of case studies and these vary with particular settings. The researcher’s view is that while it is true that the unique circumstances of the child-headed households cannot be generalized from the presented case studies, many issues that were identified e.g. schooling problems, local government issues and the social work roles can very well be generalized.

In this study, the research participants were children who live all by themselves without an adult. Much as the level of social functioning and interaction would vary from household to household, each household’s peculiarity was considered to be significant. The findings of the study can therefore be considered as being descriptive of the social functioning of a child-headed household and are across a wide variety of household settings. In drawing up the case study conclusions, the researcher focused on conclusions in relation to the functioning within the households and in relation to other systems. Conclusions were also made with regard to the role of social work. The conclusions of the study have shed light in the social functioning of a child-headed household thus enabling social workers to be creative in their advocacy role towards the betterment of the quality of life of these vulnerable children.
8.4.1 Conclusions in relation to the functioning within the household

HIV/AIDS pandemic is shattering children’s lives and reversing many hard won children’s rights. Children are increasingly exposed to aspects of multiple care-giving through non-parental care as a result of a changing family structure. According to Gow & Desmond (2001:13), if one combines all other causes of maternal death with the HIV/AIDS pandemic, 11% of children under the age of fifteen years in South Africa are orphans and this figure is expected to rise to almost 17% by 2010. In the light of these statistical projections, the researcher concludes that what has been observed only covers the early stages of the “orphan epidemic”. Since children opt to remain together to maintain what remains of their “family bond”, the researcher concludes that child-headed households are likely to be a reality for the next decade or so. This is a gross violation of the children’s right to family/parental care and cannot be tolerated. The challenge is for action to be taken to help children find family care.

The extended family in some instances is no longer a viable option in providing care for all orphaned children. Drastic changes have taken place in the structure and the functioning of the extended family. These changes include factors of change like urbanization and migratory labour which have contributed to the weakening of the extended family as a support system for orphaned children. Individualistic attitudes that prevail among members of the extended families, have contributed to a disconnection in extended family ties. A myriad of problems
that affect levels of family life have resulted from the shrinkage of support from the extended family. This suggests that new forms of support are needed to provide the children with parental care.

The death of parents represents only one aspect of developmental stress that is not only predictable, but that also marks changes and transition in the family life cycle. Children experience stress and they need to come to terms with their grief. In the face of the extreme adversity, children are either adaptive or are plunged into crisis. It is concluded that there is a need for the children to be linked to the relevant resource systems.

Children in child-headed households are raised in a less than optimal environment. They miss out on schooling and this makes them vulnerable to cheap labour practices. The inevitable outcome seem to be a “lost generation” in terms of education. In addition to this, children in such circumstances often become victims of sexual exploitation and female children are likely to become pregnant. The inevitable conclusion that can be drawn from this finding is that the cycle of poverty is likely to be perpetuated.

The shift in parental role to the eldest child is a great concern. Since the child has to assume the role of being a “caregiver”, his/her wellbeing is compromised in the sense that the standard of living is sharply lowered. The strain on the eldest children should not be underestimated. Children have to assume a caring
responsibility and maintain multiple family roles without much social or institutional support. According to the findings of the study, the only children who enjoyed support, were those who had an adult offering supervision on a daily basis.

Difficulties in the social functioning of a child-headed household result from many interrelated factors. These include parents’ economic activities prior to death, lack of service availability and a poor social environment. While a household may be considered as a unit of economic co-operation, this is not the case in a child-headed household as there is no stable source of income, especially in instances where none of the parents were permanently employed. It can be concluded that, a child-headed household experiences financial uncertainty as a most pressing need in their battle for survival. Children have to do without basic needs such as electricity and food, simple because they cannot afford to purchase these. They sometimes stay away from school because they cannot meet their school related needs. The available services are often not enough to meet the needs of the children. Although many organisations are presently focusing on direct intervention with such children, special attention should also be paid to change in the larger community and in organisational and practice arenas (macro-practice). The conclusion drawn is that in practice these systems are sometimes organised in such ways that they deprive the child-headed households of vital resources while in policy and principle this should not be the case.
8.4.2 Conclusions in relation to other systems

The school system: The school is one system that is organised in a way that it somehow deprives the children of their right to education. According to the provisions of the South African Schools Act No. 84 of 1996 “… the age category of children who should be exempted from paying school fees is seven years until fifteen years or grade nine”. This is good policy in the sense that it protects the children’s rights to education. The researcher argues that the age category stipulated in the statute does not concur with the age category of a child as stipulated in the Child Care Act No. 74 of 1983. The findings of the study are that many children who are from child-headed households are dropping out of school when they are in grade eleven and twelve. The conclusion drawn by the researcher is that the age category creates a policy gap, hence many children may end up disadvantaged. These children drop out from school when they have not realized their academic goals and end up doing low paying jobs in order for them to make ends meet.

