Social work services for child-headed households in Virginia in the Free State Province

by

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DECLARATION

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I, Netsai Rejoice Ndava, declare that **Social work services for child-headed households in Virginia in the Free State Province** is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

_____ _____

SIGNATURE DATE

Netsai Rejoice Ndava

DEDICATION

I dedicate this dissertation to my family for believing in the girl child against all odds.

ACKNOWLEDGEMENTS

I would like to thank God for strengthening me throughout my studies. He was my pillar of strength, my Alpha and Omega.

To Professor MDM Makofane, thank you so much for the support, for pushing me even when I was at the verge of giving up. Your encouragement, commitment and your dedication kept me going. Thank you so much.

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I am indebted to the social workers from the Department of Social Development and the Child Welfare organizations who voluntarily and without any material compensation accepted the opportunity to participate in this study.

To my late mum and my dad, thank you Gertrude and Jonathan, for your unwavering support. For believing in me even when I did not believe in myself.

Thank you for the six angels I have in you, my siblings. For a moment I ignored you for the sole purpose of this study. Thank you, family.

To Brenda, Trish, Regy, Fatima, Team T: words fail me but you know there would be no dissertation without your support.

ABSTRACT

Child-headed households are a reality in South Africa, and extensive research has advanced its causes and the children's coping mechanisms. Social workers identify children in need, refer them to SASSA for social grants, facilitate foster care placements and offer psychosocial support services. This study sought to determine the nature of social work services rendered to children in such households in Virginia in the Free State.

Qualitative exploratory, descriptive and contextual research was used to reach the goal of the study. Thirteen semi-structured interviews were conducted with thirteen participants who were selected through purposive sampling. The data collected was analysed using the eight steps of Tesch (in Creswell, 2009) and verified through Guba's method of trustworthiness (Krefting, 1991). The services rendered to child-headed households (CHHs) through individual, group and community work were inadequate due to lack of resources including a shortage of social workers due to a general dissatisfaction with salaries. Participants suggested the need to build the capacity of the available staff through staff training and improved access to available resources in order to strengthen the nature of services rendered to CHHs.

Key concepts

Child-headed households, strengths-based approach, foster care, individual work, group work and community work

LIST OF ACRONYMS

AIDS	Acquired immunodeficiency syndrome
BSW	Bachelor of Social Work
CHH	Child-headed household
CPD	Continuing Professional Development
CSG	Child support grant
CWSA	Child Welfare South Africa
CYCW	Child and youth care workers
DSD	Department of Social Development
FAMSA	Family and Marriage Association of South Africa
FSG	Foster care grant
HIV	Human Immunodeficiency Virus
IASSW	International Association of Schools of Social Work
IFSW	International Federation of Social Workers
KMD	Kerklike Maatskaplike Dienste
MSW	Master of Social Work
NGOs	Non-governmental organisations
NPO	Non-profit organisations
SACSSP	South African Council for Social Service Professions
SASSA	South African Social Security Agent
UNISA	University of South Africa

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CHAPTER ONE

ORIENTATION TO THE STUDY

1.1 Background to the study

Child-headed households (CHHs) were first observed in Uganda in the 1980s in the Rakai district when the country was badly affected by the epidemic of the human immunodeficiency virus (HIV) and the acquired immunodeficiency syndrome (AIDS) (World Health Organisation, 1990). From Uganda, in the early nineties CHHs were then seen in other African countries such as Tanzania, Zambia and Zimbabwe where the AIDS pandemic also started developing (Woldeyohannes, 2010:7). An increasing number of CHHs were then recorded in Sub-Saharan Africa, particularly in countries with growing populations infected and affected by HIV/AIDS (Van Dijk & Van Driel, 2009:915). With growing numbers of HIV/AIDS-related morbidity and mortality rates among adults (Mogotlane, Chauke, Van Rensburg, Human & Kganakga, 2008:18), South Africa was not spared the CHH phenomenon, as parents also died due to HIV/AIDS leading to the emergence of this relatively new sociological phenomenon which is the CHH where the eldest child takes care of the siblings (Mthethwa, 2009:iii; Nziyane, 2010:6).

The reality in South Africa is that CHHs have become part of the social discourse. The HIV/AIDS epidemic is regarded as one of the biggest threats to South African families because, in 2001, the country had the fastest growing rate of the HIV/AIDS epidemic in the world (The Nelson Mandela Children's Fund Report [NMCF], 2006:12). From 2002 to 2011 the Limpopo, KwaZulu-Natal and Eastern Cape provinces accounted for the highest numbers of CHHs with 35%, 29% and 15% respectively (Hall & Meintjes, 2013:86) which was impacted by the number of children orphaned by AIDS (NMCF, 2001:12).

This phenomenon is exacerbated by war, famine, poverty, economic uncertainty, as well as ill and sometimes incapacitated parents (Moffett, 2007:8; Van Dijk & Van Driel, 2009:915). The extended family has traditionally adopted orphans and vulnerable children but its breakdown and erosion has left these children with no older person ready to take care of them (Kapesa, 2015:57). The role of the extended family is even weaker in South Africa compared to other African countries (Moffett, 2007:6). This role has been diluted due to poverty-related challenges (Nziyane, 2010:21,199) whereby families are already taking care of sick or

unemployed members and available resources are almost depleted (Kapesa. 2015:37). In cases where the extended family is visible, they normally come with the aim of separating orphans (Moffett, 2007:6) or wanting to take the deceased's assets from the CHH (Kapesa, 2015:46) making the challenges of the CHH intense. There is an urgent need to assist these children and close the gap created by the erosion of extended families (DSD CHH briefing paper, 2009:1). In other cases conflict exists before the death of a parent (Germann, 2005:4) which leads to the remaining extended family members being unwilling to foster or adopt the children.

Other isolated causes for CHHs have been noted in different studies. For example, internal and external migration has also left children with no caregivers and automatically falling into the CHH category (Kapesa, 2015:39). Motor vehicle accidents, violence, poverty, acute emergent infections like multi-drug-resistant tuberculosis also often result in the untimely deaths of young adults and parents (Mogotlane et al., 2008:44). With these challenges and realities in society, social work is then used as the medium to ameliorate challenges. The increase in CHHs places an enormous pressure on social workers and the resources utilised to deliver social work services (DSD CHH briefing paper, 2009:1).

CHHs have been described as a disaster in South Africa (Mkhize, 2006:25). However, the statistics have been neglected in most South African publications, leaving implementers to work with estimations and little to no facts (Mogotlane et al., 2008:31). In 2004, statistics by the Children's Institute (2004:30) estimated that by July 2005 roughly 990 000 children under the age of 18 would have lost a mother, 2.13 million children would be paternally orphaned and 190 000 would have lost both parents due to complications related to HIV and AIDS.

Although the statistics of CHHs has been questioned, what remains unquestionable is the existence of CHHs, and this research sought to pay particular attention to the nature of social work services rendered to these households. The Department of Social Development, which is the leading department in child protection in South Africa, stated that by 2008 there were no specific guidelines for practice to guide the services of orphaned children living in CHHs (Department of Social Development [DSD], 2008:33). The same gap was identified in 2010 when there was a lack of a national and coordinated strategy to address issues affecting CHHs in South Africa (Nziyane, 2010:277). The Children's Act, Act no. 38 of 2005, and the Policy on Financial Awards to non-profit organisations (NPOs) followed the lack of proper implementation strategies and guidelines for programmes and projects that affect CHHs

(Skhosana, 2013:177). Regardless of the lack of specific service provision guidelines, it is still the duty of the national and provincial DSD to play a key role in the delivery of social welfare services with the sole aim of protecting and promoting the development of vulnerable children regardless of obstacles caused by the availability or non-availability of funding for the service providers (Streak, Dawes, Ewing, Levine, Rama & Alexander, 2008:93).

In 2010, the DSD conducted an assessment on CHHs and concluded that they (CHHs) had special societal, emotional and financial needs which made them susceptible to emotional, physical, financial and sexual abuse (DSD, 2010a:7). In response to these findings, the Department of Social Development (Media Advisory, 2011) agreed that there was a gap policy and guidelines supporting social workers in rendering adequate services to CHHs and that there were plans in place to support both the social workers and the CHHs. During the departmental budget vote of 2011, the Minister of DSD, Ms Bathabile Dlamini, announced that plans were implemented to address the high caseloads and high social worker turnover by recruiting and training at least ten thousand child and youth care workers (CYCWs) to support children living in CHHs (Department of Social Development: Media Advisory, 2011).

Social workers offer individual, group and community services to CHHs. These services are rendered to guide and assist CHHs to manage their problems through specialised services such as psychosocial support. Social workers also help CHHs to develop their unused opportunities through the strengths-based approach (Nziyane, 2010:10). All of these efforts are aimed at ensuring that children in CHHs are treated well and not abused, and in cases where abuse has occurred, they should be supported emotionally (DSD, South African Social Security Agent [SASSA] and United Nations Children's Emergency Fund [UNICEF], 2010:92).

In some cases children have no traceable relatives and present relatives may not be willing to take care of them. In these cases social workers can mediate or facilitate unrelated foster care placements. In essence, the role of the social worker is supposed to be that of an advocate, mediator and counsellor, providing bereavement sessions, relief programmes and offering support and guidance where necessary (Kebede, 2015:29). Although the role of the social worker is clearly stipulated in the DSD guidelines there are still visible gaps in the efficiency of service provision that "the way in which the children's rights are articulated is too broad and the procedure to access these services is undefined" (Skhosana, 2013:177). Social workers proceeded to caution that, although the Children's Act, Act no. 38 of 2005, takes cognisance

of the rights of the children, "the failure by the government to implement effective programmes makes these rights hollow and meaningless" (Skhosana, 2013:177).

There is a need for better legislation and support designed to assist CHHs through their stages of development, as they do not have parental structures to assist them (Ruland, Finger, Williamson, Tahir, Savaraiaud, Schweitzer & Shears, 2005:10). Social workers are seen as agents closing this gap by providing advice and support on issues such as the child support grant (CSG) to children who are eligible for the service, inform CHHs on how to access assistance and educate them on how to use the social grant (DSD, SASSA & UNICEF, 2010:92).

In as much as social workers are closing the parental gap, it is apparent that they face a challenge on how to protect the rights of children in CHHs (Mkhize, 2006:21) due to lack of human resources, such that the majority of children placed in foster care actually come from CHHs (Nziyane, 2010:14) regardless of the fact that they may be in need of a different service, not only foster care.

Positive and negative reports were advanced by social workers in a report by the DSD, SASSA and UNICEF based on research conducted in four provinces, namely the Eastern Cape, Gauteng, KwaZulu-Natal and Limpopo (DSD, SASSA & UNICEF 2010:93). The research briefly indicated that social workers have assisted many CHHs with various domestic problems; however, their intervention is sometimes limited due to lack of financial resources like a vehicle for travelling to the service user. Therefore, in cases where the vehicle is available there is no petrol (DSD, SASSA & UNICEF 2010:93). With the findings stated by Mkhize (2006:21) and Nziyane (2010:14) it was apparent that social workers did not have any practice guidelines on how to address the situation. Hence, the current study sought to explore the nature of social work services provided to CHHs, and the findings are presented in chapter four of this report.

In 2015, the study to understand the nature of social work services rendered to CHHs was conducted in Virginia, a small mining town in the Free State province. Virginia has a population of approximately 122 502 according to the population laboratories (2013). The mines in Virginia are a source of employment for many people who live in and around this town. The biggest township in Virginia is Meloding and has the highest population of 44 362

(Statistics South Africa, 2016). Thirty point seven percent (30.7%) of this population is made up of children between 0-14years and some of these children constitute the CHH population (Statistics South Africa, 2016). It is unfortunate that there were no statistics for CHHs at the time of writing this report.

1.2 Problem statement

A problem statement is an issue of concern in any area where there is a gap in knowledge (Burns & Grove, 2009:68) in literature, theory or practice that leads to a need for the study (Creswell, 2009:50). Various reports have been produced on CHHs and the topic has been a cause for concern from the time CHHs were first observed in the 1980s. The dangerous situations in which children find themselves have been written about (Kapesa, 2015:40). However, there has been limited research on the nature of the social work services rendered to CHHs.

Due to the increase of CHHs the South African government, through the DSD, has assumed the role of caregiver. It offers financial support to orphans and vulnerable children through payment of grants which provide an earning to families who do not have an income. There has been much concern within government and civil society that the number of children living in child-only households is escalating and that kinship networks are stretched to their limits (Hall & Meintjes, 2010:26). The DSD, together with SASSA, is then using the foster care system to assist CHH (Social Assistance Act No. 59 of 1992).

Some primary and secondary schools in Virginia offer children food during tea and lunch breaks. The efforts show how the government is involved in the lives of CHHs. These efforts are coupled with scholarships, learnerships and bursaries that are offered to qualifying students at tertiary level. However, the challenge is that CHHs are increasing rapidly, especially in the mining community of Virginia. It is not ideal for any child to live without an adult resident. Unfortunately, over half (59%) of all children living in CHHs are aged between 15 and 18 years, and they make up 3% of the child population.

Research conducted in 2004 by Rosa (2004:17) stated that children in CHHs were not able to access the CSG because, in practice, only caregivers with an identification document could apply for a CSG and those who could apply were sometimes accused of misusing the grant. The researcher's experience in Virginia showed that CHHs could also not access the Foster

Care Grant (FCG) because children should be placed in formal foster care with an adult after a court order had been issued for the FCG to be payable. CHHs experience challenges, as they may not have an adult who is eligible for an FCG (Rosa, 2004:17). The lack of documentation by service users is one of the issues that negatively impact the quality of services rendered by social workers.

This research then seeks to understand the nature of social work services rendered to CHHs, considering that some practitioners have high caseloads while others leave the profession. In this study, the problem statement is expressed as follows:

There is a dearth of information on the experiences and perceptions of social workers regarding the provision of services to CHHs in Virginia in the Free State Province.

1.3 Motivation to the study

Motivation for undertaking research was derived from the research by Mkhize (2006) and Nziyane (2010). These studies showed that social workers encountered a number of challenges when rendering child protection services to CHHs (Mkhize, 2006) and that the quality of their services was highly affected by huge social work caseloads (Nziyane, 2010:250). Nziyane (2010) developed practice guidelines for social workers for the integration of CHHs into extended families in Mpumalanga (and subsequently South Africa as a whole) following an identified gap in service delivery.

The researcher was working in a child protection organisation in Virginia in the Free State for five years where she encountered more than thirty CHH cases. This experience indicated that CHHs were given blanket services that were given to orphans and other vulnerable children regardless of the fact that these groups of people are not the same by definition, and orphans do not necessarily end up taking care of their siblings. Other vulnerable children still have adult supervision at home. An orphan can be one child with no siblings, and by definition a CHH has siblings and has responsibility over them. Offering these groups of people blanket services deprives them of individualism.

Having observed the increase in the number of CHHs and reading research reports published by the national DSD, SASSA and UNICEF (2010) in which the quality of social work services

were presented, the researcher was motivated to make an inquiry on the nature of social work services rendered to the CHHs.

The following section will focus on the research question, goal and objectives of the study.

1.4 Research question, primary goal and objectives of the study

1.4.1 Research question

In qualitative studies, a research question is a statement about that which researchers want to find out by undertaking the study (De Vos, Schultz & Patel, 2011:80). It serves to guide the research and it is the question the researcher seeks to learn about, understand, probe and answer (Blaikie, 2010:56; Maxwell, 2013:75). This is the broad and overall question that asks for an exploration of the central phenomenon (Creswell, 2009:129).

At this stage the researcher makes the research problem researchable by defining the nature and scope of the research (Blaikie, 2010:56). The researcher decides what is crucial, what needs to be included in the research and what needs to be left out (Flick, 2007:22). It is therefore the starting point of the research process, as it helps researchers to determine the research goals and objectives (Royse, 2008:21).

For this study, the broad overarching question derived from the topic was:
What is the nature of social work service rendered to child-headed households in Virginia in the Free State Province?

1.4.2 Research goal and objectives

Goals are defined as the desired end results and reasons why effort and ambition are directed into the study (Sullivan, 2009:324). Goals in research refer to what a researcher seeks to achieve through the research process (Hennink, Hutter & Bailey, 2011:34). They guide the research and the researcher towards the intended destination (Maxwell, 2013:23) by helping determine the reason for doing research (Creswell, 2007:98). Goals, therefore, need to be measurable, meaningful, time-based and linked to the values and programme, bearing in mind that well-defined goals lead to an inspired and well-guided study (O'Sullivan & Dooley, 2009:73). Goals and objectives are often used as synonyms, as their meaning is closely related. They serve as guidelines as to where the research is going and the intended end result. The goal for the study was:

- To develop an in-depth understanding of social work services rendered to child-headed households in Virginia in the Free State Province.

Objectives tell researchers in practical terms exactly what needs to be investigated (Babbie, 2007:114), as they set the purpose and focus of the study (Creswell, 2009:118). The objectives of the study are meant to break down the goal into immediate steps to be attained from the research. Hence, the research objective of this investigation was:

- To explore and describe the nature of social work service rendered to child-headed households in Virginia in the Free State Province.

The task objectives were:

- To obtain a sample of social workers who provide services to child-headed households in Virginia.
- To collect data by conducting semi-structured interviews facilitated by open-ended questions with the sample of social workers in order to explore the nature of social work services rendered to child-headed households.
- To sift, sort and analyse the qualitative data gathered using Tesch's eight steps (cited in Creswell, 2009:186).
- To describe the nature of social work services provided to child-headed households in Virginia.
- To analyse and interpret the data and conduct literature control in order to verify data.
- To draw conclusions and make recommendations on how to improve social work services to child-headed households.

1.5 Research methodology

A research methodology is the "systematic, theoretical analysis of the methods applied to a field of study" (Berg, 2009:5). It entails the set of rules and principles followed in executing this research (Sullivan, 2009:324), namely the research approach, research design, population and sampling, preparation of participants for data collection, the data collection process, pilot testing, data analysis, data verification and ethical considerations (Brynard, Hanekom & Brynard, 2014:38).

The study is based on a qualitative research methodology, a method which seeks to comprehend participants in their natural setting by interpreting a social phenomenon in terms of the meanings participants attach to it (Denzin & Lincoln, 2011:4, 24). The researcher therefore wants to see the world or the phenomenon through the participants' eyes (Litchman, 2010:5) to obtain their lived experiences and a deeper understanding of their thoughts and feelings (Royse, 2008:27). This way the researcher can view participants in an unbiased environment and subsequently produce unbiased rehearsed results (Hayhow & Steward, 2006:476).

This section consists of methods, blueprints and roadmaps that the researcher employed to in planning the research, data gathering, to render their work open to replication, repetition, and/or adaptation. A more detailed explanation on how and where the research was carried out is presented in chapter three.

1.6 Ethical considerations

Qualitative research methods raise ethical issues based on the fact that there are human beings involved who are the objects under scrutiny (De Vos et al., 2011:113). Their thoughts, perceptions, emotions and answers might be audio- or video-taped, and in some cases there is even participant observation (Babbie, 2009:328). Ethics is a professional researcher's behavioural guide (Guthrie, 2011:15), as it points out what is morally right and morally wrong (Neuman, 2014:78).

At all stages of research and practice, social workers need to be aware of the ethics, as ethical awareness is a fundamental part of the professional practice of social workers (International Association of Schools of Social Work, 2012). Research ethics has therefore guided the researcher on how to interact with the participants (Mack, Woodsong, MacQueen, Guest, & Namey, 2005:9) with integrity (Guthrie, 2011:15) and respect for their rights, needs, values and desires. This was visible in the way the research was planned and conducted (Babbie, 2009:328). The researcher's conduct was guided by the ethical principles discussed below.

1.6.1 Voluntary informed consent

In social sciences research, no participants should be part of a research study without their knowledge and ultimately their consent (Flick, 2007:49). Informed consent is therefore the agreement entered into with the participant having full knowledge of the goals of the research, the expected duration as well as possible advantages and disadvantages of his/her involvement in the research (De Vos et al., 2011:117). Honestly answering questions related to the study is

part of acquiring informed consent, as this sets the participants' minds at ease and ensures that they have full knowledge of what is expected of them (Christensen, Johnson & Turner, 2015:136). Participants need to be fully aware of the meaning of participating in a research study, and decisions to participate are both conscious and deliberate (Mack et al., 2005:11). It entails informing the participants about the purpose and basic procedures of the study (Flick, 2007:49) without making potential participants believe that they are mandated to participate in the study (De Vos et al., 2011:117). The most important part is to ensure that participants participate voluntarily and are not under any pressure to do so (Curtis & Curtis, 2011:15).

In establishing informed consent, the researcher identified herself and individually informed participants about the research, the topic, the expected duration of the interviews and the intended use of the data (De Vos et al., 2011:117). All questions of the participants pertaining to the research were also answered at this stage. For record-keeping purposes and to document understanding of informed consent, a contract detailing the purpose of the research was drafted (Flick, 2007:72). Addendum A was therefore drafted and used, including the above-mentioned information and the information of the supervisor. Informed voluntary consent was gained from participants, and they received copies thereof (Brynard et al., 2014:96). The consent forms were all signed by the participants and the researcher.

1.6.2 Anonymity and confidentiality

Anonymity in research means keeping the identity of the participant a secret (Christensen et al., 2015:134). Anonymity cannot be separated from confidentiality, meaning only the researcher and possibly a few other relevant people (such as the researcher's supervisor, promoters, a translator or an independent coder) should be aware of the identity of participants (Babbie, 2009:67). These people also make a commitment of keeping the identity of participants confidential (Babbie, 2009:67).

The researcher obtained anonymity by protecting the participants;'identities through the use of pseudonyms for the participants. They were also named by using chronological alphabetical letters (Grady, 2008:198) and that is ultimately keeping the participants' names confidential.

Confidentiality is the act of and a means implored to obtain anonymity (Christensen et al., 2015:135). It is the act of privacy and secrecy of participants' information (Babbie, 2009:67). This implies that researchers will not use details that will let the participants be identified

(Guthrie, 2011:20). Results presented should not link any participant to any answer (Beins, 2013:241). This means, although the researcher knows participants by name, these names cannot be released (Christensen et al., 2015:135).

Confidentiality was maintained throughout the research. Starting from field notes which were all coded (Flick, 2007:75) using the alphabetical letters A to M, the researcher ensured that the data gathered was kept confidential by not divulging information shared by the participants with other people except the professional independent coder and the study supervisor. In addition, the researcher locked away the transcripts and field notes. In this way, the participants remain anonymous.

1.6.3 Management of information

Management of information entails the aspects of security, how data is kept and how participants' identities are recorded (Flick, 2011:220). This is not only essential to the security of participants but also to the validity of the research, as this starts from initial data collection to transcription of interviews up until the stage of data analysis (Curtis & Curtis, 2011:41). The management of information also entails keeping the participants' information confidential and anonymous at all stages of collection, storing, analysing and presenting data (Flick, 2011:220).

Data collected was labelled using the alphabet, according to the same convention placed together in one large envelope, typed into computer files, and tapes were transcribed by the researcher by hand into a computer (Mack et al., 2005:37). In order to minimise the risk of access to data by unauthorised persons, the researcher locked research records in a steel cabinet and used password protection for data stored electronically (Flick, 2011:220).

All the research records will be disposed of five years after the research.

1.6.4 Debriefing of participants

Debriefing of participants is an ethic described as a session whereby the participants are given a chance to discuss and work through the aftermath and experience of the research process (De Vos, Strydom, Fouche, & Delport, 2005:66). This entails interviewing participants to learn about their experiences and probe to see if they have been harmed or damaged by the research process (Babbie, 2009:70). Harm to participants can include physical, emotional, stress, one's esteem and in most cases there is a potential of harm in qualitative research (Bryman, 2012:135). Therefore, the researcher has to foresee this and minimise the harm. This research therefore had potential of emotionally harming participants, as the research requested

participants to discuss work-related challenges. Challenges discussed are presented in chapter four and these included social workers' salaries, and frustrations caused by lack of human and financial resources.

A professional social worker with more than ten years of experience was consulted to help with debriefing the participants. Five participants were referred to this service, as they felt they had reflected on emotional aspects and needed help. Most of the participants felt they would be victimised for supposedly exposing their employers which included the various management committees and the Department of Social Development. With this, participants were assured that confidentiality would still be maintained and no-one would be exposed to victimisation due to this research.

1.7 Clarification of key concepts

In any research, the researcher has concepts that he or she uses in the research process that should be defined and provide an explanation of their meanings in the study (Babbie, 2007:124-125). The researcher clarified the conceptual meaning of the concepts as well as their operational meaning relevant to this research study in the section below.

- **Child**

A child is an individual who is cared for, taught and in need of guidance and protection due to the absence of maturity to comprehend certain rules and responsibilities (Berns, 2007:15). The Children's Act No. 38 of 2005 defines a child as any person under the age of 18 years. This definition of a child is supported by international organisations such as the United Nations which refers to a child as "every human being below the age of eighteen years of age" (MacLellan, 2005:14). The main defining factor of a child in this regard is the age. Therefore, in this context, the term 'child' refers to any person, male or female, whose age is between 0 and 18 years.

- **Household**

A household is a unit that traditionally accommodates a group of people who share the physical space and eat together. Their interaction can include other aspects such as culture, religion and social interpretations of a specific country (UNICEF 2000:7). Although this group of individuals can share parents, it is important to note that a household and a family are not synonyms and do not necessarily mean the same thing, as a family includes people who are

related while a household could be a person or group of people who live and eat together regardless of biological relation (Mogotlane et al., 2008:33; White Paper on Families, 2012:11).

In the context of this research study, a household refers to a group of children under 18 years residing in the same home and eating together.

- **Child-headed household**

A child-headed household is defined as an entity where a child or youth has taken charge of a household in terms of decision-making and is responsible for meeting the physical, social and emotional needs of those living in the household (DSD CHH Briefing Paper, 2009:12). A household also entails individuals who share a residence and are involved in continuous and intense social interaction which is based on loyalty and authority (Mkhize, 2006:13). In the context of this research study, a child-headed household refers to a household in which children from approximately 14 to 18 years assume the role of an adult caregiver in respect to the household and the siblings.

- **Social work**

According to the International Federation of Social Workers and International Association of Schools of Social Work (IFSW & IASSW, 2012), social work is a:

> "practice-based profession and an academic discipline that promotes social change, development, social cohesion, the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work and these are underpinned by theories of social work, social sciences, humanities and indigenous knowledge, social work engages people and structures to address life challenges and enhance wellbeing".

Morales and Sheafor (2004:35) define social work as "the professional activity of helping individuals, groups or communities to enhance or restore their capacity for social functioning and creating societal conditions favourable to that goal". The South African Council for Social Service Professions (SACSSP) states that social work is both an academic discipline and an evidence-based profession that promotes development and empowerment of people, positive

social change and social cohesion. For the purpose of this study, the comprehensive IFSW & IASSW definition has been adopted.

- **Social worker**

A social worker is a professional person who helps others to resolve problems, obtain resources, provides support during crises and facilitates social responses to the needy (DuBois & Miley, 2011:3). The Children's Act No. 38 of 2005 defines a social worker as a person who is registered or deemed to be registered as a social worker in terms of the Social Service Professions Act No. 110 of 1978, registered by the SACSSP, provides social services roles, functions and responsibilities within a stipulated set of values and norms (SACSSP, 2016).

1.8 Structure of the report

Below is the outline of the report from the introduction and background of the research, the research methodology, the presentation of findings, and the conclusions and recommendations of the research.

1.8.1 Chapter One: Introduction and background

This first chapter introduced the topic to be researched, and provided a background on the topic, problem formulation and motivation for the study. The chapter continued to indicate the research goal and objectives of the study, its theoretical framework, the methodology used, research questions, ethical considerations and clarification of key concepts.

1.8.2 Chapter Two: Theoretical perspectives on CHH services

The chapter focuses on the theoretical perspectives guiding and directing service provision in CHHs.

1.8.3 Chapter Three: Application of the qualitative research process

This chapter gives detailed information on how the research has been carried out, with whom and where. It dwelt on the qualitative approach utilised at this stage. Various sub-headings, including research design, methodology, data collection, sampling procedure, instruments as well as the validity and reliability of the study will be presented at this stage.

1.8.4 Chapter Four: Presentation of findings

This chapter consists of a detailed description of the results of the study. It explains the findings and how the researcher has reached her findings. As indicated by the research methodology, the qualitative method was used to explain the findings. The findings were then compared and contrasted with existing literature pertaining to this study.

1.8.5 Chapter Five: Summaries, conclusions and recommendations

With the findings presented in chapter three, in this chapter the researcher presents the summary of the findings, conclusion and recommendations on the research question in line with the methodology.

The following chapter describes theoretical perspectives used in child protection.

CHAPTER TWO

THEORETICAL PERSPECTIVES ON CHILD-HEADED HOUSEHOLDS SERVICES

2.1 Introduction

This chapter presents a literature review on the perspectives or approaches used by social workers in child protection services. The social work profession addresses the social functioning of human beings (Ambrosin, Heffernan, Shuttlesworth & Ambrosin, 2012:41) with the aim of promoting social change (IASSW/IFSW 2000). Principles of human rights and social justice are fundamental to social work (Welbourne, 2012:71). Utilising theories of human behaviour and social systems, social work intervenes at the points where people interact with their environment. In more cases than not, social workers tend to take a broad and holistic social perspective leading to a better understanding of the service users' situation (Trevithick, 2012:8). In so doing the social worker has to develop skills in direct practice, community organisation, and research as well as administration and planning.

The social work profession seeks to help individuals, families, groups and communities to solve their problems and attain a better level of social functioning (DuBois & Miley, 2011:3 ; Hare, 2004:417). It recognises the importance of the family in promoting an individual's well-being and development (Berns, 2007:21). As such, the provision of family preservation services strives to enhance family functioning guided by social work practice perspectives such as the strengths perspective, empowerment approach, ecological approach and systems theory (Cash, 2008:483; Walker, 2012:6).

2.2 Services to child-headed households

Child-headed households receive services under the child protection geared to prevent dangers from happening to children and protect them in case of impending harm. The national norms and standards for child protection include prevention and early intervention programmes, assessment of a child; after-care, foster care services, integration into alternative care, adoption services and child-headed households (Children's Act No. 38 of 2005). These services are aimed at strengthening families and making them able to withstand and rebound from the disruptive life challenges (White Paper on Families, 2009:3).

2.2.1 Child protection services as prevention services

Prevention programmes are designed to empower and support families in order to prevent them from receiving intensive services from professionals. Prevention services are therefore provided to prepare, strengthen and capacitate children by giving them tools to address problems that are bound to occur in the family environment which, if not attended to them being removed from the family environment (White Paper on Families (2009:3). The purposes of prevention services emanate from preservation of the family structure and to avoid the removal of children from their families (Children's Act No. 38 of 2005).

2.2.2 Child protection services as early intervention services

Early intervention refers to making a difference in children's lives before any harm is done on to them (Busch-Rossnagel, 2006:52). Early intervention programmes involves a variety of services and programmes created for young children and their families to meet educational, social and health needs to promote enhanced learning, social, and communication outcomes (Salkind, 2008:96). During early intervention, services focus on the developmental and therapeutic programmes to ensure that families at risk are kept together as far as possible and are prevented from entering and receiving services at statutory level. Early intervention is therefore developmental and therapeutic in nature (White Paper on Families, 2009:38). The services are based on the promotion of appropriate interpersonal relationships within the family, the well-being of children and the realization of their full potential (Children's Act No. 38 of 2005).

2.2.3 Child-protection services as statutory intervention services

Statutory intervention is a period of time during which families are waiting for the outcome of a legal or court procedure (White Paper on Families, 2009:38). Child protective services agencies are responsible for investigating allegations of abuse and neglect for children under 18 years as stipulated by the laws and regulations (Muscat, 2010:87). In this regard, statutory services are rendered when a child has been found to be in need of care and protection. The statutory basis for governmental intervention which gives the court the right to act as a parent of a child when the parent is unable or unwilling to do so (Muscat, 2010:87). The Children's Act No. 38 of 2005 stipulates the criteria used to identify a child in need of care and protection. Among these is a child in a child-headed household.

2.2.4 Child protection services as preservation services

Preservation services are narrowed down to reunification and aftercare. Aftercare services are services rendered to the biological family or the family of origin in order to address the risk factors that had caused the removal of a child and thereby assisting the rest of the family in transitional period after the removal in order to bring stability and proceed with the reunification process (White Paper on Families, 2009:38). Services delivered at this level are aimed at integration and offering support to enhance self-reliance and promote the well-functioning families. The ultimate goal will be that family members be reunified and that services on prevention and early intervention level be delivered to keep the family together (White Paper on Families, 2009:38).

Different theoretical perspectives are used at all levels of intervention. Below is a discussion of perspectives used by social workers in child protection services.

2.3 Theoretical perspectives on child protection services

Social work perspectives are frameworks that social workers use to understand social problems and issues that individuals and families face (Ambrosin et al., 2012:4; Trevithick, 2012:2). Theoretical perspectives reflect the way in which social workers think about and interpret events, and the actions they take in practice (Gray, 2010:97). These perspectives can be taken at an organizational level depending on the resources social workers have in the community (Trevithick, 2012:2).

Various theoretical perspectives are used to explain child protection services, namely the crisis intervention model, the social development perspective, the empowerment perspective, the ecological perspective, the human rights perspective and the systems perspective. The focus or contribution of each theoretical perspective to child protection services is discussed below.

2.3.1 Crisis intervention theory

A crisis is an emotionally traumatic event (Holcomb, 2006:98) characterised by periods of disequilibrium and confusion (Roberts, 2000:23). Crisis situations are unanticipated, random and therefore often linked with misunderstanding and uncertainty (Chirban, 2006:95). In such situations, social workers have to use the crisis intervention approach.

The primary goals of crisis intervention services include the need to retain the state of equilibrium; the need to reduce the intensity, frequency, and the duration of symptoms of

distress, recovery and restoration to, at least, pre-crisis levels (Cournoyer, 2012:248). This method is used during or immediately following unanticipated traumatic events and, when anticipated, prior to them as well (Cournoyer, 2012:248; Poland, 2005:128) in order to stabilise the stress in families soon after the occurrence of a traumatic event. From a crisis intervention perspective, the provision of child protection services seeks to stabilise the crisis situation that could cause children in need of care and protection to be removed from their families (Strydom, 2010:194). Many causes for CHH results in crisis situation and this is followed by trauma and instability. Social workers then use the crisis intervention perspective to restore pre-crisis mode.

2.3.2 The social development approach

Social development offers a macro-perspective on social policy and seeks to purposefully link social and economic policies within a comprehensive, state-directed development process, involving both civil society and business organizations in promoting development goals (Conley, Conley & Conley, 2010:1093). The functions of social work are to assist individuals, societies, communities and institutions of society by emphasising the need to invest in the community (Conley et al., 2010:1093).

The social development approach recognises that the family in all its forms is the basic unit of society and plays a pivotal role in the survival, protection and development of children including CHH, at all stages of development (White Paper on Families, 2009:37). The focus of this approach is the need to promote people's welfare and social well-being without creating dependency. Therefore this approach supports and strengthens the capabilities of CHH and allows them to meet their needs without being solely dependent on the government or other entities (Conley et al., 2010:1093).

2.3.3 Empowerment perspective

Empowerment is the opportunities a person has for power, choice and responsibility (Haar, 2006:43). The process of empowerment allows individuals to develop the competence to be responsible for their own growth and to resolve their own challenges. The empowerment theory enables people to feel motivated to accomplish their goals while feeling a sense of self-determination, self-efficacy and an ability to bring about positive changes (Dass-Brailsford, 2007:77). CHH encounter traumatic response which is viewed as a disruption in the normal

process of stress recovery, through the use of the empowerment perspective, CHHs are free to make choices (Haar, 2006:43).

Such a perspective can direct healing and promote the service user's empowerment, safety, mental health, and well-being (Dass-Brailsford 2007:43; Jack, 2012:129). Empowerment in CHHs involves increasing and strengthening personal effectiveness so that the children are able to take advantage of available opportunities, while reducing negative outcomes and barriers to their development and adaptation to change (Dass-Brailsford, 2007:77; Haar, 2006:43).

2.3.4 Ecological perspective

The ecological approach is the mutual accommodation between human beings and the immediate environment they occupy (Dass-Brailsford, 2007:78). This model focuses on both internal and external factors and does not view people as passive reactors to their problem but as actors, participants and agents of their own change (Zastrow, 2013). A person does not act or exist in a vacuum therefore social workers adopting the ecological view focus on the dynamic interaction between the child-headed family and aspects of their social environment (Fondacaro & Fasig, 2008:355). In trying to understand the child in a CHH, social workers are bound to study the relationship between children and their environment hence, they use the ecological approach.

The ecological perspective helps social workers to understand the way in which all the different elements of people's lives influence their interactions and shape their behavior and circumstances (Jack, 2012:130). This perspective focuses on human development and helps the social worker to focus on the interaction between nature and nurture (Dass-Brailsford, 2007:78; Salkind, 2005:302). Social workers regularly find themselves in situations in which the needs of CHH need to be assessed to determine the services or interventions that will help to safeguard them from harm and promote their well-being (Jack, 2012:130). When social workers use the ecological perspective in service delivery, their focus is on observing the interaction of children living in CHHs and their surrounding communities (Dass-Brailsford, 2007:93). The study of this relationship determines the type of service to be rendered to the family. These different elements include neighbours, family structure, number of children involved and how they are viewed as developing and adapting to the various environmental elements (Zastrow, 2013).

2.3.5 Human rights perspective

The process of human development is largely dependent on the need to exercise basic rights, these ideas are firmly rooted in the Constitution of the Republic of South Africa (1996), which guarantees all citizens the right to dignity as one of its central values (White Paper on Families, 2009:36).The social work profession promotes social change, problem-solving in human relationships and the empowerment and liberation of people to enhance their well-being (Hugman, 2012:372). Principles of human rights and social justice are a crucial part of social work and service delivery in child protection (Hugman, 2012:372; Zivi, 2010:199).

The rights to life and liberty, to freedom of expression and opinion and to participation in decision making are some of the rights that people around the world have come to recognise as human rights (Zivi, 2010:199) and are therefore undeniably crucial in service delivery to CHHs (Arnold, 2008:1096). CHHs need access to these rights and social workers have to exercise roles, for instance advocate roles that enable these children to be aware of these rights and be able to access and exercise them (Hugman, 2012:372).

2.3.6 Systems theory

A system is an entity that contains a set of sub-systems that are working in harmony to achieve defined goals (Deming, Hater & Phillips, 2004:1516). The systems theory emphasises looking beyond presenting the problems of the service user to assess the complexities and interrelationships of problems; therefore wholeness, relationship, and homeostasis are key concepts in the systems theory (Zastrow, 2013). The concept of wholeness means that the objects or elements within a system produce an entity that is greater than the sum of the parts (Deming, et al., 2004:1517; Zastrow, 2013). The systems perspective is a structural approach, in which the family as a whole is considered to be more than its component parts.

The social worker has to look at the children in a CHH as an entity that is greater than the sum of its parts. For instance, the behaviour of one child in the family is likely to affect the behaviour of the rest of the family members (Bevir, 2009:203). For every social system, there is a structure comprising of people in some kind of relationship with one another, people who co-exist and are interdependent (Deming et al., 2004:1522). The systems theory acknowledges the existence of family, neighbours, and other significant factors around the CHH and the role they play in the child-headed families. This perspective thus lays the foundation for an integrated approach

to service delivery (White Paper on Families, 2009:37) for the CHHs and allows the community as a whole to work in the best interest of the CHH.

2.4 Conclusion

The first section of this chapter provided a brief history of child protection services, followed by a discussion on the theoretical perspectives underpinning the provision of child protection services. The perspectives discussed above ranged from focusing on the clients' strengths to viewing the client as a sum of a larger community in order to ascertain the service suitable for the client.

The following chapter will discuss and describe in detail the research method used in this study.