It is concluded that there is no collaboration among the various social systems of which the household is part and this creates more hardship for the children. The school system would never get to know about the children’s family circumstances unless children opt to tell the educators or educators pick it up through other concerns such as non-payment of school fees.
Since schools do not have action plans and are responding to the needs of the children in a fragmented way, the challenge is for the school management teams to design action plans as per the Department of Education HIV emergency guidelines.

*The local government system:* The local government (municipality) is one of the systems that would be expected to be supportive in the development of the children. This is however not the case as the local government is actually putting more pressure on the households by suspending services when households are in arrears with the payment of rates. It is worth noting that there is a legislative framework for dealing with households that are at risk but there is no mechanism of identifying such households unless individual members of households present their situation which would have to be dealt with on its own merit.

*The social welfare system:* The grant application process is tedious and compromises the wellbeing of the children. The Department of Social Welfare and Population Development has come up with the establishment of a “social security agency” which is aimed at expediting the grant application process. While the “social security agency” that would be implemented in the year 2006 might be a better alternative, it would still be essential to assess its effectiveness in the context of the children’s rights.
The religious system: Since children have suffered trauma, there is a need for them to be helped in going through the crisis. The study has revealed that religious groups do not offer any support to the children other than prayer particularly at the time of bereavement. The conclusion drawn is that the role of the religious groups needs to be defined in terms of how best these can be responsive to the needs of such children. In countries like Brazil, the religious groups are in the forefront with regard to the care for orphaned children.

8.4.3. Conclusions in relation to the role of social work

Since the field of social work involves working actively to change adverse societal conditions that are faced by people, social workers need to create societal conditions that benefit child-headed households. Direct face to face intervention with the children is not enough. In order for social workers to be effective, and relevant to child and family care (in relation to child-headed households), it is concluded that social workers need to impact on organisational structure to deal with issues that are significant at policy level.

It is found that a child-headed household is a reality and that children in these households have needs that must be attended to. It is concluded that social workers need to enhance the social functioning of the children. They would have to facilitate activities and channel resources for the benefit of the children. Since various social systems are exerting pressure on the functioning of the child-
headed household, it is concluded that social workers would have to advocate for the rights of the children.

8.5 Recommendations

The findings of the study have revealed that HIV/AIDS is shattering children’s lives and reversing many hard won children’s rights (e.g. right to education and right to life, right to protection and care). It is imperative for the South African community to mount multifaceted responses to secure the future of the children. The complexity of the crisis today demands a different approach and involvement of all stakeholders. It is worth noting that children are the future of society and any negative consequences for them are significant for the future character of individuals and the community at large. Since the social functioning of a child-headed household and the role of social work has been investigated, the challenge is now to consider a practice model for social workers which would best help in the coordination of the work that they are doing. In this section of the report, the researcher covers the suggested practice model and the specific roles that social workers would have to perform. These roles are advocacy, facilitator role, programme designer role, and case management role.
8.5.1 Suggested practice model

The scourge of the HIV/AIDS pandemic has hit the family to the extent that a new household form, that is child-headed, is burgeoning. Social workers have to develop new forms of support to deal with this national crisis. Since the phenomenon of social functioning in a child-headed household has been explored in its systemic ramifications, social workers would have to identify and intervene at whatever levels they are equipped to be efficient in bringing about desired changes in the lives of children and households affected by HIV/AIDS. In order for such interventions to produce sustainable results on a significant scale, a practice model is suggested for a well coordinated effective social service delivery. There is a need for collaborative work among all the social systems of which a child-headed household is part. These systems have been identified as the school, the local government, the religious system and the social services agency. Collaborative work would help to ensure that the rights of the children are protected. The idea concurs with Loudon’s (1998:32) view, that only local people can pick their way through the maze of traditions in offering support to child-headed households.