CHAPTER THREE

APPLICATION OF THE QUALITATIVE RESEARCH PROCESS

3.1 Introduction

This chapter provides detailed information on how the research was carried out, with whom and where. Clarification is provided on the application of the research approach, research design, sampling techniques, data collection, pilot testing, data analysis, as well as data verification. The major aim of this study was to understand the nature of social work services rendered to child-headed households in Virginia in the Free State Province.

3.2 Research methodology

A research methodology is the map that directs a researcher in what he or she needs to do (Lugovskaya, 2009:1365). It is a systematic approach that assists the observer in describing life experiences and situations, and gives them meaning through a series of field notes, interviews, conversations, recordings and process notes (Denzin & Lincoln, 2011:31). It also consists of approaches that seek to understand the behaviour and lifestyle of individuals involved in the research (Creswell, 2013:45). A research methodology refers to the rationale used to direct a research study and to determine the procedures to be followed in addressing the research problem (Wisker, 2008:65, 67). The rationale used to govern this study is discussed in detail below.

3.3 Research approach

A qualitative approach is a multi-perspective approach that attempts to understand participants or social settings in their natural manner by interpreting a social phenomenon in terms of the meaning attached to it (Creswell, 2014:44; Denzin & Lincoln, 2011:24). This approach allows the researcher to identify many factors involved in the problem under study, to develop a complex picture of the problem and to report on multiple perspectives (Creswell, 2009:176). The approach seeks to address various research traditions and analytic practices used by researchers in a wide range of social phenomena (Locke, 2007:651) with the focus on words rather than numbers in both data collection and data analysis. This type of research is inductive in nature, and concerned with richer description and meaning than causal connections and generalisations (Graves, 2007:729; Lugovskaya, 2009:1364).

There are various goals for conducting qualitative research, the major one being a need to understand how individuals being studied make meaning of themselves or how they translate the phenomena being researched (Graves, 2007:729). The approach was deemed appropriate in describing and explaining the nature of the social work services offered to CHHs.

The characteristics of the qualitative research approach are categorised as the general framework which seeks to explore a social phenomenon (Mack et al., 2005:3). Below are the characteristics of qualitative research.

Qualitative research studies the meaning of people's lives under real-world conditions (Yin, 2011:7). Therefore, this type of research tends to collect data in the field at the site where participants experience the issue or problem under study (Creswell, 2009:131). Interviews were conducted in the participants' offices. The social workers' offices were identified as convenient with few distractions and where participants felt at ease to talk freely (Hennink et al., 2011:121).

Qualitative research covers the contextual conditions within which people live (Yin, 2011:7) by building and explaining a complex and holistic view of a social phenomenon (Creswell, 2009:131). In order to understand the meaning participants attach to their service provision, open-ended questions were asked.

Qualitative research represents the views and perspectives of the people (Yin, 2011:7). The approach was therefore appropriate to explore this phenomenon. With the use of open-ended questions, the researcher received rich information on personal experiences, norms and relationships shared during service delivery (Mack et al., 2005:4).

Below is the presentation of the research design that was utilised in this research.

3.4 Research design

A research design is a plan or blueprint that provides the sequential steps that directs the researcher in addressing the research problems and questions (DeForge, 2010:1254; Flick, 2007:36). It is this stage which directs the different activities covered in the research process (DeForge, 2010:1254; De Vos, 2005:132; Stewart, 2014:247) that is from data collection, selection of instruments to be used until the process of data analysis (Flick, 2007:37). It further details the way a research idea is transformed into a research project through having a strategy of scientific inquiry which is used to provide answers to the research questions posed by the

research study in order to fulfill the goal and objectives of the study (Babbie, 2007:87). Ultimately a research design describes what the researcher seeks to probe and how he/she will conduct the process (Babbie, 2008:96).

The researcher utilised the explorative, descriptive and contextual research designs in order to comprehend the services rendered to child-headed households in Virginia.

3.4.1 Exploratory research design

Exploratory studies are a mode of inquiry that seeks to inquire, examine and explore a new phenomenon or event where relatively little is known (Babbie, 2007:88; Bless, Higson-Smith & Sithole, 2013:60; Neuman, 2011:38). This method is used when a researcher seeks to generate a foundation of general ideas which can be explored in greater depth at a later stage (Babbie, 2007:88-89). Exploratory research is conducted to ascertain how people interpret their settings, how they get along, their concerns, viewpoints and the meanings they attach to behaviour traits (Grinnell, 2001:29). It further focuses on getting basic facts, creating a mental picture of the situation and generating new ideas (Neuman, 2011:38).

In cases where there is a dearth of basic information, a new area of interest or a lack of knowledge in existing phenomena it is recommended that the researcher conduct explorative research (Babbie, 2009:92; Royse, 2008:29). The researcher therefore needs to familiarise him- or herself with the concept or phenomenon in order to formulate a research question and probe into the situation (Bless et al., 2013:60).

In using this design, the researcher sought to explore and provide an in-depth understanding of the nature of services rendered to CHHs. This research design was therefore implemented to explore the nature of social work services rendered to CHHs in Virginia in the Free State Province. The "what" questions were asked in order to gather information on meanings attached to the nature of services rendered.

An exploratory research design was necessary because little was known about the nature of social work services participants rendered to CHHs. The semi-structured interviews used to gather information helped the researcher to acquire information from the participants and to gain insights into the phenomenon under study.

3.4.2 Descriptive research design

Descriptive designs usually follow exploratory designs in the sense that they aim at accurately and precisely describing the variables or characteristics that were identified through the use of the exploratory research (Babbie, 2009:93; Yegidis & Weinbach, 2012:109). Descriptive research design seeks to paint a picture of specific details of a situation; it describes who is experiencing the problem, how widespread the problem is and how long the problem has existed (DeForge, 2010:1255; Given, 2007:251; Neuman, 2011:38). It allows participants to share their emotions, and the researcher is given an opportunity to capture these emotions from their perspectives (DeForge, 2010:1255). Questions on what is going on are answered through the description of features and characteristics of a condition or a phenomenon (Boudah, 2011:152). The focus is on the facts that best describe or elaborate the situation, or current or past events (Given, 2007:251). It is concerned about the participants and their environment, interactions, meanings and everyday lives (Rubin & Babbie, 2010:134).

The researcher observed and then described what was observed. In this instance, the descriptive research design for this study assisted the researcher to describe the data gathered, thus providing rich and relevant information about the participants' experiences and perceptions on the services to CHHs.

3.4.3 Contextual research design

In qualitative research, the context of the research, the social and physical setting of a human being, is of great significance to their behaviour patterns, as they are likely to be affected or influenced by exterior aspects of their environment such as schedules, space, salary, rewards, norms, traditions, roles and values (Marshall & Rossman, 2011:91). Contextual research designs are therefore designed to focus on specific events in natural uncontrolled real-life situations that are free of manipulation (Burns & Grove, 2009:32). The use of contextual research design in this research enabled participants to answer questions comfortably and without rehearsing (Kim, 2006:202).

When utilising a contextual research design, the focus is on identifying and understanding how the context of the participants' lives shape their experiences, perceptions and behaviour (Hennink et al., 2011:9). This research was conducted in the work settings where the participants worked. The context, therefore, allowed for both the researcher and the participants to be comfortable with limited distractions. The focus was on identifying and understanding how the context of the participants' lives shaped their experiences, perceptions and behaviour (Hennink et al., 2011:9) in relation to the services rendered to CHHs.

3.5 Population and sampling

A population is a unit of analysis, namely the individuals who possess the qualities from which a researcher seeks to investigate and then makes conclusions from these qualities (Brynard et al., 2014:57). The group of people may be defined as a population due to existing or dominating characteristics that are needed for the study (Taylor, 2008:1030). The definition is narrowed down by Given and Saumure (2008:644) who state that in a research context a population "refers to every individual who fits the criteria (broad or narrow) that the researcher has laid out for research participants". The population for this study comprised all social workers in the government and NGO sector providing services to CHHs in Virginia in the Free State Province.

Since the researcher could not include the entire population in the study, a sample had to be selected. A sample is a subset of cases selected from the entire population (Brynard et al., 2014:56; Durrheim, 2006:49; Yegidis & Weinbach, 2012:180). It is a small set of people selected from a larger pool used in a study to stand for the patterns of a larger group (Neuman, 2011:240; Sullivan, 2009:324). This process is called 'sampling' (Durrheim, 2006:49). By sampling, the researcher makes a decision as to which group of people will be involved in the study (Flick, 2007:39). It is about finding the right people with the right characteristics and qualities needed for the study (Brynard et al., 2014:56; Flick, 2007:80).

In this qualitative study, the researcher purposefully identified and selected a sample that qualified and was willing to provide insight and rich, appropriate and adequate information on the nature of social work services rendered to CHHs (Creswell, 2013:156; Fossey et al., 2002:726), making nonprobability sampling methods to be preferable. A non-probability purposive sampling was used in which the participants were selected on the basis of the researcher's judgment about which ones would be the most useful. The aim was to select a sample of social workers who had experience in rendering services to CHHs, thereby having rich information on the nature of services provided to CHHs by social workers. Thus the researcher had to be careful on defining the population; hence purposive sampling was used.

3.5.1 Purposive sampling

Purposive non-probability sampling, also known as 'judgmental sampling' (Battaglia, 2008:646); was used in this study. This method is a goal-oriented selection of which the main focus is the objection of the study (Morse, 2004:885; Palys, 2008:698). The selection is based entirely on the judgment of the researcher and based on what he/she considers basic units that will be useful in the study (Bless et al., 2013:172). Using purposive sampling requires

establishing the participants' profiles and assessing whether they have the required characteristics for the study (Kolb, 2008:107).

Social workers offering services to CHHs were carefully selected for this research. Thus, the following criteria were used to select the participants:

- Social workers who were working in Virginia
- Social workers who were rendering services to CHHs for a minimum period of two years
- Social workers who had rich information in this area of service delivery
- Social workers who were willing to participate in the study

3.5.2 Sample size

Sample size is a crucial part in the research process, as it has an impact on the accuracy of the sample (Holladay, 2013:815). However, in a qualitative study, the sample size is not predetermined before commencement of the study but is guided by the principle of data saturation (Laher & Botha, 2012:88; Mason, 2010:17), namely the point at which newly collected and analysed data no longer bring additional insights to the research questions (Mack et al., 2005:118). The researcher was therefore concerned about collecting extensive data until a point was reached when forthcoming data no longer added value to the emerging findings (Creswell, 2013:157). Data saturation was reached after interviewing 13 participants. It was assumed that there were no new themes to arise and all crucial aspects of the phenomenon under study had been discussed and captured.

The following section provides information on how the participants have been prepared for the semi-structured interviews.

3.6 Recruitment and preparation of participants

Recruitment and preparation of participants are two of the major processes in qualitative research design. Recruitment is a process that involves identifying and enrolling participants to be part of the study (Kolb, 2008:108; Mack et al., 2005:6). Before collecting data, the researcher had to identify, prepare and recruit the participants for the process of data collection (Curtis & Curtis, 2011:16). The researcher already had a list of potential research participants; therefore, she had to start making contact with the participants and make them aware of the research topic and establishing a rapport with them.

The researcher also consulted the supervisors of potential participants' superiors (Brynard et al., 2014:43) who were the gatekeepers because there was a need to inform them before conducting the research. The researcher wrote letters (Addendum A) to the Department of Social Development, ENGO (Formerly K.M.D. Kerk Maatskaplike Werk) and Child Welfare SA, Virginia requesting permission to conduct the study among social workers. A meeting was then conducted with the supervisors from the different organisations (three in total) and the aim, objectives and methodology of the research were explained.

After permission had been granted by the supervisors (Addendum F), potential participants were approached and informed about the aim of the research as well as its objectives and methodology to be used to enable them to make an informed choice about their participation in the study (see Addendum B). The prospective participants were clarified and requested to give informed consent to take part in the study (Addendum B). Through verbal discussions, the researcher answered the questions participants posed. Written consent in this research was attained by having participants receive a written form that described the research. They then signed the form to document their consent to participate (Mack et al., 2005:11). The form had both the researcher's contact details and those of the study supervisor in case participants needed any clarity.

Confidentiality was also discussed, as the participants needed to know how their responses and identities would be protected. The researcher explained that only the supervisor at Unisa (Prof MDM Makofane in the Department of Social Work) and the independent coder would have access to the transcripts and recordings if required. The participants also signed a declaration (Addendum B) that they entered into the agreement with the researcher with full knowledge of the aim of the research, that they had not been coerced into participating in the study and that their identity would be kept confidential.

Appointments were then made to conduct interviews at a specific time and place convenient for the participants. The location of the interviews was negotiated and the participants opted for their offices where they were at ease to talk freely (Hennink et al., 2011:121). Setting a suitable time for the interviews allowed them enough time to relax during the interview (Hennink et al., 2011:121). In preparing participants for data collection in qualitative research, knowing the participants and establishing rapport should precede data collection. Rapport helped to put participants at ease (Mack et al., 2005:98) and to be comfortable in sharing their views without fear of discomfort (Morgan & Guevara, 2008:729).

3.7 Method used for data collection

Data collection is the logical, precise and systematic gathering of crucial and relevant data pertinent to the research problem by using methods such as interviews, audio-recording and participant observation (Burns & Grove, 2009:373). It is about how the researcher will obtain information that will answer the research question (Maxwell, 2013:147). The process occurs when a researcher engages in activities that are aimed at gathering information that will provide answers to the research question (Creswell, 2009:147). In order to collect data the researcher needs clearly outlined instruments or tools to be used to collect data from research participants (Mack et al., 2005:115). The researcher used semi-structured interviews to gather data from the participants.

An interview guide is a set of questions that are written to guide the interview (De Vos et al., 2011:352). An interview is a two-way purposeful conversation or interaction whereby the researcher asks questions aimed at collecting information about the participants' lived experiences, perceptions and interpretations of the research topic (Nieuwenhuis & Smit, 2012:133). The aim of an interview in qualitative research is "to allow the participant to speak at length, in detail, in ways in which (he is) most comfortable, on a given topic" (Green & Thorogood, 2009:285). In this research, the researcher used face-to-face semi-structured interviews.

Semi-structured interviews are questions organised around specific areas being researched, and they offer both the interviewer and the participants flexibility in scope and depth (Babbie, 2009:93; De Vos et al., 2011:348). The interviews in this research were guided by open-ended questions that were included in the interview guide. The questions allowed the interviewer to seek clarity where necessary and for the interviewees to explain themselves without being limited to a "yes" or "no" answer (Nieuwenhuis & Smit, 2012:133). Open-ended questions allowed for follow-ups and probing (Guthrie, 2011:121). They also provided room for the participants to answer using their own words (Beins, 2013:243).

The researcher retained some control over the direction and content to be discussed, yet participants were free to elaborate or take the interview in new but related directions (Cook, 2008:423). Throughout the interviews, the participants were given an opportunity to give an account of their experiences in rendering services to child-headed households. Firstly, participants were given closed questions that assisted in knowing the client, establishing rapport and setting the participants at ease.

The following biographical questions were asked:

- Gender (observation)
- How old are you?
- How would you like me to refer to you during the interview?
- What position do you occupy at work?
- How many years have you been working with child-headed households?
- What is your highest level of education?

Having attained the biographical information from the participants, the researcher went on to ask open-ended questions that were directly related to the topic. An open-ended question is a non-directive question which allows the participants the freedom to answer the question in the way they deem fit, and it gives them the freedom to pick terms which they feel best describe events and phenomena that are meaningful to them (Roulston, 2008:583). The following open-ended questions were used to gather information from the participants:

- Share with me the nature of social work services you provide to CHHs (probes – at an individual, group and community level).
- In your opinion, which social work services do you find helpful for CHHs?
- What challenges do you encounter when rendering services to CHHs?
- How do you address challenges you encounter when providing social work services to CHHs?
- What suggestions do you have on how to improve social work services for CHHs?

All interviews were conducted in English. All participants were articulate in English as this is one of the official languages in South Africa. Interviews were recorded and verbatim transcripts were used. The following section looks at the pilot testing conducted to familiarise the researcher with the research study methods and procedures.

3.8 Pilot testing

Pilot testing is a purposeful experience conducted by the researcher to test the practicability of the study, testing the relevance of the questions, learning interviewing skills and improving the research questions (Glesne, 2011:56). Pilot tests are defined as dress rehearsals of the larger study. Pilot testing is about examining the techniques and tools that will be used in the larger study (Guthrie, 2011:68), and this stage determines if interview questions work as they are or

if there is a need for changing the question structure, wording or data collection method (Mathew, 2013:101).

Semi-structured interviews were used to collect data. However, interviews in qualitative research are unpredictable (Hennink et al., 2011:121) and therefore need planning and pre-testing (Guthrie, 2011:128). Unforeseen challenges are addressed through the pilot test among participants with the same characteristics needed in the research but to avoid using the same people for the actual research (Hennink et al., 2011:121).

The researcher conducted a pilot test with two colleagues, one based at the Department of Social Development in Kroonstad and another one at a child welfare organisation. The researcher focused on the following issues:

- Did the interviewees understand the questions immediately?

Both participants understood the questions and answered to the best of their knowledge.

- Were sentences and words adapted to the context of the interviewee?

Yes, concepts, sentences and words were adapted to the context of the interviewee to allow for the flow of the interview without completely changing the questions. Where the researcher felt a participant had not fully understood or answered the question, follow-up questions were asked and participants were given a chance to elaborate.

- Do some questions need to be rephrased?

None of the questions needed to be rephrased; however, the question, "Tell me about your involvement with child-headed households", had to be omitted as it came directly after the one that said, "Share with me the nature of social work services you provide to child-headed households". These questions were found to be confusing and the participants provided almost the same answers as well.

- Was the order of the questions logical for the interviewee?

Both interviewees indicated that they found the questions to be logical. However, one interviewee felt that the question on "Tell me your involvement with child-headed households" needed to be omitted. The question was then omitted from the interview guide, as participants gave the same answers they had given to the one on "Share with me the nature of social work services you provide to CHHs (probes – at an individual, group and level)".

- Can the research question be answered by the questions asked?

From the participants' responses the researcher reached the conclusion that the overarching research question had been answered.

- Was the interview guide too long?

None of participants indicated that the interview guide was too long. They said the interview guide was feasible and allowed the participants to answer questions without any restrictions. The interviews took 45 minutes on average.

The responses from the pilot test were assessed in terms of the participants' understanding of the questions, the concepts, the order of the questions, the length of the interview guide and whether the data collected answered the major research question (Hennink et al., 2011:120). The pilot test also gave the researcher a chance to practise interviewing and to apply the necessary interviewing skills (Yin, 2011:37).

The researcher used different interview techniques which started by establishing a rapport with the participants, asking relevant questions, reframing of questions, using probes, empathy and attending skills, and summarising of important facts (Krefting,1991:220). Throughout the interview the interviewer used active listening skills and where necessary asked for clarification, rephrased the question where the participant did not understand and summarised to ensure no concepts were misrepresented.

On ending the interviews the interviewer asked the participants if they had any questions, and she also stressed the need to contact her or the supervisor at UNISA should there be any questions. Participants were thanked and the interviews were concluded.

3.9 Method of data analysis

Data analysis is the stage whereby the researcher transforms raw data into new knowledge (Evans, 2007:175) by putting meaning in the data that has been collected (Maxwell, 2013:147). It is the process of reviewing, synthesising and making sense of the data by describing and explaining the phenomena being researched (Fossey et al., 2002:728). This process entails reviewing and interpreting data to describe and explain the phenomena of social worlds being studied (Fossey et al., 2002:728). This stage involves much reading, sorting the data, cross-referencing and examining the data for reliability (Guthrie, 2011:7).

For a successful and unbiased analysis, a qualitative researcher must engage in active and demanding analytic processes throughout all phases of the research (Maxwell, 2013:147), meaning data analysis does not start after data has been collected. Data analysis starts from organising and interpreting fieldnotes. In order to achieve this, the researcher used the eight steps of data analysis by Tesch (cited by Creswell, 2009:186) to analyse the data collected in the study. Using these steps, the researcher and the independent coder analysed the data independently:

- Transcripts were read by the researcher to get a sense of the whole and ideas that came to mind were written down.
- One transcript was selected and read in order to try and find the underlying meaning of the social worker's experience. Thoughts that came to mind were written down in the margin.
- Thereafter a list of topics was made and similar topics were put together. They were then organised as major topics, unique topics and others.
- Topics were abbreviated as they were coded and written next to the appropriate segment in the text. This preliminary organising scheme was used to see if new categories had emerged.
- The most descriptive wordings for topics were turned into categories. Topics that related to one another were grouped together. Lines were then drawn to show the interrelations among these topics.
- The researcher made a final decision about the topics, codes and categories. An abbreviation was allocated to each category and the codes were arranged alphabetically.
- The data material belonging to each category was assembled in one place and a preliminary analysis performed.
- The researcher recorded existing data.