It is worth mentioning that there is a National Integrated Plan for Children and Youth affected and infected by HIV and AIDS. This was an effort of an inter-ministerial committee that was tasked by parliament in 1999 to mount a coherent and collaborative response in addressing the effects of HIV and AIDS. Ministries
that were involved in the development of the integrated plan were the Department of Education, the Department of Health, the Department of Social Development and the Department of Agriculture. According to the integrated plan each department has a specific role to play. The Department of Health are pioneers in home-based care, the Department of Social Development is, inter alia, responsible for social grants and the programme of orphaned and vulnerable children, the Department of Education is responsible for life skills education and support programmes for affected learners, the Department of Agriculture is responsible for projects that sustain health and nutrition. The researcher’s view is that the suffering of the children is an indication that the strategy is not implemented on a full scale. There is a need for the development of protocol which would best define how the key role players interlock in terms of role performance. Unless intervention is coherent and well managed, loss and suffering among children would take its toll while the resources are getting depleted.

The practice model that would assist in the coordination of services is the assessment, referral and follow up model (ARF). Assessment relates to the process of analysing the factors that influence or determine the social functioning of child-headed households. This would also include assessing of interactions between the household and its social environment and assessing resources that could best be mobilised for the benefit of the children. Since child-headed households present a wide range of unmet needs and problems for the children, referrals would have to be made to appropriate resource systems. There would be
a need for follow ups to ensure that the service was rendered or not. A flow chart on the protocol for intervention in child-headed households is provided in figure 8.1.
Figure 8.1 Flow Chart: Protocol for Intervention in Child-headed Households

**SCHOOL**
- Children are identified through a school's audit.
- School Social Workers do case finding.

**CHURCH**
- The Minister who performed the burial of parts also be a point of referral

**SOCIAL WELFARE DEPARTMENT/NGO's**
- Co-ordination and monitoring of multiple services

**POLICE SERVICES**
- Ensuring safety of the children

**MUNICIPALITY**
- Provision of basic needs, e.g. water, electricity

**EXTENDED FAMILIES / NEIGHBOURS**
- Providing support on daily needs

**OTHER SOCIAL SYSTEMS**
- e.g. Dept. Of Health, Dept. Of Housing

Cases referred to Social Welfare Department for case management
8.5.2 Roles of social work

In practice, social workers would have to perform specific roles in order to ensure that the rights of the children are not violated and their needs are met. These are the advocacy role, the facilitator role, the programme designer role and the case management role.

Advocacy role: As advocates social workers act as intermediaries between the children and other systems in order to protect the children’s rights. Social workers would have to use their influence and mandated powers in terms of the Social Work Amendment Act No. 102 of 1998, to compel the social service delivery system to be more responsive to the unmet needs of the children. It would then be of critical importance for the social workers to establish the availability of a resource in order to have the needs of the children met. The need for parental care, for instance, is one fundamental need that these children have and the findings of the study have revealed that the extended family can not be an option for all orphaned children. Social workers would have to identify alternative resources that could be used in order to meet this particular need. In some households that participated in the study, close neighbours played a significant role in offering parental care. This is one resource that could be tapped and its accessibility would have to be established.
In performing the advocacy role, social workers would have to focus either on protecting the interests of individual households or on the general issues of collective concerns. Miley et al (2001:377) suggest numerous variables which social workers would have to consider in designing advocacy interventions. Among these variables are the availability of resources and the target systems receptiveness of the advocacy effort. The level of intervention is necessary to achieve the desired outcome. Social workers would have to consider these variables when performing their advocacy role.

*Facilitator role:* The basic idea of social work is that people must be assisted in the understanding and better utilisation of community resources that they can obtain in their community. Social workers therefore have a responsibility of continually evaluating the adequacy of services in respect of the needs and problems that such services have been designed to meet. Once needs have been assessed, referral to appropriate resource systems would have to be made. When exploring the resource network of the child-headed household, the researcher identified social institutions that were designed to be of assistance to the household. One of the findings of the study is that some of these community resources are impinging negatively on the social functioning of a child-headed household. Social workers, as evaluators, would have to evaluate the adequacy of services in respect of the needs and rights of the children who are from child-headed households.
While the Government has responded positively to the needs of the children in general through the provision of grants, services should go beyond meeting the survival needs. The findings of the study have revealed that a child-headed household is a multiple risk household hence there is a wide range of issues that children in these households are wrestling with. The aspect of psychosocial support should also be attended to and social workers have a role to play in the facilitation of psychosocial support for the children. The Department of Education has a component (Psychological Guidance and Special Education Services) whose expertise can be employed to assist children in dealing with trauma and grief.