The results of the independent coder were assessed and discussed by the researcher, supervisor and independent coder, and a consensus was reached on the five themes, fourteen sub-themes and fourteen categories that emerged from the data analysis.

3.10 Data verification

Data verification in qualitative research entails checking the accuracy and credibility of research findings from the standpoint of the researcher, the research participants or from the readers' account (Creswell, 2007). The basic principle of research is that it must collect and analyse data in a way that can be replicated by other researchers (Creswell, 2013:196; Lavrakas,

2008:945). Within this context, verification is one of the techniques used to guard against interviewer falsification of data (Lavrakas, 2008:945). In order to verify the data, the researcher used Lincoln and Guba's model of trustworthiness of qualitative data verification which states that, to verify the research findings, a researcher needs to utilise four aspects that ensure trustworthiness. These are credibility (truth-value), transferability (applicability), dependability (consistency) and confirmability (neutrality) (Thomas & Magilvy, 2011:152-154). The application of these aspects is explained below.

3.10.1 Credibility of findings

In data verification, credibility is one of the aspects used to assess the extent to which a case study or any other type of research study is trustworthy, appropriate and believable (McGinn, 2010:243; Millner, 2013:185). Credibility of findings refers to the authenticity of the research findings (De Vos et al., 2011:419). It is described as internal validity where the goal is to demonstrate that the inquiry has been conducted in such a manner that it had ensured the accurate identification and description of participants (De Vos et al., 2011:419).

Credibility of the study can be obtained through checking fair representativeness of the data as a whole (Thomas & Magilvy, 2011:152). One of the major responsibilities of any qualitative researcher is to create a high level of consistency (Millner, 2013:185). Therefore, the data analysis process should also reveal a believable link between what the participants expressed and the themes and codes that emerged from the responses. With the use of purposive sampling the researcher managed to identify and recruit participants relevant to the study; therefore, credibility can be traced from the recruitment stage.

The interview techniques used also enhanced the credibility of the findings. With the consent of participants, the researcher used a voice recorder to capture the semi-structured interviews. The interviewer made use of a recording device to allow the researchers and assessors to review data resources after leaving the field (McGinn, 2010:244). Data was then transcribed using verbatim statements from the field to obtain rich detailed information from the participants (McGinn, 2010:244). Verbatim notes also ensure credibility, as information taken is rich and not biased by what the researcher would have felt to be crucial while leaving other information (Maxwell, 2013:126).

Triangulation is the method of double checking the collected and sometimes analysed data (Curtis & Curtis, 2011:70). It is a strategy that seeks to establish the credibility of findings by

comparing multiple perspectives for mutual confirmation of data (Krefting 1991:219). Triangulation enhances the trustworthiness and authenticity of the study (Holloway & Wheeler, 2010:115). In this study, the researcher has applied the method of triangulation by gathering data from multiple sources, namely 13 participants (social workers) who have shared their experiences of rendering services to CHHs.

Credibility of findings was also achieved through peer examination. This strategy involves the researcher having peer consultations with other researchers who were conversant with and had experience of qualitative methods. They helped to share experiences of qualitative methods and to debrief the researcher about problems that had been encountered during the research process (Krefting, 1991:219). These individuals had to be well-informed about both the substance and methods implored in the study (Yin, 2011:275).

3.10.2 Transferability of findings

Transferability in research is the ability to transfer findings and/or methods from one group to another in relation to applicability in other contexts and with other participants (Thomas & Magilvy, 2011:153). Transferability is described as an external validity or generalisability whereby the investigator making the transfer is responsible for demonstrating applicability of the findings to a different context (De Vos et al., 2011:420; Howell, 2013:184). Transferability is concerned about whether the research can be generalised beyond the specific research context (Bryman, 2012:47). The transferability of research findings is the extent to which it can be applied in other contexts, settings, groups and studies (Krefting, 1991:216; Dick, 2014:786). This notion is supported by Jensen (2008:887) who states that "transferability implies that the results of the research can be transferred to other contexts and situations beyond the scope of the study context".

To increase transferability, "qualitative researchers should focus on two key considerations: (a) how closely the participants are linked to the context being studied, and (b) the contextual boundaries of the findings" (Jensen, 2008:887). The participants used in the research had vast experience in working with CHHs, as only social workers with more than two years of experience were used.

The researcher also used thick descriptions in interpreting data (Howell, 2013:184; Jensen, 2008:887; Thomas & Magilvy, 2011:153). Thick descriptions of information were not limited to data but also to participants' demographics. The demographic profiles of the participants

were presented together with the thick descriptions or highly detailed accounts obtained from the participants, and presented in terms of themes, sub-themes and categories in chapter four of this report to help readers to gain a deeper understanding of the nature of social work services rendered to CHHs. The excerpts from the interviews are subjected to literature control to compare and contrast the findings with previous ones. In addition, the strengths-based approach has been utilised to interpret the data.

This documented research method, therefore, provides a guide and an audit trail for possible application in other situations.

3.10.3 Dependability of findings

Dependability is the need to develop an audit trail in the research process, and it is a stage in which the researcher attempts to account for changing conditions in the phenomenon chosen for the study as well as changes in the design created by an increasingly refined understanding of the setting (De Vos et al., 2011:420). There are six key aspects that need to be considered in order for a research study to obtain an audit trail. These include the fact that the researcher needs to describe the specific purpose of the study, how and why participants have been selected, how the data has been collected and how long the data collection has lasted. The researcher also needs to explain how the data has been reduced or transformed for analysis, discuss the interpretation and presentation of the research findings, and lastly, communicate the specific techniques used to determine the credibility of the data (Thomas & Magilvy, 2011:153).

The first chapter gave a brief explanation of the purpose of the study and how the study had been conducted.

To increase dependability of the findings, the research supervisor reviewed the researcher's transcribed interviews and tracked changes in the research design (both methodological and theoretical foundations) while ascertaining their link to the revealed data. An audit inquiry was also maintained through the detailed descriptions of the research question, aim, objectives, population and sampling methods, data collection, data analysis, data verification and ethical consideration.

3.10.4 Confirmability of findings

Confirmability is an accurate means through which data gathered can be verified using the two basic goals of qualitative research. These are both based on understanding the phenomenon from the perspective of the research participants and secondly, understanding the meanings participants attach to their experiences (Jensen, 2008b:113). Confirmability demands the researcher to link statements, findings and interpretations to the data in distinct ways (Schwandt, 2007:299). Confirmability is, therefore, "concerned with providing evidence that the researcher's interpretations of participants' constructions are rooted in the participants' constructions and also that data analysis and the resulting findings and conclusions can be verified as reflective of and grounded in the participants' perceptions" (Schwandt, 2007:300).

In essence, confirmability can be viewed as the extent to which the research findings are in relation to the purpose of the research and not altered due to researcher bias, experience and thought processes (Jensen, 2008b:113). Confirmability, therefore, occurs when credibility, transferability and dependability have been established and there is no bias. At this stage, emphasis is on whether the research findings can be confirmed by another researcher (De Vos et al., 2011:420).

The researcher reached the desired level of neutrality through using fieldnotes, verbatim transcripts of the interviews to actually reflect participants' input and not the researcher's own perceptions, engaging the services of an independent coder and the supervisor, and to discuss and agree on themes, sub-themes and categories from the findings.

Auditing is also discussed by Seale (2002:103) as a tool that "is also useful in establishing 'confirmability'; auditing is an exercise in reflexivity, which involves the provision of a methodologically self-critical account of how the research was done, and can also involve triangulation exercises". This aspect is discussed below.

3.10.5 Reflexivity

The process of reflexivity seeks to monitor and reflect all aspects in all stages of the research process, starting from the formulation of research ideas through to the presentation of findings (Jupp, 2006:128). Reflexivity involves self-awareness, self-examination and self-reflection throughout the research process and of the researcher's role (Bloor & Wood, 2006:146; O'Leary, 2007:223; O'Reilly, 2009:187). It is about how a study was conducted, the conditions

and the impact of one's values on the research (O'Reilly, 2009b:187; Mills, Durepos & Wiebe, 2010:243).

Reflexivity denotes the acknowledgement of personal sources of bias in a research, it acknowledges the fact that in a research and in any interaction with the world individuals discloses a piece of themselves (Manuel-Navarrete, 2007:800). Reflexivity then needs the researcher to be aware of themselves and the effects of the fact that it is sometimes difficult to remain outside of the topic being researched (Thorpe & Holt, 2008:35). The researcher needs to have self-criticism and self-examination throughout the research process, asking questions, and reflecting on their own thoughts, assumptions, impressions, experiences and actions in relation to different contexts of the research process to avoid bias (O'Reilly, 2009:194).

Throughout the study process the researchers had to consider their own thoughts, actions, assumptions and interpretations in reference to the context being researched. The researcher had to keep a journal detailing personal experiences, especially on challenges and frustrations shared by participants. This assisted the researcher in keeping personal impressions out of the research process and to be neutral to avoid bias.

Neutrality is the act of remaining impartial and not taking sides in the research process (Kurian, 2011:1474). This process occurs when the interviewer does not show approval or disapproval when participants answer questions in the interview guide (Anderson-Knott, 2008:376). The researcher was neutral in all stages of the research process by not agreeing or showing approval when participants gave a particular answer. Instead the interviewer probed, nodded and summarised in order to ensure that the correct meaning was captured.

In essence, participants selected for the research process were suitable for the research and were giants in the profession; therefore, bringing the required experience and knowledge to the interview. The researcher did not use words or nonverbal cues that implied criticism, surprise, approval or disapproval. The researcher avoided the use of verbal phrases such as 'yes, I agree' or 'I feel the same way' or nonverbal behaviour such as smiling, frowning, giving an intense look or an extended pause which might have been interpreted by the respondents as approval or disapproval of an answer (Anderson-Knott, 2008:376).

3.11 Conclusion

This chapter shows how the qualitative research methodology has been applied in establishing and understanding the nature of services rendered to child-headed households. The chapter

elaborates on all stages of the research, detailing the process followed in identifying, recruiting and gathering data through semi-structured interviews. In addition, details on data analysis and data verification are provided.

The next chapter presents the findings following the themes, sub-theme and categories that have emerged from the data analysis.

CHAPTER FOUR

PRESENTATION OF FINDINGS

4.1 Introduction

A qualitative research study was conducted where the focus was to explore and describe the nature of social work services rendered to child-headed households. This chapter presents an analysis, discussion and interpretation of the qualitative data. SASCCP-registered social workers with a minimum experience of two years rendering services to CHHs were selected through a non-probability purposive sampling technique. Semi-structured interviews were utilised to gather data and assist the researcher to compare and contrast the narratives of the thirteen participants with literature. Data were analysed following Tesch's eight steps (Creswell, 2009:186). During data analysis, the services of an independent coder were solicited to give credence and value to the findings. The data have therefore been independently analysed by the researcher and an independent coder.

Thereafter, a discussion was held with the supervisor to agree on the five themes, sub-themes and categories that emerged from the data. The extracts were contrasted with existing literature to establish the credibility and trustworthiness of the findings (Creswell, 2013:196).

4.2 Biographical data of the participants

This section presents the biographical profiles of the participants who provide services to CHH families in Virginia, Free State, as tabulated below. Thirteen participants were interviewed, and the researcher determined the criteria for the inclusion of the social workers in the sample. Included in the sample were social workers who had at least two years of experience in providing services to CHHs and were willing to participate in the study. The social workers had to be registered with the SACSSP and employed by the DSD or an NGO rendering child protection services in Virginia. The demographic data presented in Table 3.1 below reflect the participants' ages, gender, position occupied, highest level of education and the number of years involved in CHH services.

Table 4.1 Biographical data of the participants

Participant	Age	Gender	Position occupied	Highest level of education	Years involved in CHH services
A	31	Female	Social worker (DSD)	Bachelor of Social Work (BSW)	6
B	26	Female	Social worker (DSD)	BSW	2
C	43	Female	Senior social worker - (DSD)	Master of Social Work (MSW)	11
D	39	Female	Social worker (DSD)	BSW	7
E	36a	Female	Social worker (DSD)	BSW	9
F	36b	Female	Social worker Non-governmental organisation (NGO)	BSW	7
G	39	Male	Senior social worker (DSD)	BSW	5
H	32a	Female	Social worker (DSD)	BSW	5
I	32b	Female	Senior social worker(NGO)	BSW	8
J	41	Female	Social worker (DSD)	BSW	6
K	37	Male	Social worker (DSD)	BSW	9
L	34	Male	Social worker (NGO)	BSW	4
M	29	Female	Social worker (NGO)	BSW	4

A discussion on the demographic information of the participants is provided in the section below.[1]

[1] Participants of the same age and gender have been differentiated by using letters 'a' and 'b'.

4.2.1 Age distribution of the participants

The ages of the participants ranged from 26 to 43 years with the mean age being 35 years. This is an age group that generally constitutes the working population. According to Erik Erikson's model of life development, 19 to 40 years of age is a critical stage of development, which requires individuals to develop intimate relationships outside the family (Crain, 2014:294). According to the SACSSP (2016), 28.8% of social workers are between the ages of 21 and 30 while 30.6% are between 31 and 40 years old. These numbers are comparably represented in this research.

Only two individuals were aged between 41 and 43. According to Erik Erickson's model of life development, the two participants are in the stage of generativity versus self-absorption and stagnation whereby individuals feel the need to give back to society. At this stage, individuals have settled and established careers, such that they are looking at the bigger picture (Crain, 2014:302). Individuals feel energised, creative and productive in order to avoid feelings of stagnation (Greene, 2010:94). The 43-year-old was a senior social worker meaning her career was not stagnant; however, the 41-year-old was still a social worker with no senior title but nonetheless had an established career with six years of experience.

4.2.2 Gender distribution of the participants

Of the thirteen participants, ten were female and three were male. These dynamics confirm that social work is not only a female-dominated profession internationally but locally as well (Buzzanell & Lucas, 2006:161; Projansky & Valdivia, 2006:273). In South Africa, female social workers constitute 85% of those registered with the SACSSP, 14.5% being male and the remaining 0.5% having not specified their gender (SACSSP, 2016). These trends have been consistent in South Africa, as the statistical analysis of social work graduates ranges from 89.7% of 667 students who graduated in 1996 to 85.0% of 700 social work graduates of 2003 (Earle, 2008:56). Gender distribution in any profession can have a positive or negative contribution to various aspects. Earle (2008:140) further asserts that since the social work profession is considered a feminine profession, males who join the profession are promoted easily. In this research, one male with five years of experience was a senior social worker despite the fact that more females with the same experience had no senior title.

4.2.3 Position occupied

Of the thirteen participants, nine were working for the DSD while four were working in the NGO sector. Among the participants, one was a senior social worker and another site manager. Six participants had more than five years of experience and were not occupying any senior positions. The same trend was noticed in a study by Nhedzi in the Ekurhuleni Metropolitan, Gauteng Province, where ten of the twelve participants had over five years' experience but were not occupying managerial or supervisory positions (Nhedzi, 2014:66). These findings suggest that social workers' positions are stagnant and there is limited room for upward mobility in the profession, as they are not upgraded considering the number of years that they have been working.

4.2.4 Highest level of education

All thirteen participants had a junior degree (Bachelor of Social Work - BSW) and only one had a postgraduate qualification (Master's in Social Work - MSW). A BSW is a prerequisite for one to become a social worker in South Africa and be registered with the SACSSP Council (Rautenbach & Chiba, 2010:23). The SACSSP (2016) records indicate that a total of 25 274 individuals are registered social workers, and only 3.5% of these social workers are based in the Free State. According to the statistics, the Free State province has the second lowest number of social workers ahead of the Northern Cape, which has 2.1% registered social workers. In 2016, the Free State population has increased from 2.7 million in 2011 to 2.8 million (Statistics South Africa, 2016), meaning for every single social worker there is a potential 3 125 service users. With these statistics, issues such as high caseloads and backlogs are predictable and unavoidable as will be highlighted in theme 4.

4.2.5 Years involved in CHH services

The participants' years of experience ranged from two to eleven years with the mean of six years five months. The participants have an expertise in this sector and therefore shared rich information which lends credibility to the findings of the study.

The following sections present a detailed discussion of the themes, sub-themes and categories that emerged from data collection. These will then be substantiated and compared with the available literature.

4.3 Discussion of themes, sub-themes and categories in relation to literature

Five themes, fourteen sub-themes and fourteen categories emerged from the data analysis of the verbatim quotations from transcribed interviews. These themes, sub-themes and categories

will be presented and discussed in this section. The findings are compared and contrasted with findings from previous studies. The strengths-based perspective as the theoretical framework for this study is used for the interpretation and analysis of the findings.

Below is a table indicating all the themes, sub-themes and categories.

Table 4.2: An overview of the themes, sub-themes and categories

Themes	Sub-themes	Categories
Theme 1: Participants' general description of CHH	**Sub-theme 1.1**: Description of children living in a CHH	
Theme 2: The nature of social work services provided to CHHs	**Sub-theme 2.1**: Individual services provided to CHHs	**Category 2.1.1**: Assessments and short-term interventions
		Category 2.1.2: Long-term interventions
		Category 2.1.3: Focus areas in individual services
	Sub-theme 2.2: Group work services provided to CHHs	**Category 2.2.1**: After school programmes
		Category 2.2.2: Life skills and support programmes
	Sub-theme 2.3: Community work services provided to CHHs	**Category 2.3.1**: Community outreach and dialogues
		Category 2.3.2: Utilisation of community resources
		Category 2.3.3: Child participation
Theme 3: Participants' experiences and perceptions of services that are helpful for CHHs	**Sub-theme 3.1**: Case work method used to provide support	
	Sub-theme 3.2: Group work method used to provide support	

	Sub-theme 3.3: Community work method used to provide support	
Theme 4: Participants' experiences and perceptions of challenges when rendering services to CHHs	**Sub-theme 4.1**: Lack of resources	
	Sub-theme 4.2: Lack of cooperation and support from stakeholders	
	Sub-theme 4.3: Lack of training/experience of social workers	
	Sub-theme 4.4: How challenges are being addressed by the participants	**Category 4.2.1**: Collaboration with the community
		Category 4.2.2: Training and utilisation of volunteers and management board members
		Category 4.2.3: Donors and fundraising efforts
		Category 4.2.4: Commitment and continued professional development
Theme 5: Suggestions on how to improve social work services for CHHs	**Sub-theme 5.1**: Training of staff	**Category 5.1.1**: Effectively using the group work intervention method
		Category 5.1.2: Effectively using the community work intervention method
	Sub-theme 5.2: Support to staff by the employer	
	Sub-theme 5.3: Financial support and access to resources	

4.3.1 Theme 1: Participants' general description of CHHs

A CHH is described as being an entity composed of "orphaned, abandoned or neglected children who live in a household in which the oldest member is under the age of 18 with no adult support and supervision" (Gauteng Department of Social Development report, 2008:5). Other authors support the description as mentioned above (Meintjes, Hall, Marera & Boulle, 2009:1; White Paper on Families, 2012:3). A child-headed household is "therefore a household consisting only of children, with no adult living under the same roof" (Blaauw, Viljoen & Schenck, 2011:139). In terms of the basic needs of the household, the older child assumes the responsibility of supporting him-/herself and the siblings. Any family can be called a CHH when there is no parent, guardian or adult caregiver due to illness, death, abandonment of the children, absence of an adult or in cases where it has been declared the best interest of the children to declare the family a CHH (Children's Act No. 38 of 2005). However, in situations where the eldest child left home to seek employment, the second born child takes charge of the household.

Mturi (2012:506) argues that the definition of child-headed households needs to be refined if we are to understand the extent of the problem. The existing definition has in some cases led to CHH families being deprived of services. Mogotlane et al. (2008:31) have given an example of the Department of Health whereby children heading households may not qualify for free health care if the term is not contextualised. Pillay (2016:359) is of the view that this is due to the fact that there is insufficient literature and research that have problematised the use of the phenomenon of child-headed households (CHHs); that is, to find out if it is an acceptable term to use, if it is really a problem and whether it needs solutions.

A study conducted in Cape Town shows that not all children in child-headed households are orphans (Meintjes et al., 2009:1), as some have found themselves in CHHs when the caregiver is physically available but ill and not able to contribute economically to the household or to provide emotional security (DSD, 2010b:16). Five participants from my study gave their general understanding of CHHs as illustrated below:

> *We take into consideration that there are different reasons why these children are in child-headed households. We define or categorize some of our service users as child-headed households because the care-giver is terminally ill and because of this, the eldest child assumes the role of the care-giver, other children will become a child-headed household due to a caregiver's death or their disappearance.* (F, 31 years)

The finding shows that the quadruple challenge of HIV and AIDS, poverty, unemployment and inequalities continues to contribute a high percentage of orphans and vulnerable children (OVCs) (Mogotlane, Chauke, Van Rensburg, Human & Kganakga, 2016:24). Presently there are over a million orphans in South Africa and 49% of these are as a result of AIDS (Mogotlane et al., 2016:25; UNAIDS, 2008:21) and some end up in CHHs. According to recent surveys conducted by Statistics South Africa (STATS SA), approximately 19% of children have lost one or both parents in South Africa, and estimates of those children who have lost one or both parents due to HIV and AIDS lie above the 50% mark (STATS SA, 2012). It is clear South Africa has one of the highest human immunodeficiency virus (HIV) prevalence in the world. In 2013, 5.26 million were living with HIV and acquired immunodeficiency syndrome (AIDS) (Stander, 2013:11; Statistics South Africa, 2013:2). Opportunistic diseases associated with HIV/AIDS (Vieitez-Cerdeño, 2011:1427) are regarded as some of the major causes of CHHs as they may lead to death or incapacitation of the parent, guardian or caregiver. Many researchers believe that the epidemic has contributed to an unprecedented population of children who do not have parents.

In addition to the HIV/AIDS pandemic, the family structure is changing and is under immense pressure from poverty, thereby constantly eroding (Germann, 2005:15; Mthethwa, 2009:iii). Traditionally, the extended family has been the pillar of families and adopted OVCs, ultimately avoiding the CHH structure (Mthethwa, 2009:iii). The role of the extended family is eroding and no longer serving as the obvious safety net for CHHs (DSD, 2010a:16, Mogotlane et al., 2008:50). The presence and continued increase in CHHs is therefore attributed to these changing family structures in and around South Africa (Mthethwa, 2009:iii). Children who have been abandoned, orphaned and affected by the sickness of a parent or guardian are captured and protected by the definition of a CHH, as stipulated in the Children's Act No. 38 of 2005. However, some children fall through the cracks as other children are affected by the arrest of parents and unaccompanied minors (Kapesa, 2015:39) as is illustrated by the following excerpt:

> *We also have families that become child-headed after care-givers have been arrested or have left home and gone to look for work away from home.* (F, 41years)

Labour migration has also weakened the family structure (Mkhize, 2006:19) and has become one of the contributing factors of CHHs (Korevaar in Ibebuke, Van Belkum & Maja, 2014: 56; Nziyane, 2010:2). In some cases families attempt to avoid long-term migration but end up creating a CHH where the parent or caregiver travels to work and leaves the eldest child to

make decisions during the week, only to come back on weekends (Nkomo, 2006:28). During the course of the week, the eldest child heads the family and this family temporarily qualifies as a CHH, as they face the same risks that are faced by a long-term CHH. These risks and challenges will be discussed in sub-theme 1.1 below.

Below, participants gave detailed descriptions of the children living in CHHs, highlighting their circumstances and challenges.

4.3.1.1 Sub-theme 1.1: Description of children living in a CHH

This theme focuses on the description of children living in CHHs as perceived by the participants. This theme and all themes will be discussed using the strengths-based perspective which postulates that the meanings that social workers attach to the services they provide affects the way they approach children and families' experiences and challenges (Saleebey, 2013:11). A participant below explained that CHHs are children who have lost parents in one way or another, and are dealing with loss, change and sometimes trauma.

> *Firstly when dealing with child-headed households, we are dealing with children that have either lost a parent through illness, death, or a particular parent having gone away to look for work. So one way or the other the children are dealing with change, trauma and are mainly scared because of new responsibilities and they have to change a lot.* (M, 34 years)

The childhood stage is supposed to be carefree and happy (Kapesa, 2015:40) but after the death, disappearance or loss of a parental figure in a CHH, this stage is often met with a sense of deprivation and a lost childhood (Nkomo, 2006:70). Change is therefore imminent, and these changes make CHHs vulnerable, as their emotional, physical and social needs are not met through conventional means (Peters, Mueller & Garces, 2009:1179), thereby leading to trauma. The reaction is normal as loss is received and dealt with in different ways; in some cases it is met with shock and disbelief (Papalia, Olds & Feldman, 2009:622) as the effects of loss is change. Change can be in status; in this case, from being a child with a parent to being an orphan or a child in a CHH.

These changes experienced by children living in CHHs are coupled with personal developmental changes such that their childhood stage is met with fear, loss and many responsibilities (Kapesa, 2015:40), making them vulnerable and prone to exploitation and abuse (Kapesa, 2015:39; Nkomo, 2006:79). With this in mind, trauma is sometimes inevitable in CHHs and this aspect is discussed in category 2.1.2. One participant explained that the

uniqueness of every case is used to tailor the intervention process taking into consideration the developmental stage of each child.

> *Every case is different and unique therefore intervention is mainly controlled by the case, the age of the children and other dynamics surrounding the case like resources the family has*. (F, 39 years)

Although cases are unique, there are common factors in CHHs which include but are not limited to the fact that children from CHHs have special needs (DSD, 2010b:7; Garland & Policastro, 2015:154). Apart from dealing with loss and trauma, they have poor access to sanitation, limited access to health care or financial instability (Meintjes et al., 2009:2). They also experience poverty, hunger, limited education and lack of adult supervision (Gopal & Sookrajh, 2009:123). These factors are some of the dynamics that need to be taken into consideration before service provision can be delivered, as pointed out by one of the participants.

The vulnerability of CHHs is, however, not limited to the effects of loss, fear and trauma. A participant indicated that CHHs are prone to different types of abuse by significant others and in some cases the children are not entirely protected by available legislation as explained below:

> *These children are classified as vulnerable. Therefore, they are prone to abuse by the system* [referred to legislation used], *the community or significant others I can use the family as an example, if a parent passes away without a will the extended family might misuse the property of the child-headed household*. (F, 31 years)

In Lesotho, it has been noted that some rules and regulations of customary law make orphaned children vulnerable and susceptible to abuse by the system, as they are likely to be disposed of their belongings such as cattle, land and houses, and this is a visible trend in most African countries (Sloth-Nielsen, 2004:2, Sloth-Nielsen, 2014:6).

The same trends are being seen in South Africa as reflected by the participants. A research by Save the Children (2015:3) shows that in Southern Africa, traditional laws on inheritance usually take precedence in practice over formal laws. In Southern Africa, being male dominated, these laws usually relegate women and children to a lower status than men, subsequently leaving CHHs destitute. Instead of protecting the CHHs, some greedy extended family members take advantage of the children through the misuse of their property (Kapesa, 2015:46). This leads to negative emotional repercussions for the children, while in some cases,

the abuse becomes physical, financial and/or sexual. Burglaries may even occur in some instances (Nkomo, 2006:79).

CHHs are not only deprived of a conventional family structure but are also emotionally strained, and this is likely to lead to depression and suicide in these children (Sloth-Nielsen, 2004:2) since their lives are characterised by emotional and social distress (Kapesa, 2015:48). Depression is a psychiatric condition that emanates from long and intense sadness that comes as a result of a traumatic experience (Sullivan, 2009b:73). It is common to find abused and neglected teenagers from CHHs being depressed (Kendall-Tackett, 2008:184). Their depression may ultimately lead to some of these children having suicidal thoughts (Moffett, 2007:48). A participant (M,37) echoed these findings below:

> *Most of our cases are teenagers heading families that have attempted to kill themselves therefore we deal with individuals that are depressed, abused and neglected in one way or the other*. (M, 37 years)

Suicide and depression are seen in other research articles as well (Germann 2005:238, 240; Mogotlane et al., 2016:168; Nziyane, 2010:32). Social workers have indicated that they offer support to the depressed and sometimes suicidal service users. In cases where children do not succumb to suicide and depression, coping strategies are used, and these will be discussed in sub-theme 3.3.2.1.

Erik Erickson states that children go through stages of infancy which is a delicate stage of trust versus mistrust. From that age to three years old they go through autonomy versus shame; to initiative versus guilt from three to five; then they move on to industry versus inferiority at the ages of five to twelve, and in their teenage years they go through the ego identity versus the role confusion respectively (Crain, 2014:294).

In all these stages, a child is building a virtue from hope, will, purpose, competency, fidelity and love in teenage hood (Walker & Crawford, 2010:29). With this in mind, teenage hood is a confusing stage where individuals seek to find themselves and their identity. Unfortunately, some are thrust into parenthood prematurely either during the disappearance, sickness and/or death of a parent. They have the responsibility of helping siblings to trust, to hope and to have their own purpose in life, and this ultimately becomes a tedious and stressful process. The dynamics involved are explained below.

> *The journey of a child from a CHH is very difficult for all individuals involved. If for example, are three children in a child-headed households, and the eldest being a*

> *teenager at the time of the parents' passing; s/he has to balance between being a parent and a teenager. The stage of teenage hood is stressful without being a parent so if we put these together we are likely to have an emotionally drained child. The strain does not only affect the teenager, the last child does not automatically understand the role shift and it's only normal that these three might fight due to sibling rivalry.* (M, 39 years)

Children in CHHs are vulnerable, stressed, emotionally drained and need a certain level of capacity to sustain themselves (Kapesa, 2015:3) without fighting. Sibling rivalry occurs both in the presence of a parent and the absence of a parent due to differing opinions (Nziyane, 2010:162), occasional arguments, role shifts and sometimes the allocation of household chores (Mkhize, 2006: 212). A teenager heading a household and going through identity versus role confusion is not equipped to handle his or her siblings' challenges which may be similar to their own challenges. The juggling of teenage hood and parenthood deprives these children of being children due to roles and responsibilities to provide, manage and discipline their siblings (Kapesa, 2015:40).

Although children do have fights, disagreements and sibling rivalry it is crucial to note that these relationships play a crucial role in socialisation, and can be a foundation to healthy social relationships (Papalia et al., 2009:202). The guidance and support from social workers are also very critical in cementing the positive behaviour traits in teenage parents.

The next theme will discuss the nature of social work services provided to CHHs.

4.3.2 Theme 2: The nature of social work services provided to CHH

It is a reality that children in CHHs are living in appalling situations (Mkhize, 2006:25) and in most cases, they depend on social workers to assist them, as the social workers have the ability to respond to human needs in an ever changing world (Mthethwa, 2009:49). They are also mandated to assist service users in the best ways possible (DSD, 2015:20).

Although social workers are crucial in responding to a need, what is crucial to note in this research is the strengths and capacity of children from CHHs to actively participate in addressing their challenges (Pillay 2016:1). From the responses provided, it is clear that participants have focused on the strengths rather than the deficiencies noted in service users (Coghlan & Brydon-Miller, 2014:733). Theme 2 seeks to probe into the nature of services rendered to CHHs in Virginia. Participants provided a general description of the type of

services which ranged from short-, medium- and long-term interventions offered through casework, group work and community work.

4.3.2.1 Sub-theme 2.1: Individual services provided to CHHs

Individual work is rendered through progressive and planned intervention with the use of casework, and the understanding of both the human behaviour and the environment (Datar & Rao, 2010:189). These individual services afford social workers an opportunity to obtain more in-depth information about the individual's situation through telephonic or a face-to-face interview (Sullivan, 2009b:74). The participants below mentioned emotional support which is done through counselling.

> *What I have been doing with them is offer them emotional support through counseling to help them with coping strategies because no one is really prepared to be a parent at 15, 16 and in some cases even younger.* (F, 32a years)

> *At individual level we have the counseling, we are giving food parcels, we are donating clothes where necessary and we also refer to SASSA for grants which a service user qualifies for.* (F, 32b years)

A basket of services is offered at individual level as indicated above. Service users are offered emotional support through counselling and coping strategies. Counselling is based on the premises that individuals possess both internal and external strengths and resources to draw upon when constructing solutions to their problems (Corey, 2009:6). Referrals are made where necessary and where there is a lack, service users are also given food parcels. All services mentioned here will be discussed further under category 2.1.1 and category 2.1.2 where services are intensified after an assessment has been conducted.

- **Category 2.1.1: Assessments and short-term interventions**

An assessment in social welfare services is the first activity of data collection that is conducted to get insight into the service user's problem (DSD, 2015:13) and to determine all aspects surrounding a case, including risk factors, strengths, developmental needs, wants and disabilities of the child like his/her family's resources (Datar & Rao, 2010:193). It is an approach that assists and guides social workers to conduct the most complete investigation possible into aspects of a case (O'Byrne, 2013:20) by gathering an array of information from as many sources as possible (Foxcroft & Roodt, 2009:3). Although there is no universal definition of 'assessment' (Crisp, Anderson, Orme, & Lister, 2005), all definitions refer to the process in social work that entails a professional judgment or appraisal of the circumstances

surrounding any situation being assessed and collecting further data on the situation (O'Byrne, 2013:22). In a nutshell, social workers assess service users by means of gathering evidence to understand the presenting problems, and evaluating progress, outcomes and the effectiveness of possible interventions and programmes. Nine participants indicated the purpose of assessments of the children's circumstances.

> *Every case is different so the assessment normally guides you as to what intervention you will give to a particular family. When you first come into contact with a CHH you might get there and they have nothing. I am talking about food, clothes, money and a support structure.* (F, 39 years)
>
> *Ok, after identifying a CHH we do an assessment of their needs, strengths and the resources available within the community and within the family. The assessment is normally the guideline as to how we can best assist a CHH. (*F, 41 years)
>
> *By short term intervention whenever we hear that there are children that are in need of care and protection, we do an assessment to investigate the living circumstances of the children and we make sure that we provide food.* (M, 39 years)

The findings are consistent with social work guidelines for intervention from the DSD. Child protection assessment is guided by various pieces of legislation which include the Children's Act No. 38 of 2005, the South African Constitution and the White Paper on Families (2012). An assessment enables the designated social worker to obtain essential information and to make informed decisions about the child's situation, the best interest of the child and the direction to take in addressing the case (DSD, 2015:13; Muscat, 2010:100). A thorough assessment includes the establishment of services that can be rendered to improve the service user's situation (Coulshed & Orme, 2012:22). It also entails preparation, planning, having a detailed action plan (Parker, 2007:111) and contacting significant others, where necessary, to complete the assessment (Muscat, 2010:100).

To holistically assist a service user, provision of assistance should be based on the individual's strengths. The strengths-based approach includes values on self-determination, acceptance and respect which social workers should observe in service delivery. It also ensures that the service user has adequate information and knowledge about his or her problem. The social worker has to build on the service user's strengths to facilitate change in the environment and to help him/her develop coping mechanisms (Ambrosin et al., 2012:63).

Participant (F.41) above mentioned that social workers look at the service user's strengths and then build services based on these strengths and not focus on deficits. The strengths can be picked up in a home visit which ascertains home circumstances.

> *A home-visit is also a form of assessment done to ascertain if a family is suitable to take care of a child or not, if the answer is no, then we can find out what we can do best to help the family.* (F, 41 years)

Assessing the home circumstances of the child or family is crucial (Muscat, 2010:100) to determine the depth of the child's challenges and subsequent intervention method (DSD, 2015:14). The home visit helps the social worker to observe the geographical location of the home, the conditions of the home, and the adequacy of the child's basic needs such as food, clothing and shelter. One of the participants indicated that she also does risk assessment.

> *Risk assessment means we evaluate the situation a child or a CHH is in. We assess the strengths, weaknesses and the threats facing the family. Risk assessment is the first step a social worker does in order to get a concise picture of the whole situation.* (F, 31 years)

Social workers are mandated to carry out risk assessment in collaboration with various stakeholders such as the SAPS, teachers, doctors and any other significant professionals relevant to the case (DSD, 2015:20). In some instances, the Department of Home Affairs, SASSA, including experts in finance, may also be involved. The outcome of an assessment may indicate the service user's need of budgeting in situations where a family has an income.

> *Hence, I say the situation will guide you in the intervention needed. Some families already have money and the help needed will be budgeting. In cases where there is no money at all we have to find ways to let that family have an income that's where foster care normally comes in.* (F, 29 years)

The first part of the storyline lays emphasis on the fact that assessment guides the plan of action. However, the latter part of the storyline identifies foster care as a viable option for children without any means of support. In South Africa, foster care is treated as the first choice for alternative care for children in need of care and protection, as it meets the basic needs of CHHs. These are a shelter, family structure, food, healthcare, an income and education (Dhludlu, 2015:iv).

Foster care has been for children who have lived in CHHs but it has also been noticed that some children continue to head their households even after an order has been issued (Mathebula 2012:iv). This shows that, although foster care is treated as the most viable solution for children

in need, it is not always the best. Dhludlu (2015:78) notes that some children have been abandoned as soon as the foster care grant has lapsed or stopped, showing the motive for accepting foster children is not always the love of the children but the financial gain attached to the placement. Mathebula goes on to state that, due to high caseloads, social workers are trapped in a situation of having to place orphans in kinship foster care without adequate preparation, nor the opportunity to explore the feelings and experiences of being in a child-headed household (Mathebula 2012:iv), thereby making their service to CHHs inadequate and in some cases, causing more harm than good, as some children in kinship foster care experience abuse of the foster care grant by their kin foster parents (Mathebula 2012:iv). Dhludhlu (2015:65, 78) suggests mandatory savings for children in foster care to create some form of income and financial stability after the children turn 18 years old.

In situations where a family already has money that can be used as their strength and the family can be assisted in budgeting, this can be included in a family's individual development plan (IDP). Budgeting and finding resources for CHHs are discussed at length in category 2.1.3 below.

An IDP is completed by social workers based on each child's needs. This process requires the involvement of the service user in problem solving based on clearly defined objectives, time frames and tasks to be completed (Datar & Rao, 2010:195). A participant stated that:

> *Based on the assessment we do what we call an individual development plan (IDP). The individual development plan is our intervention, it guides us based on the strength we identified, and we see which areas need improvement and which areas should remain the same.* (F, 31 years)

> *An IDP is a tool. It's more of a monitoring tool, we help plan where the child should be on a six monthly basis and we try to monitor the children on a six monthly basis to see if there has been any progress, changes or challenges.* (M, 34 years).

When information has been gathered through assessment, it is synthesised in a professional manner and used to determine the best professional opinion (Foxcroft & Roodt, 2009:7). Therefore, at this stage IDPs are formulated. IDPs are used side by side with assessment tools as a guideline and a monitoring tool for services being provided. The participant above mentioned that these IDP plans are reviewed on a six-monthly basis which is in line with DSD guidelines which say care plans must be reviewed at least every six months (DSD, 2015:20). This is a practical setup, as strengths and opportunities can change within the stated time. Supervision of the IDP involves the imperative visits from the social worker to assess changes

in living conditions, strengths, weaknesses and opportunities (Dhludhu, 2015:10, DSD, 2015:20).

The stipulated findings, however, fell short of including the fact that an IDP stipulates all measures to be taken to assist the child to meet his/her emotional developmental needs. What was also not taken into consideration was that an assessment is not always accurate, as assessing children is sometimes met with mistrust and resilience, as they do not always know or trust the outcome of an assessment (Foxcroft & Roodt, 2009:233). Although the social workers and the DSD guidelines state that care plans must be reviewed every six months, the number of caseloads presented by social workers show that it is nearly impossible to see all the service users as often as social workers should be providing a service.