According to the Guide for School Governing Bodies and Management Teams (2003:8), the school would have to develop action plans in translating the National Policy on HIV/AIDS into action. These guidelines provide a framework for the identification of learners who are affected. Unless action plans are designed in schools, it would always be a problem for the school to identify learners who are in need. Social workers in their respective districts would have to collaborate with schools and facilitate the implementation of the action plans.

**Programme designer role:** The social work objective, in its application, is dualistic in the sense that help is not only directed at persons and human groups but also encompasses social conditions that sustain the life of the people in the community. This makes social work a profession of particular importance because it is holistic and takes a total view of human needs. The study has revealed that
children in child-headed households have specific needs. Social work practice begins its activity at the point of need as expressed by individuals. Since the needs and problems of child-headed households have been explored, social workers are confronted with the challenge of responding to these needs. The plight of the children suggests for social workers to develop social programmes in dealing with this national disaster head on.

The home-finding programme is a practical example of a programme that could be designed to help children find family care. The findings of the study revealed that in instances where there is an adult in the neighbourhood who can do constant supervision to the children, children tend to adjust and cope with their circumstances. An “orphan visitation programme” can be an option in neighbourhoods where there is no member of the extended family to offer supervision to the children as is the case in Zimbabwe (Ardvidson, 1996). There is a need for a “foster parent education programme” particularly in deep rural areas where members of the community are not keen to foster non-related children. This would have to be coupled with continuous education on HIV/AIDS related issues so as to enable people to de-stigmatise HIV and AIDS. It is hoped that this would somehow discourage formation of child-headed households.

Case management role: According to Miley et al (2001:339) one can trace the impetus for case management to a number of factors which include de-institutionalisation, clients’ multiple needs, fragmentation of services and press to
contain costs in the face of limited resources and funds. The situation of child-headed households befits the performance of this role. It is common knowledge that South Africa is moving from de-institutionalisation to community based care. There is no plan for the establishment of orphanages and institutions of care. This means that the needs of the children would have to be met by locating appropriate services among the complicated array of community based programmes. The Government plans to introduce foster kraals and there are inter-ministerial discussions that are underway with regard to the model of foster kraals. The role of the social worker as a case manager would be to ensure that formal and informal resources reinforce each other, thus maximising the benefits of each.

According to Austin & McClelland (1996:1) case management is a pragmatic response to the realities of today’s service delivery. They further state that case management links clients to services and aims at meeting a broad range of client-oriented and system-oriented objectives. In the case of child-headed households, the social worker as a case manager would have to assure that services given are appropriate to the needs of the children. Social workers would have to monitor the appropriateness of services for the children and promote the quality in long-term care service delivery.

It is worth mentioning that much as case management includes not only the assessment of client needs but also the arrangement, coordinating, monitoring, evaluating and advocating for a package of multiple services to meet the specific
complex needs of the client. The challenge for case management role in working with child-headed households, is that it requires a big pool of manpower. This suggests the use of social auxiliary workers as an extended arm for the social workers. These would have to perform activities under the guidance and control of a social worker in order to achieve the aims of social work with regard to child-headed households. Responding to the fundamental needs of the children suggests a need for the deployment of child and youth care workers. Child care workers would have to work directly with the children with a purpose of satisfying their daily care and nurturing needs. Youth care work would also be significant in ensuring that children growing in child-headed households are able to develop extended networks. Through youth care work, these children will have positive peer experiences in a formal supervised atmosphere.

Outreach is one of the core functions of case management. The intent of outreach is to heighten the visibility of programmes and services by educating the general public and other service providers about available programmes. Case finding is a more focused activity of case management that directs outreach efforts toward those who are likely to need the services. Social workers who are linked to the school system would best assist with case finding. It is hoped that through the early identification made possible by outreach, social work intervention with the children can prevent problems of a greater magnitude.
Since safety and security is a need that has been identified, a recommendation is that members of the South African Police Services would have to assist with ensuring the protection of the children. It is worth mentioning that such services would have to be integrated with the programmes of the community policing forums where members of the community take part in crime prevention.