IDPs are then followed by the implementation of services, monitoring and, where necessary, changes are made (Datar & Rao, 2010:201). This is then termed the 'intervention process', a process which speaks about the methods and models to be utilised in achieving the set goals (Parker, 2007:113). As the IDP is used to guide social workers on services needed, other service users might need an urgent but sometimes temporary solution. Participants have indicated that, in some cases, they have to make temporary arrangements to keep children safe. These temporary options are commonly used in social work while permanency plans are being developed (Clarke, 2013:92). Several options are considered based on the circumstances of the CHH.

> *We have situations where we remove the child and place them in temporary safe care. If for example the CHH comprises of a sick child or an infant, we cannot impose the parental role on the siblings. A care plan will then explain how long they will be in temporary safe care and where they go from there.* (F, 29 years)

Due to certain circumstances surrounding a case, as mentioned by the participant above, some cases are referred to a temporary safe care facility. As stated by the name, this situation is not a permanent solution but is only temporary and the duration depends on the care plan. The Children's Act No. 38 of 2005 (section 151) makes provision for the placement of children in a temporary safe care facility if and when it is in the child's best interest and this is only for 90 days. The stipulated 90 days will, however, pose a challenge and a sense of uncertainty to the family, as they are left in a situation where they wonder what will happen to their sibling.

In both temporary and long-term planning, participants have indicated that, in some cases, there is a need to refer children to other service providers for specialised services. This is done so

that the service user may benefit from other professional services such as psychological services when the need arises (Nhedzi & Makofane, 2015:367). A participant in this research indicated that he referred children to SASSA.

> *We also link service users with SASSA for child support and foster care grant.* (M, 34 years)

A fact sheet released by SASSA on 29 February 2016 indicates that children are second highest in grant recipients in the Free State. The Free State receives a total of 973 894 grants where 33 896 are recorded as foster care grants, 669 121 as child support grants and a total of 6 736 as care dependency grants, all of which can include CHHs. Social grants have been one of South Africa's ways of alleviating poverty and have become the main source of income for most households in poverty stricken areas (Mkhize, 2006:73).

In South Africa, these social grants represent a significant injection of resources into poor households, especially CHHs. A minority of people have, however, criticized the grants for indirectly causing the employable population to stop actively seeking employment (Williams, 2007:13), as they depend on the government to provide for them (Dhludhlu, 2015:63). Apart from SASSA and the social grants, participants have indicated that referrals are also made to other service providers, organisations such as Families South Africa (FAMSA), the South African Police Service (SAPS) and the Department of Justice.

> *We also do referrals at this stage, because FAMSA is dealing more with family cases so these cases can be referred to FAMSA.* (F, 41 years)

> *Referral is also another type of intervention that we do. We refer our service users to SASSA, Department of Education, SAPS, and the Department of Justice for different services for example your protection orders, your grants and birth certificates*. (F, 39 years)

> *I have referred them to FAMSA which is offering parental skills and we always do home visits to see if they are coping, supervise the household and see if they are implementing the parental skills that they have been taught.* (F, 29 years)

The referrals stated above indicate that social workers are trying to make their systems to assist the service users holistically. The use of the referral system is an effective way of rendering a service, as professionals have different training backgrounds; therefore, they can make complementary contributions through referrals as long as they share common objectives (Lawrence, 2013:152). All professionals involved in the referral system need to agree on a set

of goals and objectives for the working agreement to be successful (Wheeler, 2010:25). When referrals are made by the participants, the researcher conducts follow-up visits with the identified potential participants who may also refer the researcher to other potential participants (Laher & Botha, 2012:92). The use of various stakeholders in service provision is in line with the government guidelines, as the Department of Social Development allows families to have access to specialised services in the community and the multi-disciplinary team. This process should have room for follow-up visits to allow for intense and complete service provision (DSD, 2006:15).

As previously indicated, all child protection services in South Africa are guided by the Children's Act No. 38 of 2005 which lays emphasis on the importance of the family. The family structure was therefore continually raised by different participants at individual, group and community level. A family is discussed in the Children's Act No. 38 of 2005 as a crucial entity of child protection and therefore considered in the process of assessment. The family is basically viewed as the core of society in South Africa and globally, as no society can function without the family (White Paper on Families, 2012:5).

The next form of intervention discussed was the need to connect children with their extended families.

> *When I say we assess the dynamics of the family I am talking about the size of the family, the genders present in the family, the age groups of the children in the family. From there we can help them adjust and help each other in building, sustaining and strengthening the family.* (M, 39 years)
>
> *On an individual level we assess the family dynamics and we try to provide skills that can help the family adjust to being headed by another child*. (F, 29 years)

One of the strategies stated in the White Paper on Families (2012:39) is that of affirming the crucial role of the family in the development of an individual. Two participants (M,39 and F,29) above point out the need to adjust, build and sustain the families in changing dynamics. A policy brief conducted by Makiwane and Berry (2013) confirm the ever changing family structure in South Africa. They indicate that this is a result of modernisation, migration and the HIV/AIDS pandemic, all of which are noted in the causes and existence of CHHs.

The White Paper on Families (2012) discusses the positive portrayal of families and the need to improve on the availability of the 'family-type' environment. In cases where the family structure has been eroded, the social worker has to adopt a variety of strategies and in the

process encourage individuals to draw upon their strengths to make decisions and devise individualised strategies or action plans to address any challenges with which they are presented (Coghlan & Brydon-Miller, 2014:734). A participant (M,34) introduces the use of a genogram to track the family or to understand the family tree and assist in guiding service provision.

> *In cases where the child-headed family does not have extended family around, we use tools like the genogram to try and get the children to discuss the family tree, relationships and members of the family. In this way we have helped other families trace the extended family or get close to other members of the extend family.* (M, 34 years)

A genogram is a graphical or pictorial representation of intergenerational family relations. It is a family tree which is used to report information on family structures and dynamics of at least three generations of a family (Clark, 2014:585; Wheeldon & Ahlberg, 2012:79). Genograms operate as data gathering tools and help families to determine patterns which can be used therapeutically (Clark, 2014:586). Genograms are often used as a crucial psychotherapy tool to indicate relationships within families (Wheeldon & Ahlberg, 2012:79). When data has been gathered through the use of genograms, social workers use this information to strengthen rather than tear families apart by reuniting families where they could have been separated (Ambrosin et al., 2012:63). A genogram is a diagram that can be used in short-term interventions but can have long lasting impact on the CHH.

From assessment and short-term interventions, participants then discussed the long-term intervention services that they were rendering to service users.

- **Category 2.1.2: Long-term interventions**

Practice guidelines provided by the DSD indicate that an evaluation of the child's needs and circumstances will subsequently lead to either long-term or short-term interventions. The short-term intervention is to meet an immediate need or to put a child out of danger while the long-term plan is being developed to ensure continued stability in the child's life (DSD, 2015:23). Every human being has a set of needs which are listed as biological-material, social-psychological, productive-creative, security, self-actualisation and spiritual needs (Gil, 2012:20). In order to meet these needs, social workers work with other service providers and community structures to have children attend school and keep them in schools through bursaries.

> *We get to know if they are going to school then we meet the principals so that they can live a normal life.* (F, 29 years)
>
> *We also assist with bursaries and scholarships but this is done on a yearly basis. With the available DSD and Department of education scholarships for tertiary education we help the CHH with information and applications.* (F, 39 years)

It has been reported in this and other research papers that CHHs are a vulnerable population and therefore at risk of exploitation in many ways including child labour, sexual exploitation and early marriage. Above all, they are often deprived of normal educational and developmental opportunities (The Child-headed Households Briefing Paper, 2009:3) as they lack finances to pay for their education (Mogotlane et al., 2008:50). Researchers state that one of the risks faced by CHHs is the lack of education which ultimately leaves them unemployable because of their poor education, lack of skills, poor or no knowledge about their rights, making them susceptible to more abuse even in their adult lives (DSD, 2010a:16; Mogotlane et al., 2008:50) or even immediate signs of child poverty which is also linked to lack of education. Provision of educational support by social workers is one of the most crucial aspects in service provision to curb child poverty, illiteracy and thereby increasing employability of children living in CHHs.

Participants in this research indicated that they do not curb poverty through education only but this research will also discuss the use of food gardens (as discussed in short-term services) and social grants as methods used to create an income in CHHs.

Social workers also indicated that they offer counselling services to service users. Counselling is rendered to strengthen and boost an individual's interpersonal well-being, thereby allowing him or her to make informed choices and positive changes in his or her life (Dryden, 2011:23; Lopez & Rasmussen, 2005:124). In counselling, the focus is on the emotional, developmental, psychological, health and social aspects of the person (Lopez & Rasmussen, 2005:123). The goals of the counselling sessions are to improve an individual's social functioning and direct him or her towards self-sufficiency (Tanigoshi, 2006:577).

In line with available literature, the participants stated that:

> *Counselling is a coping mechanism that we provide to the service user to help them cope with any situation be it trauma or other emotional challenges. We are having a one on one session with the child head or sibling in the CHH and offer emotional talks, emotional support and educational talks*. (F, 32a years)

> *Counselling is done to help the service user to adjust and cope with the role of either being a child heading a family or a child living in a child-headed family*. (F, 36b years)

Loss, migration, divorce and death are some of the causes of CHHs in South Africa. These factors bring about changes in families, and these changes cause disruptions and some level of trauma (DSD, 2010b:16; Green Paper on Families, 2011:53). The loss of parents has far-reaching effects that should not be underestimated, as the absence of a parental figure can be traumatic. The trauma and distress that the children experience may be so overwhelming (Mogotlane et al., 2008:45) that counselling is crucial before the children resort to destructive behaviour such as drug and alcohol abuse. The counselling process provides a therapeutic context to help individuals recognise and effectively use unused or underused resources and opportunities to facilitate the change process (Tanigoshi, 2006:577). Through the counselling process, individuals become effective and empowered self-helpers as they learn how to manage problematic situations, develop life-enhancing opportunities and are in a process of overall wellness (Bedi & Domene, 2008:120).

In an ideal world, any child's emotional needs are supposed to be met by the family structure. Unfortunately, CHHs do not have that adult significant other who deals with emotional strain, life changes and personal challenges (Bedi & Domene, 2008:120). Social workers have to close the gap to avoid emotional distress (Kebede, 2015:55). Below two participants (F, 36a and F, 41) discuss the need for counselling to address these emotional challenges.

> *We give them individual counselling because CHHs' have to deal with a lot of stressful situations, for example, they deal with loss, grief and at the same time they have to be parents. Counselling helps them to cope with all of these, so we sit and listen to them and help them accept and be better prepared for life challenges.* (F, 36a years)

> *What I have been doing with them is offer them emotional support through counselling to help them with coping strategies because no one is really prepared to be a parent at 15, 16 and in some cases even younger*. (F, 41 years)

Research states that counselling is a crucial service to CHHs, as they need guidance, emotional support and assistance through the changes they will be undergoing with the absence of a parent (Rantla, Siwani & Mokoena, 2002:35). If such emotional challenges are not addressed, children often grow up deprived of emotional stability and this therefore impacts on their interpretation of their social and cultural life (Kebede, 2015:60). Services such as counselling are aimed at strengthening individuals and families by making them able to withstand and rebound from the disruptive life challenges (White Paper on Families, 2009:3).

Children living in CHHs undergo many changes which cause stress as mentioned by one participant (F,41). The children are exposed to emotional trauma, as they may have to cope with multiple losses in the form of death, sibling dispersal, relocation and reconstitution of the family after the death of a parent/s (DSD, 2010b:16). It is very clear in this report that the lack of adult supervision in CHHs is having a negative impact on the well-being of children living in CHHs; hence, they experience strain.

> *You see these children that are in CHH experience a lot of stress in their day to day lives and that include everything that comes with parenting and at times they need a moment or they need a platform on which they can debrief, and ventilate their fears and frustration. So that is basically what counselling addresses*. (F, 41 years)

> *Counselling is therapy oriented so it has a therapy mode to it like we are focusing on a certain emotion that they have when they are frustrated, they are angry and we are looking towards solving that.* (M, 39 years)

> *We offer counselling to both the child acting as the head and also the siblings.* (M, 34 years)

> *Depending on the case, counselling can be given to the eldest only, if s/he is the only one affected, it can be given to the whole family and in some situations just the siblings.* (F, 31 years)

Researchers indicated that in as much as service users needed material support, services such as counselling and psychological and emotional support were crucial to the well-being of the service users (Kebede, 2015:16). Focus in counselling is on bringing positive change to a family. This is in line with the strengths-based theory and practice which do not claim deficits and weaknesses do not exist but advocate instead the focus should be on the strengths which, in turn, bring a new balance within individuals, groups and organisations (Coghlan & Brydon-Miller, 2014:733).

> *The purpose is to bring a positive change to a child or families through purposeful conversation that is done to get to an understanding of the service user's problem or situation and then also getting to a solution through self-determinism and service user participation. So we mainly discuss the problem, root causes of the problem and together with the service user we work towards getting a solution.* (F, 41 years)

The counselling, social and emotional support rendered to CHHs has an enormous impact on children's adjustment and sense of attachment (Kebede, 2015:68). One of the strategies discussed in the White Paper on Families (2012:42) is the importance of preparing and training youth to cope and have self-management skills that will assist them in making informed

decisions. The role of the social worker is to offer behaviour modification sessions to enable service users to develop certain skills and positive behaviour traits. It is also evident that working with CHHs is difficult, as the children themselves are often difficult due to emotional and social disruptive experiences which often occur simultaneously, making the children to be stubborn and show ill-discipline (Mogotlane et al., 2008:31). Therefore, they are in need of behaviour modification assistance.

> *So when we do behavior modification we focus on modifying a certain behavior trait. It's like these children who head these households, they do not have parenting skills which they can use to handle problematic behavior by their siblings. So at times they have to come in with their siblings and we help them with behavior modification. We work towards modifying that behavior with the sibling or the child that is heading the household.* (M, 34 years).

Behaviour modification is a process of assessing, evaluating behaviour trends (Kazdin, 2013:2) and ultimately altering the intensity, frequency and duration of the maladaptive behaviour of individuals (Salkind, 2008:93). This process is based on the behaviorism of J.B. Watson who designed a clinical technique meant to change or alter one's negative behaviour for more positive results. Behaviour modification involves monitoring, analysing and developing procedures to change certain behaviour traits and then measuring the change in a certain behaviour (Neer & Mesa, 2015:91). This notion is based on the assumption that all behaviour can be modified via stimulus-response reactions (Bruce & Yearley, 2006:19; White, 2006:18) which is crucial in CHHs. Behaviour modification results can be seen over a long period of time; hence it is done in long-term interventions. However, there are other focus areas in service provision and these will be discussed in category 2.1.3 below.

- **Category 2.1.3: Focus areas in individual services**

Social workers have provided various ways in which they focus on individuals while rendering services. Participants focused on information sessions and sex education which are both prevention services. Prevention programmes are designed for empowerment and support aimed at preventing the need for the families and their members to receive intensive services from professionals. According to the White Paper on Families (2009:3), prevention services are "provided to families with children in order to strengthen and build their capacity and self-reliance to address problems that may or are bound to occur in the family environment which, if not attended to, may lead to statutory intervention". The Children's Act No. 38 of 2005 (section 144) gives a detailed explanation on the purposes of prevention services. Among the

purposes of prevention services are the need to preserve the family structure and avoiding the removal of a child from the family environment.

> *On an individual level we normally give information sessions where we basically just provide teenagers with sex and HIV education*. (F, 26 years)

Health information sessions are crucial to people of all ages; however the need for information in CHHs is deeper, as these children usually lack knowledge in relation to health matters due to the absence of an adult figure who could monitor their health and educate them (Kapesa, 2015:43). Two participants (above and below) specifically mentioned sex and HIV education which are both crucial topics in protecting the children in CHHs and eradicating HIV/AIDS among the youth.

> *I am mainly dealing with the health aspect of the service provider hence I am providing sex education. With CHHs I am offering prevention skills so we discuss prevention education on safe sex, prevention methods and methods on which the head can also discuss sex with the rest of the family members if and when the need arises.* (M, 37years)

One of the roles of social work is to conduct research and disseminate information to service users in order to prevent a certain behaviour trend. Hence, social workers have been conducting research for the benefit of CHHs (Kirton, 2009:45). From the participants, information dissemination and sex education are offered as prevention methods and not in response to certain behaviour traits. The provision of education and information services is visible in previous research where it is said most NGOs have focused on educational, psychosocial and health-related support (Kebede, 2015:29).

The provision of education prepares CHHs for situations with which they have to deal. A high level of responsibility is placed on CHHs as these children are not privileged with an opportunity to show weakness but have to be resilient and cope (Moffett, 2007:62).

In the words of a participant:

> *We also focus on coping skills in parental setting*. (F, 36a years)

Another participant gave an example of issues for which child heads of households are not prepared and indicated that this was why they needed assistance in executing parental roles.

> *An appropriate example would be a case where you find that there is no one who takes responsibility when it's time for children to apply for Grade 8. We have to support them and guide them in so doing we are also giving them emotional support.* (F, 41 years)

CHHs are exposed to difficult situations such that coping and surviving sometimes seem like the only choices they have. Some find solace in religion; others adopt a positive attitude while some resort to fatalism (Nkomo, 2006:89). In such cases, social workers then emphasise structures and programmes that strengthen and minimise family disintegration, conflict, child neglect and abuse (White Paper on Families, 2012:42).

After the death of a parent or the incapacity of a parent to head a family, CHHs are left alone and have to quickly grow up and take on the adult role, a role that involves decision-making, budgeting, house-keeping and conflict management (Mkhize, 2006:29). It is crucial to note that, when assuming the parenting role, the child head is not ready but instead still growing up, struggling with adjustment and his or her sense of self (Nkomo, 2006:70). The strength-based perspective acknowledges the existence of struggles in a human journey. However, it deliberately focuses on the strengths and abilities of the individual by realising that people are more than the sum of their symptoms and far more than the limitations placed on them by the experts sought out for help (Ward & Reuter, 2011:9).

It is clear that CHHs need basic skills in parenting within which their rights as children can be addressed (Mogotlane et al., 2008:5). Two participants agreed that the elder children are forced into parenthood by their circumstances and they are not always ready for the change. Therefore, there is need for parenting skills in order to get them ready for the challenges that come with the parenting role.

> *Parenting skills are lessons on how to be a parent. Having assessed the skills child-heads have, we then take them through parental skill training to prepare them for challenges that come with being a parent.* (F, 31 years)

> *Seeing that child heads get to lead households at a very young age, we also provide them with parental skills which are very important to help them to be able to lead their households in a mature way. So they need guidance and someone to help them understand their roles.* (F, 32b years)

> *The trick in offering parenting skills is to ascertain the skills that are already available in the family, if I can give you an example. If we have a house made up of teenagers we then need to establish how this family will assist each other in sharing roles like cooking, cleaning and budgeting.* (F, 29 years)

The process discussed by participants highlighted the fact that some children identified to play the parental role do not have children of their own, lack parental experience and need assistance in the process. Parenting skills training, therefore, refers to the programmes designed to assist

in the general parenting process; these can enhance skills in relation to general parenting or in relation to specific behaviour traits like non-compliance (Steele & Richards, 2005:361). Optimal parenting can be taught to an individual as a parenting skill which is crucial to the child's development. Parenting skills are therefore taught to break negative cycles so that children may become better 'parents' to their siblings (Levin & Drummelsmith, 2014:1011). These skills are crucial, as some children are sometimes resistant to change and the head needs assistance in dealing with these challenges.

In general, CHHs are families who may have been functioning well but are experiencing a setback or undergoing a crisis caused by the trauma of losing a parent (Green Paper on Families, 2011:53). Social workers then need to strengthen this family in crisis by empowering them through the use of parenting skills. Parenting skills are some of the family strengthening programmes designed to keep families intact and fight the disintegration of families in South Africa (Green Paper on Families, 2011:54). Social workers strengthen families by identifying a gap in the skills the families have, and then seeks ways to assist or educate them on role-sharing. One of the core objectives of service provision as outlined by the White Paper on Families (2009:36), namely to provide parenting skills to families, regardless of their structure, focusing particularly on the social and emotional side of children's development and parental relationships.

> *Parenting skills are generally discussions and information dissemination, on how to fit in both roles of a parent and being a sibling. This transition is quite challenging because the siblings remind the child head that they are the same and in some cases refuse to listen to the head. The children then come with their challenges, we share information and fellow group members share the methods that worked for them and methods that did not work.* (F, 41 years)

> *With the help of FAMSA we do parenting skills training to these children. We help the children learn the parental responsibilities of parenting and adapt to the role of parenting.* (F, 36b years)

Parenting is done on an individual basis but is also discussed in groups, as parenting is not a one-person duty. Parenting and parenting skills will therefore be discussed in sub-theme 2.2 to elaborate on the discussions held at this stage.

4.3.2.2 Sub-theme 2.2: Group work services provided to CHHs

Group work is a social work method that is meant for social support or empowerment of service users. Group work enables individuals and groups to assist one another and to influence change

in personal, group, organisational and community problems (Weinstein, 2008:107). Human beings do not live in isolation or a social vacuum (Sinha, 2008:138); therefore, being part of a group is important for CHHs, as all humans are social creatures (Marlowe & Hayden, 2013:147).

Participant (F,41) started that the reason for her groups was to enable sharing experiences in the group setting for the CHH.

> *The service user is not an island; we believe they get comfort in sharing and having to listen to other people that underwent the same challenge.*

Group work, therefore, focuses on building interpersonal relationships among members and assists members in the process of change in new and interpersonal relationships both at cognitive and at affective level (Bawikar & Masdekar, 2010:193). A participant (M,34) stated that the purpose of their group was derived from a need that was identified in the group. Therefore, programmes are not imposed on the group or the individuals but rather these are the products of an identified need.

> *We usually form a group when we have identified a need amongst these children. If we have identified a need that can be addressed, it could be financial planning, it could be budgeting, it could be parenting skills we then involve them in groups.* (M, 34 years)

In all these stages of intervention, communication is key and crucial for the success of the service being rendered. A participant with four years of experience (M,34) reiterated the need to communicate even in group therapy.

> *We also have group therapy for child heads of the family. We meet with them once in every two weeks. Using a structured programme, we discuss parenting skills to prepare child heads for parenthood; we discuss different topics like communication. There are different types of communication and we expose the young parents to all of them, we role play and show the barriers to communication, listening skills, teach them about labelling and so far that is working for us because they also come with examples. We also discuss issues like discipline. Remember the siblings can have a two year difference and the eldest has to play the role of a parent to someone nearly the same age so they need to know how to communicate, have rules for example time to get home, making decisions together and sharing responsibilities.* (M, 34 years)

Communication is presented as one of the key aspects in group therapy, as it leads to discussions on key topics like parenting skills. Communication is a process that entails the use

of symbols, and non-verbal and verbal cues. It is a conscious, unconscious, deliberate and sometimes subconscious way of passing on some information from one person to the other (Hybels & Weaver, 2012:6). Child heads are, therefore, exposed to the issues surrounding communication and how they, as young parents, need to listen and look for non-verbal cues. Non-verbal communication is the communication that does not involve words but it is equally important as the verbalised words that need to be taken into consideration in parenting (Hybels & Weaver, 2012:92).

When there is no communication conflicts arise. A conflict is a struggle that is communicated between two or more people, and this can arise due to differing opinions, goals or perceptions (Hybels & Weaver, 2012:206; Sullivan, 2009b:144). A social worker with five years' experience stated that:

> *Conflicts are caused by various situations but in CHH cases, conflicts normally arise when there is no will in the family or there are finances involved and everyone wants a share of the deceased's property. We then help the family to resolve conflict through the use of solution based therapy.* (M, 39 years)

Research by Mthetwa on challenges faced by CHHs has indicated that conflicts do arise in CHHs. Conflicts emerge because of different issues, including having different opinions and/or liking different things (Mthethwa, 2009:62). Social workers, therefore, have to place more focus on services that assist service users in conflict resolution.

Conflict resolution in CHHs is sometimes necessary because in a group of people who are in constant interaction, conflict is inevitable (Mkhize, 2006:119). Conflict resolution, like parenting skills, is an attempt to empower the family while resolving disputes, arguments or disagreements (Cook-Huffman, 2008:423; Kurian, 2011:1474; Sullivan, 2009b:144). Conflict resolution is the negotiations or efforts made to resolve the arguments and reach amicable solutions (Hybels & Weaver, 2012:207).

In this research, it was indicated that, when conflict arose between or among children in CHHs, extended families, neighbours or other parties involved, social workers provided the service as and when needed.

> *Conflict resolution is done a lot within CHHs. Conflict can arise between or among siblings, neighbours or extended families. So the social worker has to assist in such cases.* (F, 39 years)

> *Where there is a conflict we as social workers become the neutral party to help families to reach a conclusion of some sort then we do conflict resolution.* (F, 31 years)

Rendering conflict resolution services to CHHs is to bring the family to a space where they have shared goals, shared visions and above all, where they have to co-exist (Hybels & Weaver, 2012:207). A research study conducted in 2009 also alludes to the fact that there is conflict within CHHs which is sometimes normal and in some cases, very serious, and poses a threat to the family and can lead to family disintegration (Mthetwa 2009:52). Conflict resolution is both a situation and a process, and can therefore be resolved when all parties concerned have been consulted and they agree to not only address the cause of the conflict but also to reach a compromise (Hybels & Weaver, 2012:206). In conflict resolution, social workers have to change their roles and advocate for justice for the CHH, ensuring the safety and maintenance of the best interest of the children (Mthethwa, 2009:49).

Focus on counselling and behaviour modification is not always solely based on an individual level but can be extended to a group or a family. Family counselling and behaviour modification help not only individuals but also groups to communicate. It is sometimes regarded more helpful than focus on individuals, as this method is interactive (Becvar, 2011:499; Softas-Nall, 2008:227). When conducting behaviour modification programmes with the family, attention is given to their relations and support systems (Zastrow, 2013). The goal of behaviour modification is not necessarily to search and dwell on the problem or the cause of the problem but rather to help service users resolve the conflict (Becvar, 2011:499).

Below participants have discussed the involvement of the whole family in counselling sessions.

> *The whole family is involved in the counselling sessions. The whole family is also involved in psychosocial sessions and parenting skills depending on the topic to be discussed.* (F, 36b years)

> *We do family therapy where we sit with the whole family and offer group counselling to help them heal and cope with the emotional stress, cope with loss and grief.* (F, 36a years)

Family counselling is an intervention to help people communicate, share experiences, manage difficulties, adapt and deal with life circumstances (Langley, 2006:43; Sullivan, 2009a:324). The family counselling session involves gathering information from the family through interviewing all the members (Becvar, 2011:498) in order to assist the family members with tools they can use to become self-reliant and to accept themselves unconditionally as they encounter new problems in daily living (Corey, 2009:286). A participant (F, 36b) mentions that sessions are dependent on the issues that come out of the information gathering sessions held

with the family. Methods of intervention may include talking or other forms of communicating or the creative arts. Service users are encouraged to communicate and share ideas in order to understand that mutual influence is inevitable and that, although one person may be showing symptoms, their problem might affect everyone in the family (Becvar, 2011:498).

Two participants (M,39 and F,41) discuss the fact that these families have to receive some form of grief or bereavement counselling as they are going through loss.

> *Taking from the perspective that the whole family is grieving and is affected by the same situation. We get the whole family together and discuss feelings and how their changes are affecting the feelings.* (M, 39 years)

> *Service users react differently to being child-heads or to being in a child-headed household. If families become child-headed due to death, they will go through bereavement counselling. We have noticed that if some do not go through such counselling they become rebellious so we have to involve them in counselling as individuals and in some cases as the whole family.* (F, 41 years)

Loss affects all members of the family regardless of the age; therefore, all members will go through grief in one way or the other. Grief is the natural emotional response to loss of a loved one (Papalia et al., 2009:623). Therefore, psychosocial needs such as counselling following trauma and multiple loss, including death of parents and dispersal of siblings, were mentioned in research by Mogotlane et al. (2008:23). However, what was vividly visible was the fact that these services did not take precedence in service provision (Mogotlane et al., 2008:23). With little or no support from social workers CHHs have to depend on their strengths to cope with stressful and emotionally draining situations.

It is important to note that, when the whole family undergoes bereavement counselling, younger children find this process daunting and end up not opening up in these sessions (Langley, 2006:43). It is incorrect to assume that children can comprehend the idea of counselling and they sit still during the whole session (Sugarman, 2004:35). It is normal for children to see the social worker as any other adult who simply does not understand them and what they represent (Langley, 2006:43). For social workers to obtain information from children, they need to use play therapy.

> *For the younger siblings we do what is called play therapy. Here we use role playing; feelings games and color your life games. It is not different from counselling in that both processes are therapeutic and involve talking. However with the younger siblings we have to change the setting, if we are in our office we have a room that has toys and*

we try to make the setting less intimidating for the child. This helps the child to relax, have some trust and feel free to relate to the social worker. (M, 34 years)

Play therapy in general emanates from the perspective that play is a conversation and toys are a language so we try to speak the same language with a child. The feelings game helps the child understand feelings, share feelings and be able to communicate such feelings with an older person. In role playing we help the child understand the different roles in life, help the child be confident in themselves. (M, 36a years)

We have also introduced games which we find quite therapeutic, they play different games and these games always have a topic for example particular games teach them responsibility and some games teach them team work. (F, 43 years)

Play is a necessity for children, as it assists in growth and development. Play is also used in both formal and informal education (Mogotane et al., 2008:51) and in this case, as a therapy tool. Play therapy is defined as the therapy that helps children deal with conflicts, anxieties, self-awareness and psychological development; it provides a communication channel and raises self-esteem (Crane, 2008:332). It is a self-motivated process that is freely chosen, pleasurable and an opportunity for children to make sense of the world (Crane, 2008:332).

Play is based on the belief that the creative process helps children to resolve psychological problems, and develop mentally and physically (Malchiodi, 2008:27). Play therapy does not only focus on what the child says during the play sessions but also on the non-verbal cues displayed during play (Hybels & Weaver, 2012:92). Therefore, play therapy makes the children to relax and share as much information as possible.

The role of the therapy is for the social worker and the service users to discover the purposes of behaviour or symptoms and the basic mistakes associated with their coping, thereby learning how to correct faulty assumptions and conclusions (Corey, 2009:106). Play therapy addresses the emotional aspect in a child's well-being, and social workers have indicated that they do not only focus on the emotional but also address the physical well-being through the provision of material support. With this method of therapy, service users are empowered with coping skills to deal with difficult situations (Corey, 2009:210). However, only a few participants use play therapy, as it needs more time and specialisation. It also entails that some children do not receive quality service, as there is a higher chance of co-operation from children in play than in a serious counselling sessions.

One of the main challenges experienced by CHHs is the shortage of food. Over 80% of CHHs recorded in a research study in Addis Abbaba in 2015 experienced a shortage of food (Kebede,

2015:61). It is therefore not a surprise that the provision of material support includes food and clothing. Physical aid in previous research could be supplied in the form of cash, a few hours spent cleaning the CHH houses, doing the laundry or food provided for deprived communities to alleviate hunger (Olufemi, 2015:538).

In South Africa, food aid is supplied by the government agency SASSA and is administered through government social workers. The food parcel programme is called the Social Relief Distress Programme and help is provided in the form of vouchers, cash or food parcels, depending on the province (SASSA, 2016). CHHs sometimes solely depend on material assistance through individuals or groups who donate clothes, pay their school fees and in some cases, food parcels (Moffett, 2007:49). Responses from the participant below concurred with the previous findings and stated that:

> *Social Development does not have food parcels at this stage but we collect a list of the child- households and give the list to SASSA and then they give them food parcels.* (F, 29 years)

The service of food parcels is therefore achieved through a referral system as the participant above has indicated. A research by Moffett proves service users are receiving food parcels but these food parcels are inadequate and unable to sufficiently cater for the children's needs (Moffett, 2007:49). Two participants, however, said they do not stop at providing donations but go a step further into teaching the children to have a more sufficient method of getting food and that is through food gardens.

> *In a bid to have an income, we are also helping families to have food gardens, depending on the weather; we help them plant spinach, beans, carrots and beetroot among other veggies that are healthy to sustain the CHH.* (M, 39 years)

> *Right now these groups* [referring to the groups of children in CHHs] *have started looking for churches and schools where they start a group garden project. Most of them do not have garden space so they want to have a collective garden then they will rotate to water the garden and other services. These gardens will provide food for these CHH. We are trying to be realistic in the fact that, the grant is not enough. Remember a foster care grant is only R840 and a child has to be clothed, eat, transported to school, save for future use, and have a funeral policy among other things. We also have a gap between and during the foster care process, before someone receives a grant so that's how the food gardens help us.* (F, 32a years)

The issuing of food parcels is a temporary solution, as food parcels are issued between a month and three months (SASSA: 2016). The adequacy of food parcels is questioned globally with

queries being on the financial capabilities of the Third World countries to support this project considering the fact that some of the money used is already borrowed (Cupp, 2011:226). Previous research has utilised the community as a more stable resource in provision of permanent solutions. Structures like the church and in some cases, political leaders are willing to step in and assist CHHs after the parents have passed on (Mthethwa, 2009:56).

In a bid to cater for the overall needs of the children, participants introduced the foster care system which provided for a legal parent of the children. Foster care is defined as the placement of a child or a group of individuals in the same society that are either related by blood, marriage or adoption (White Paper on Families, 2009:11). Foster care is the term used to define the placement of a child into a private placement, group home or other facility approved or certified by a government to be a registered child and youth care centre (DePersis & Lewis, 2015:723). The foster care process varies from country to country and the duration of a foster care placement varies, depending on different aspects gathered from the assessment of the child's circumstances (Clarke, 2013:93). In agreement to this, three participants have indicated that:

> *Foster care is the legal route of formalizing the process of the elder sibling who is above 16 years to take care of the children involved in the family. Depending on family dynamics, the elder sister or a neighbor will have to raise younger siblings and that is when we formalize the process through foster care.* (M, 39 years)
>
> *Foster care placements are also done where there is an elder sibling then we train that child in parenting skills and then he/she takes legal guardianship of the little siblings. We guide these children through all the legal process and then refer then to SASSA to apply for a social grant. So the family will go through foster care training and foster care supervision, but that is more of group work.* (F, 43 years)
>
> *Fostering means assuming the role of a parent and becoming a legal guardian. This role entitles the significant other to take care of the child, sign any legal documents on behalf of the child and do any other roles that a parent would do.* (M, 39 years)

These legal placements which are also known as foster care or statutory intervention are discussed in the White Paper on Families (2012:43) as a way of preserving families and ensuring that CHHs remain in a family setting. The aim of foster care services is to strengthen the family and not tear it apart. This is in line with the strengths-based theory which seeks to identify, use, build and reinforce the strengths and abilities in individuals (Sullivan 2012:176).

The Children's Act No.38 of 2005 (section 180) explains the concept of foster care and the responsibility of a foster care parent. These include catering for the day-to-day needs of the

child, making sure a child of school going age is in school and also respecting the views of the child. The foster care system is a means of assuming a family structure for children who are not living with their birth families for varying periods of time (Clarke, 2013:93). In CHHs, the children have to assume the parental role:

> *Foster care placements are practical when there is a child who is above 18 years and is mature enough to take care of his or her siblings.* (F, 31 years)

> *Ok, in all child-headed households, there is normally one child who assumes the role of the caregiver. This happens especially when the eldest is the girl and they take the motherly role. When there is a child eligible to take the parental role, we then assist with training and support for the child thereby legalizing the parental role. When I say legalizing the parental role I mean we take the child to court, after we submit a report to the presiding officer and then they issue an order placing the sibling or siblings under the care of the elder child who assumes the care-giver role. That is the child above 16.* (F, 41 years)

The findings show that the participants initiate foster care placements to create a family setting for the children in a CHH. The foster care system is regarded as complete when the child has appeared before a presiding officer of the children's court in order for a decision to be made regarding the child's need for care and protection in terms of the Children's Act No. 38 of 2005 (section 155) (DSD, 2015:22). Other participants also stated that foster care placements assist the children to have an income through social grants. Social grants are regarded as a crucial source of income for unemployed individuals in South Africa (Meintjes et al., 2009:2).

> *Foster care will also help families get income through the foster care grant issued by the government through SASSA.* (F, 29 years)

> *Yes, we do foster care placements. In some cases the children are placed with the eldest child in the family. We then refer them to SASSA for the foster care grant so that the family can have an income.* (F, 32b years)

Although social grants are stated as a source of income for CHHs and assist in poverty alleviation (Dhudhlu, 2015:71), research points out that there are some challenges in accessing the grants. Challenges include the qualifying criteria and lack of adequate documentation (Meintjes et al., 2009:32).

> *The foster care process is taking longer than usual so before we get families to be self-sufficient. We have therefore embarked on a programme to identify a talent in a family and start a project that sustains them. If they have the land then we link them with resources for agriculture, if they can do knitting we then help them knit/sew something during weekends or after school then they sell it.* (F, 32b years)

A further challenge was pointed out by Clarke (2013:94) who states that foster care and the foster care grants in UK are not exactly regarded as permanent solutions as some children will return to their birth parents, some sent to relatives, a few adopted and others move on to independent living (Clarke, 2013:94). Grants also pose the problem as they may issue short-term relief, but can also create possibilities for economic, social and sexual exploitation of children by adults (Mogotlane et al., 2008:59) who take in children from CHHs only for the financial benefits.

Parenting in CHH cases is done legally or through negotiations with families or community members. Some participants have discussed the issue of foster care where they formalise the parenting arrangement. According to the participants, the process starts with preparing the foster parents for the legal proceedings. The foster care process is a complex and difficult process for both the child and the prospective foster parent with challenges ranging from grants being suspended without notice and inconvenient renewal processes (Mkhize, 2006:81; Raguso, 2005:337). Foster parents therefore need to be informed about challenges to anticipate and how best to address these challenges; hence, the foster care training groups.

> *We involve them in foster care training groups. In these sessions we tackle different issues and we also give them training on different topics, some are the topics we have selected after the experiences we have had with foster care families and some topics are selected by the group itself. We also have court preparation session whereby we share information with the service users on what to expect in court, who attends children's court and their rights before, during and after court proceedings*. (F, 43 years)

Prospective foster parents are faced with the challenge of trying to meet the changing needs of parenting which constantly require a delicate balance between work, counselling and psychotherapy (Stroh, Robinson & Proctor, 2008:155). Parents then undergo training which involves educational and therapeutic development. Both parties in a foster care process bear the burden of adapting to a new set of rules, siblings and extended family members; hence, the need for training on the foster care system, expected challenges and how to deal with them (Raguso, 2005:337). This training is done in a group session to allow for service users to share experiences and also come up with additional topics for discussion.

A study conducted by Mkhize in 2006 indicated that foster care placements for the children are often fraught with difficulties varying from province to province or town to town such as obtaining the required documents and sustaining the family before finalisation of a foster care

placement (Mkhize, 2006:95). Social workers, however, do not focus on the challenges and weaknesses of the stated system but instead acknowledge the unique and distinctive social circumstances of each service user (Dass-Brailsford, 2007:83). Participants concurred with findings in Kebede's research which stated that most NGOs, having assessed the strengths of individuals, take the initiative for involving caregivers in poverty reduction activities and self-sustainability projects such as production gardens and ensuring that siblings are not separated (Kebede, 2015:30). Sustainability projects initiated by participants included food gardens (as previously discussed), clothes donation and sewing projects.

> *We also have food gardens and sewing projects.* (F, 31 years)
>
> *Since all schools in the location have a feeding scheme and school gardens, we made an arrangement to give us a small portion so that CHH can take food home from these gardens.* (F, 29 years)
>
> *We are giving food parcels, we are donating clothes where necessary and we also refer children to SASSA for grants which a service user qualifies for.* (F, 31 years)

All three participants stated that they had food gardens meant to assist with food provision, while one participant has a sewing project to provide families with an income and another participant said she relied on referrals to SASSA for an income for the families. The strengths-based theory stresses that every individual has strengths and social workers need to develop these strengths rather than the deficiencies of the individual (Coghlan & Brydon-Miller, 2014:733; Sullivan 2012:182). Although not all children have strengths in gardening and sewing but for those whose strength lie in sewing and gardening, these projects will be sustainable and assist in the quality of services provided by social workers to their particular CHH.