8.5.3 Recommendations for Social Work Education

Social work as a profession centres its attention on helping people improve their social functioning. In fulfilling the mission of the profession, social workers must possess a broad range of knowledge about the functioning of the people. Social workers must also have a variety of skills for facilitating change in how individuals, organizations and other social structures operate. The study is on the social functioning of a child-headed household and how it operates as a system in relation to its significant social systems. A child-headed household is a newly formed household where there is an absence of a parental subsystem. The challenge is not only with the uniqueness of the household structure but also with the manner in which the fundamental needs of the children can be met in an environment where there is a parental “vacuum”.

For an effective role in child-headed households, social workers must be adequately trained. It is clear that practice with child-headed households requires a specific and demonstrated mastery of skills that would seem preferably
considering the specialised issues, problems and a range of needs as experienced by children in child-headed households. According to Morales & Sheafor (2004:39) specialist social work practice is characterised by the application of selected knowledge and skills to a narrowed area of practice based on a population served and social problems addressed.

The study has generated knowledge on issues that contribute to the formation of child-headed households and on these households being at risk. There is a need for a social work education programme with focus on child-headed households. The education programme on child-headed households would enable students to identify how to be responsive and use productive strategies to redress the issues pertinent to child-headed households. The programme should provide content related to implementing strategies to combat the violation of children’s rights thus promoting social justice with regard to child-headed households.

The following is the description given by Colby & Dziegielewski (2001:98) on the focus of specialist practice. Specialization of social work practice usually occurs at the master’s level. Specialist social workers are all first trained in the generalist approach to practice and later embark on more specialized career tracks by choosing more concentrated areas in which to apply their skills. It is also in specialization that many professional educators believe “real” training as counseling professionals and therapists occurs. This completes the description given by Colby & Dziegielewski (2001:98). The recommendation would be the
development of a post graduate programme on child-headed households. It is worth mentioning that child-headed households present an orphan crisis that challenges strategies for social work intervention and social workers are actively involved with child-headed households. For social workers to be effectively utilised in the field of child-headed households, an in-service training programme should be developed for all trained social workers in the field.

According to Mehr & Kanwischer (2004:228) case management can be a demanding methodology and thus the work can be extremely intense. Case management is therefore a critical human resource development issue for social workers. Training in case management should include issues such as engagement strategies, interviewing, assessment, service planning, utilisation of community resources, understanding of local government policies, team processes and advocacy strategies. The social worker, as a case manager, should be able to link children with appropriate resources and also ensure that children are not denied their right to provision of services. Such training would enable social workers to effectively handle issues pertinent to child-headed households.

**8.5.4 Recommendations for future research**

The difficulty in the social functioning of a child-headed household has been found to be as a result of these interrelated factors economic activities of the
parents prior to death, lack of service availability and the poor social environment. The generated hypotheses that have been developed are:

- The economic activities of the parents prior to their death determine the functioning of the child-headed household.
- Children in child-headed households experience hardship due to poor provision of services.

Since the socialisation function of the child-headed household was not easy to establish, the study has explored the various family roles that children would have to assume following the death of their parents. Much as socialisation takes place in these households, the researcher argues that it would be premature to explore the extent to which the children have been socialised to the broader norms of the society. It would be unjustified to associate child-headed households with poor socialisation. A longitudinal study of the households that participated in the study would be essential.

The religious system has been identified as significant resource system but their role is limited to meeting the spiritual needs of the children. The role of the system with regard to the psycho-social needs of the children has not been established. The views of the religious system with regard to this social responsibility would have to be established.
8.5.5 Recommendations for Policy

The study has revealed that the conditions and the circumstances of the children are deteriorating as result of changes in the family structure. This suggests that a child-headed household is at risk especially since gaps in service delivery have been identified. This suggests a need for policy changes with specific reference to the South African Schools Act No. 84 of 1996.

The age category of a learner as stipulated in the South African Schools Act No. 84 of 1996 (i.e. age 15) does not concur with the age category of a child as stipulated in the Child Care Act No. 74 of 1983 (i.e. age 18). According to the provisions of the South African Schools Act No. 84 of 1996 (section 3) the cut off point for the exemption from paying school fees is age 15 or grade 9. The interpretation of the statute would be that any child who is above the age of 15 or is beyond grade 9 would not benefit from the policy provisions. This greatly erodes the children’s rights to education and there is likely to be another lost generation. Children would not be able to pursue their educational goals due to financial problems. Since the study has revealed that the principal caregiver is usually the eldest child, these children take it upon themselves to leave school and take care of the younger siblings. There is a need to review the age category of a child with regard to the provisions of the South African Schools Act No. 84 of 1996. This will ensure that the children’s right to education is not compromised.
In view of the fact that as a country, South Africa is still at the infancy of the HIV/AIDS pandemic, child welfare and family policies should focus on how to be responsive to the present child-headed household and also consider how best hardships of child-headed households can be minimised in the future. The social requirement of change and participation in the process of development through programmes of planned change are the main considerations requiring the attention of social welfare policy formulation.
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**ACTS**

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2. Child Care Amendment Act No. 96 of 1996
4. South African Schools Act No. 84 of 1996
5. Social Assistance Act No. 13 of 2004

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   (access gained 14 July 2005)

   (access gained 14 July 2005)

3. The HIV Emergency Guidelines  
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UNPUBLISHED MATERIAL


ANNEXURE A

PROTOCOL FOR CONDUCTING CASE STUDIES

1. Procedures
   * identification of case study research team
   * scheduling of field visits
   * determining children to be interviewed
   * training of the case study research team
   * designing the case study protocol

2. Case Study Protocol Topics and Questions
   * Family background information (ages, size of household, reasons for staying alone)
   * Assumption of roles (this related to the roles that the children had to assume after the death of their parents)
   * Setting of household rules (identify household rules that are set and how these are set)
   * Children’s need for survival (comments on how the basic needs of the children are met)
*Source of income (what is the source of income and how is the income spent)

*Conflict management (what is the source of conflict in the household and how do the children handle conflict)

* What is the support network of the family? (what is the relationship between the household and the significant resource systems i.e. the school, the church and the municipality, the extended family and the neighbours)

* Comment on how a typical day looks like in the life of the children.

3. Observation made during the household visits (living arrangements, sleeping arrangements, any pictures that connect the children to the deceased parents, furniture and television or radio)

4. Description of the neighbourhood (what resource systems are available and how far are they located from the household)

4 Analysis Plan and Case Study Report

*individual case studies (descriptive information) and explanatory information (natural meaning units)

*Case study analysis

*Drawing case study conclusion
ANNEXURE B

INTERVIEW SCHEDULE FOR CHILDREN

PART 1  Family background and composition

1.1 Ages of the children:---------------------------------------------------------------

1.2 Number of children in the household:-----------------------------------------------

1.3 How long have you been staying alone?-----------------------------------------------

1.4 What circumstances claimed your parent’s lives?--------------------------------------

1.5 Why would you not live with the members of the extended family?--------------------

PART 2  Assumption of roles

2.1 Identify the roles that you had to assume after the death of your parents

<table>
<thead>
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<th>Child care</th>
<th>Basic provision</th>
<th>Household maintenance</th>
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<tbody>
<tr>
<td>leadership</td>
<td>Decision making</td>
<td>Other</td>
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2.2 Explain the extent to which each role has to be performed--------------------------

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PART 3 Setting household rules

3.1 What rules are made? (Age, sex and ordinal position)

3.2 Who sets limits for behaviour? (Age, sex and ordinal position)

3.3 Who sets household rules? (Age, sex and ordinal position)

PART 4 Need for survival

4.1 What do you usually eat?

4.2 Who provides for food?

PART 5 Financial need

5.1 What is the household’s source of income?

5.2 What is the amount of the income?
5.3 How is money spent?

5.4 Do you have any debt? If so how is it serviced?

PART 6 Conflict within the household

6.1 Do you sometimes have conflict?

6.2 What is the conflict about?

6.3 How do you deal with conflict?

PART 7 Relationship with the school

7.1 Do all the children attend school?

7.2 If not, what are the reasons for not attending school?

7.3 How are the school needs met?
PART 8  Relationship with the religious system

8.1 Are you affiliated to a church or religious group? Explain-----------------------------
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8.2 What support has the church offered?-----------------------------------------------
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PART 9  Relationship with the municipality

9.1 How do you pay for services, rates and electricity?-----------------------------
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9.2 How do you deal with the threat of the municipality?-------------------------------
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ANNEXURE C

INTERVIEW SCHEDULE FOR SOCIAL WORKERS

Section 1  Identifying Information

1.1    Agency type

<table>
<thead>
<tr>
<th>Government Department</th>
<th>Non-Governmental Organisation</th>
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1.2.  Years of service as a social worker

<table>
<thead>
<tr>
<th>1-3 years</th>
<th>4-6 years</th>
<th>7-10 years</th>
<th>&gt;10 years</th>
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1.3.  Years of service with the present welfare organisation

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<tr>
<th>1-3 years</th>
<th>4-6 years</th>
<th>7-10 years</th>
<th>&gt;10 years</th>
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1.4  Years of involvement with child-headed households

<table>
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<tr>
<th>Less than a year</th>
<th>1-3 years</th>
<th>More than three years</th>
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Section 2  Profile of child-headed households

2.1  What are your comments on the age range of children who are heading households?

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2.2  How would you describe the family circumstances of child-headed households?

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-------------------------------------------------------------------------------------------------
-------------------------------------------------------------------------------------------------
2.3 Why were the children not taken by the extended family after the death of their parents?

Section 3 Social Service Delivery

3.1 How does your organisation identify child-headed households?

3.1 What services do you offer to child-headed households?

3.2 In what way do these services meet the objectives of social work?
3.4 What inhibits your intervention in relation to a child-headed household?

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2.5 What are your comments on the resources that are available?

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ANNEXURE D

INTERVIEW SCHEDULE FOR EDUCATORS
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<tbody>
<tr>
<td>1</td>
<td>Name of School------------------------------------------------------------------------</td>
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<td>2</td>
<td>Your position at school----------------------------------------------------------------</td>
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<td>3</td>
<td>District where the school is located---------------------------------------------------</td>
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<td>Does the school have an HIV/AIDS action plan? Explain-----------------------------------</td>
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<td>How does the school identify children who are from child-headed households?</td>
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<td>6</td>
<td>What does the school do with the children once they have been identified?</td>
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<td>7</td>
<td>What support does the school offer to the children?</td>
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<td>How does the school deal with the problem of non-payment of fees?</td>
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**ANNEXURE E**

**INFORMED CONSENT/IMVUME EYAZISIWE**
The study has been explained to us as an investigation into the social functioning of a child-headed household. Ucwangolo luchazwe’ kithina njengenhlololo emaqondana nenhlalakahle yezingane ezihlala ngaphandle kwabazali.

The participation of the household members is voluntary and we can withdraw at anytime without penalty. Ukuzimbandakanya komndeni kulolucwango sikwenze’ ngokukhuleka, siyaqonda ukuthi sinelungelo lokuyeka noma ngasiphi isikhathi ngaphandle kokwesabela isijeziso.

Although our identifying details have been disclosed to the investigator, we understand that such information would be kept confidential. Nakuba umcwangini eyazi imininingwana yethu njengomndeni, siyaqonda ukuthi ulwazi olunjalo luzogcinwa luyimfihlo.

On behalf of my siblings, I consent to participation in the study. Egameni lezingane zakwethu ngiyavuma ukuthi sibe yingxenye yalolucwango.

Signature
ukusayina kombhali:------------------------

Date: Usuku -----------------------------
ANNEXURE F
MAP OF KWAZULU/NATAL
2004-06-21

Director
Zululand Hospice
P.O. Box 62
Empangeni
3880

Dear Mr. Terry Lloyd

Mrs Zethu Mkhize (Project Manager) is a qualified and a registered social worker. She is currently doing research on child-headed households and would like to interview social workers on the nature of services that they render to child-headed households. A request is made for her to be granted permission to interview your social workers.

Your assistance would be highly appreciated.

Yours sincerely

Z.M. Mkhize (Mrs.)
Project Manager
July 12, 2004

The Project Manager,
University of Zululand,
Private Bag x1001
Kwa Dlangezwa
3886

ATTENTION: MRS. ZETHU MKHIZE
REQUEST TO INTERVIEW SOCIAL WORKERS ON SERVICES RENDERED TO C.H.H.

Thank you for your letter dated 04.05.21 regarding the above matter.

In response to the above letter, please let us know when you intend visiting our Social Workers.

The preferred days are Mondays or Thursdays but please let us know timorously in order to ensure availability of our staff on the day that you choose.

Thank you
B.F. MHLONGO
Project Coordinator