Social workers mentioned various types of groups that they conduct in order to assist service users. These groups include after schools programme, life skills training, support groups and educational groups as explained below.

- **Category 2.2.1: Aftercare school programmes**

One of the most common roles of the eldest child in a CHH is to assist the children with school homework (Mogotlane et al., 2008:50). Participants have indicated that they are making use of an aftercare school programme to support CHHs with homework (F,41, M,34 and F,31). An aftercare facility is used to provide a form of empowerment and capacity building within the confines of a family setting (White Paper on Families, 2012:43). Furthermore, it should

"increase the implemented protocols for reintegration and reunification of family members" (White Paper on Families, 2012:43).

> *We also have an aftercare programme where we assist children with their homework. An after-care programme is done in a group but every child is given individual attention depending on grade and subjects.* (F, 41 years)
>
> *And we also have an after care centre, after school they come and we give them food and we help them with their homework.* (M, 34 years)
>
> *The after care center was established with the help of our previous service users who were in CHH. They came up with the idea, stating that they did not have anyone to help them with school homework and this was a daily challenge. Every time after school they come and then we give them food, and we teach them home works and we encourage them to take part in sporting activities at that level.* (F, 31 years)

After-school care has been recommended in previous research articles as a community development support center used to support learners and offer care for their younger siblings as well as provide meals and recreational activities (Mthethwa, 2009:4). According to the White Paper on Families (2012:3), an aftercare facility is not necessarily for CHHs but for the youth in general, and it is meant to empower and build the youth. An aftercare facility can be a safe option for child heads and their siblings but it is crucial to have a solid structure that will not only keep them busy but also educate and empower them.

- **Category 2.2.2: Life skills and support programmes**

Life skills training is a broad group of psychosocial and interpersonal skills that may not be in the academic curriculum but are used to assist individuals to deal effectively with future societal, psychological and emotional demands (Kishore, 2010:145). These skills have been designed to specifically address the social and intrapersonal factors by providing the knowledge, attitudes and skills necessary to actively identify and resist societal pressures (Harris, 2014:796). They focus on the strengths of the children aged between eight and nineteen, measuring both tangible and intangible capabilities (Alexander, 2014:94). They are meant to assist individuals in adapting and maintaining positive behaviour trends in their demanding everyday lives (Kishore, 2010:145). Life skills are survival skills and beneficial to all individuals, even those not experiencing psychological distress or difficulties.

It is crucial to note that CHHs do not always have the opportunity to learn basic life skills or cultural knowledge that is usually passed on to children by their parents or guardians (Kapesa, 2015:42). Life skills, as taught by social workers, are therefore beneficial for emotional

regulation, distress and tolerance. Focus is on key risk factors, lifestyle choices and problematic behaviour trends (Bradley & Miller, 2014:468; Harris, 2014:796). A participant (F.29) gave an example of issues and topics addressed in life skills:

> *We deal with topics that range from communication skills, self-image and rights of children.* (F, 29 years)

With these topics, social workers seek to improve the psychological well-being of the children and individuals involved in life skills training, and ultimately provide them with more resources to cope with life stressors (Bradley & Miller, 2014:468); hence, the use of life skills training.

Two participants explained that they share information that teaches survival skills. This training is in line with the strengths-based perspective which seeks to discourage the use of a deficit-based approach that assigns disempowering labels to service users but instead categorises them in terms of strengths (Saleebey, 2013:4).

> *Yes, life skills training. We try to involve all the children that are from the age of six to eighteen. We tap on the strength of all the children and teach them survival skills. Skills training take pressure from the eldest child. I am talking about small things from doing dishes, helping with cooking and gardening.* (M, 34 years)

> *We give them information talks about budgeting and communication seeing that they need to learn how to use their money effectively. So I think budgeting is one of the important topics for teenagers in child headed households.* (M, 31 years)

As mentioned by participant M,31, social workers conduct information sessions on budgeting and communication, as the ultimate goal of life skills training is to prevent the children from making uninformed decisions. When individuals are well-informed, they are less likely to experience psychological distress (Bradley & Miller, 2014:468). It is recommended that, regardless of the financial position and ages of the children in the CHH, it is important to identify their strengths, to focus on building their confidence and them experience and construct their social realities (Dass-Brailsford, 2007:71-93).

Individuals have a need to belong in social relationships which are stable and meaningful (Gil, 2012:20) in order to gain social, emotional, material and/or instrumental support (Kapesa, 2015:50). Participants have indicated that they make use of support groups to facilitate the growth of these meaningful relationships. A support group is described as an organisation of people who share the same experiences, needs and challenges. These people then meet to share their experiences with the sole aim of exchanging ideas and ultimately providing emotional

support to one another (Toseland & Rivas, 2014:20). Support groups also help service users to forge a close community bond that is built on acceptance, love, care, opportunities of self-discovery and subsequently, the emergence of a positive self-identity (Gil, 2012:20).

Four participants who shared their views on support groups have indicated that support groups are used as platforms to share experiences and offer support to one another.

> *We engage them in support groups because we realise that most of them have got problems that they are dealing with so we screen them and put them in a group. In these groups they feel comfortable to share most of their concerns*. (F, 29 years)
>
> *Like for instance we have a support group that we have every week with these kids and they discuss their challenges and share solutions.* (F, 31 years)
>
> *The main aim of the support group is for individuals to support each other, every week we have a different speaker coming to motivate the children. We have invited educators, nurses, lawyers for career guidance among other professionals and this keeps the children motivated. We assess the child or children and we place them in different support groups aiming to build resilience and to make the children adapt and cope with their situations.* (F, 41 years)

It is evident that children in CHHs have a very low chance of family contact and this affects their knowledge of family culture, life skills and adult guidance which are normally transferred from parents to children (Kebede, 2015:13). Social workers try to fill this gap for the children through support groups where children learn skills that are crucial for self-improvement, needed for interpersonal relationships, aid in decision-making, conflict resolution, coping mechanisms, anger management, self-esteem, self-sufficiency, grief and stress management (Alexander, 2014:94).

Being in a CHH can cause stress to child taking over the parental role while going through loss and grief. Stress management, as a tool shared in support groups, becomes a crucial aspect in helping such families to manage, cope with or reduce stress. This technique can be shared with individuals or in a group (Bradley & Miller, 2014:469). In order to support group members in the process of change (Bawikar & Masdekar, 2010:193). Working through groups becomes an important intervention strategy in certain situations to increase the quality and relevance of an intervention (Bawikar & Masdekar, 2010:193).

> *We identify children or let me say the supposed heads of the families, although they are still children themselves. They are put in a group of between five and ten depending on their needs and we have weekly conversations on their challenges, we invite motivational speakers to help them cope or adapt to their situations. Challenges include*

> *being a parent at a young age, grief, family conflict and financial management to mention just a few.* (M, 39 years)

It is a common practice in social work for individuals with a common concern, challenge or orienting issue to come together and share experiences and challenges (MacQuarrie, 2010:214). These groups are mostly a success, as they give children a chance to mix with their peers and friends, and they make them to temporarily forget their day-to-day worries and demands (Kapesa, 2015:52). This is one of the reasons for the presence of the group, namely to offer emotional support. There are, however, some challenges that have been reported with support groups whereby not all children are keen on attending these groups, as they do not want other children to know about their situation (Mogotlane et al., 2008:24).

Where possible, social workers use the referral system in groups to refer children from CHHs for further services as mentioned under 'Individual services'. This service is also seen in Moffett's research as he states that CHHs rely on referrals for financial support, food, payment of school fees and clothes (Moffett, 2007:46). Children express that the experience of receiving help and support from organisations has gone a long way in restoring their sense of hope, meaning and purpose in life. It has made them realise that there are people who care about their well-being (Kapesa, 2015:52).

One of the participants says that grown-up children from CHHs are requested to motivate other children in groups. This is a different use of support groups whereby motivation is derived from an individual who has been part of a CHH.

> *We have also invited other children that were previously in child-headed households, they have shared their experiences, challenges and we found this quite motivational and educative for other children.* (F, 32a years)

The role of such groups is to use individuals with the same experiences to motivate and educate. In this type of groups it seems the nature of the social work service is to facilitate communication in the group and not to be at the centre of service provision. Three participants shared an almost similar type of group which was used to provide psychosocial support to CHHs. Psychosocial development focuses on relationships and personal development. It is often used by social workers to understand the nature of the service user's problems, issues underlying the problem and possible ways to assist the service user (Fitch & Marshall, 2015:831). One participant (F,36a) used psychosocial support as a tool coupled with relaxation techniques found in play to address various issues and subsequently shared coping strategies and conducted group counselling. Psychosocial groups help individuals to develop more

satisfying lives as they address internal concerns, personal growth, educational concerns, stress management, adjustment difficulties, loss and general wellness (Sullivan, 2009a:144).

A participant's (F,26) explanation of psychosocial support is in line with the need to help CHHs develop more satisfying lives by addressing challenges such as bullying, peer pressure and parenthood. It is crucial to acknowledge that any child's life is affected by various agents of socialisation which include peers, religion, school, the internet ando the home environment (Shaffer & Kipp, 2010:609-639). Psychosocial support seeks to reconcile the pressure that comes from these agents and ultimately involves programmes that assist children and families to experience love and protection and develop a sense of self-worth and belonging.

> *Psychosocial support groups share experiences; play games together, share coping strategies and also have group counselling.* (F, 36a years)
>
> *We provide psychosocial support where we actually help them to deal with their needs for example we help them to deal with bullying and peer pressure. This is not only at the school environment, but also at the home seeing that they become parents at a very young age.* (F, 26 years)
>
> *When we speak about psychosocial we are basically talking about the effect of the death of a parent on the emotional being of a child, the absence of the bread winner and lack of income. The list is endless, but then our role as social workers is to create an emotional balance. We therefore use the group setting for service users to share, discuss and help each other in coping.* (F, 31 years)

Although CHHs are vulnerable to a certain extent, society should acknowledge certain strengths that they possess and offer a range of support mechanisms to uphold the integrity and functioning of the CHHs (Kapesa, 2015:53). These findings are consistent with those of a study conducted in Zimbabwe on the coping strategies of CHHs. The study concluded that it was imperative for psychosocial support to be integrated strategically into programmes for children (Germann, 2005:26).

Psychosocial support is offered at a group level where children share, learn and enjoy activities together. Traditionally, group therapy has been limited to people with specific emotional or behavioural problems, but recently, more emotionally healthy persons are turning to group therapy in an effort to become even healthier, and this tends to address CHH challenges before they occur (Lopez & Rasmussen, 2005:124). Some groups are said to provide counselling to address an existing negative behaviour while others seek to promote competency and build resiliency, as well as reinforce available strengths and abilities in an individual (Riva & Haub, 2004:309; White Paper on Families, 2009:36).

Social workers work with both individuals and groups; however, group counselling usually lasts for between 12 to 15 sessions. Certain concerns can be treated more effectively in group counselling format than in individual counselling; hence, some social workers opt for group counselling (Lopez & Rasmussen, 2005:124). Participant (M,34) has stated that he has gender-based groups that were meant to empower and build resilience in the service users.

> *In the groups we have the girl child and boy child groups. In this way we try by all means to empower them so that they can grow up to be children who are resilient. Like, for instance, they are being taught to know who they are and who they represent.* (M, 34 years)

According to Saleebey (2009:11), one of the six lexicons of strengths is resilience. Therefore, resilience in CHHs has been discussed as one of the crucial parts of coping, as it seems to mitigate stressors (Moffett, 2007:46). Although children in CHHs face a number of challenges, they exhibit coping mechanisms that lessen their burdens (Kapesa, 2015:57). Resilience is found in a variety of behaviours, thoughts and actions that can be learned and developed across the lifespan of the individual.

Ungar (2008:225) provides an all-encompassing definition of resilience, namely:

> "the context of exposure to significant adversity, resilience is therefore both the capacity of individuals to navigate their way to the psychological, social, cultural, and physical resources that sustain their well-being, and their capacity individually and collectively to negotiate for resources to be provided in culturally meaningful ways".

It is crucial to understand that the levels of coping and resilience in CHHs are not always the same in all children (Moffett, 2007:24). Therefore, service users need assistance in a number of issues to assist them to cope. Social workers have long recognised the capabilities of people to adapt and overcome risk and adversity. Children in CHHs can rebuild their lives. A participant (M,39) has discussed some of the issues being addressed by his groups. He mentions health, personal and environmental characteristics that need attention.

> *The focus is typically on health aspects of the service user's persona and environmental characteristics which include culture, ethnicity, gender, sexual orientation, socioeconomic status and physical ability and the role of career on individual development and functioning.* (M, 39 years)

This process involves getting to communicate with the service users and giving them life skills training when the need has been identified. Service users are given the opportunity to exercise

a sense of control over their respective situations (Lewis, 2013:72). There is also a need to dig into the strengths of the service users, embrace and reinforce them, thereby enhancing fairness and equity for the CHHs (Sullivan, 2009a:324). The process increases informed self-determination for power, choice, autonomy and responsibility in individuals and groups (Haar, 2006:14; Sullivan, 2009a:324).

Participants indicated that in order to give relevant information to the service users, they needed to do research on topics affecting CHHs. Research based on practice and the need for a change-based outcome was common in social work (Coghlan & Brydon-Miller, 2014:733). Topics discussed, as stated by a participant (F,26), included sex education and health issues.

> *Basically the most important thing that one does at group level is to research especially on topics that are affecting the child-headed households and in some cases they suggest a topic that they want to learn more about. Children in child-headed households do not always have someone to look up to or someone to show them the way so we make sex education a priority. We research and teach them about sex, sexuality and the health side to sex and sexuality so we always invite a nurse or a doctor to educate them on that. We have a research team and they make it quite interesting and understandable for their age so that they make informed decisions.* (F, 26 years)

Apart from research, group work is done for various reasons, including moral regeneration and role-modelling.

> *We have recently started a moral regeneration group. We are targeting those who are from 12- 18 years and we are discussing various topics. These groups are especially helpful for CHHs because they do not have parents to teach them about these things so we believe the best way is to give them information and they can make informed decisions.* (M, 39 years)

Children in CHHs need an adult to discuss rules, morals and general behaviour trends like bullying, sex, sexuality and communication; hence, the need for moral groups. From group work, participants explained service provision at community level.

4.3.2.3 Sub-theme 2.3: Community work services provided to CHH

Social workers are reaching out to CHHs on an individual and group level, and also addressing them at a community level. The word *community* has been defined as a social system with a defined relationship that shares a fixed geographical area (Weinstein, 2008:108). Participants have indicated that they are working in established communities to render such services as community outreaches and dialogues. The approach used by social workers in rendering services is in relation to the strengths-based approach which seeks to identify, share and utilise

the available resources and using them to facilitate change in the community (Coghlan & Brydon-Miller, 2014:734).

Social workers started by discussing issues affecting the community through community outreaches and dialogues. The role of the social worker in community work changes as witnessed by two participants who discussed the advocate role whereby social workers had to represent the service user in the community.

> *We also play the advocate role for them; we stand in for child-headed households in different situations. We stand in for them with the justice system, the families and the schools where necessary. It is easy for the community to take advantage of child-headed households because they are vulnerable and in most cases lack information on their rights.* (F, 36b years)
>
> *In some cases we advocate for these children or mediate in family issues, for example when their biological parents have left them some property or money and the extended family also wants that property so the social worker has to intervene through mediation or advocate for the children.* (F, 43 years)

As ascertained, CHHs are amongst the most vulnerable children in South Africa; therefore, advocacy is one important role played by social workers to allow for the protection of these children's rights (DSD, 2010a:16). The role of the social worker as an advocate is explained in Nziyane (2010:257) who states that "social workers should play an advocacy role and act as intermediaries between orphaned children and their extended families to sensitize the extended families about the plight of orphaned children living in CHH". Mkhize (2006:81) also stresses the advocate role as that some situations are intense to the extent that the advocate role becomes the dominant role rather than a supporting role. Without this role children living in CHHs are likely to become destitute, homeless and abused. The CHH setting generally represents a structure where children's needs are not met, and if social workers do not advocate for them then they are likely to suffer and not receive justice (Mkhize, 2006:80). Services at community level are also conducted via community outreaches and dialogues.

- **Category 2.3.1: Community outreach and dialogues**

Community work is meant not only to strengthen the individual in a community but also the community with the individual. Community work seeks to build resilience in families in order to strengthen and keep them together (White Paper on Families, 2012:3). Germann, (2005:29) indicated that community involvement played a crucial role in CHH's well-being. Another research study conducted in Zimbabwe concluded that sufficient community care capacity had

a positive impact on the social functioning of CHHs. Participants in this study have indicated that they "do awareness campaigns on the issues of concern, and also we involve the children in dialogues". Having conducted dialogues and outreach campaigns, social workers have forums to further discuss these challenges.

Educating the community and conversing with the community from the basis for community work. In addressing challenges, Skhosana (2013:127) discusses the community as a way of assisting service users. She states that, where possible, it is necessary to make use of families and the community's participation to strengthen service users.

> *Community level is mainly your early intervention phase where we educate the community, we create awareness on issues that concern the community for example HIV/AIDS, child abuse etc. This level has a snowball effect and information is passed from one person to the next.* (F, 43years)

Participants also discuss the awareness campaigns they have raised at community level to inform and educate the community at large. Community awareness is discussed as a process that engages individuals and groups who share a common geographical area and common interests by giving them an opportunity to learn, reflect and self-improve (Kim, 2006:202). Community campaigns and awareness-raising events provide a useful focus for activities within communities for a number of reasons (Blake, Bird & Gerlach, 2007:62). This social work method is said to be a powerful tool, as it decentralises decision making, makes individuals to gain perspective and bring change to communities (MacQuarrie, 2010:214).

In her recommendations, Skhosana (2013:180) states that "sufficient time and adequate resources should be allocated for implementation of prevention and early intervention to ensure effectiveness and efficient social welfare service delivery to reduce the high number of vulnerable children and to strengthen the families". Prevention and early intervention services are mainly developmental and therapeutic programmes that can be used to ensure that service users are empowered and assisted before they require state intervention, alternative care or statutory placements (DSD, 2015:6). Awareness campaigns have been raised for different topics as indicated below.

> *We do raise awareness for child-headed households together with orphans and vulnerable children in areas that affect all of them. We raise awareness on abuse, financial management and we observe all calendar days.* (F, 39 years)

> *We educate the community about the existence of child-headed households and we train some members to be temporary safe care parents in cases of emergency.* (F, 32a years)

At community level, we are basically doing public education and we also the role of the activist we try to educate the community on children's rights. (F, 36a years)

We have the occasional awareness campaigns held with other stakeholders on children's rights and empowering the community through dialogue. (F, 41 years)

Research states that awareness campaigns are recognised globally as powerful tools as noted by national and internationally recognised days such as World Aids Day (international) and 16 days of activism against violence on women and children (MacQuarrie, 2010:216). Awareness campaigns are not limited to the need to educate the community but also to create a united community, develop the community and also have therapeutic programmes.

These programmes comprise of educational development and therapeutic programmes. They are done for the community at large and specifically for the child-headed households. Having conducted a community profile, we identified the gaps in our community and these include the fading away of extended family support. So in education programmes, we strive to take the families back to supporting child-headed households. We speak about Ubuntu in our Sotho culture 'botho barona' meaning we stop westernizing our culture and embracing our African heritage. In this way, the role of the family is emphasized making child-headed households to be protected. (F, 41 years)

For the community to be ever present for these children because there comes a time where you discover that these children are living alone and the social workers cannot always be there for them so we need the community to be there for them. So we had to mobilise and activate the community to be actively present for these children, In the middle of the night when the social worker is not there. (M, 39 years)

Participants have indicated that, in a bid to reach all service users and make uniform services available for service users, they need to meet frequently and discuss the gaps in service provision; hence, the need for local and national structures. These structures indicate the gaps that have been identified in child protection. However, their presence also highlights that the relevant stakeholders are doing something to curb the identified gaps.

- **Category 2.3.2: Utilisation of community resources**

By definition community resources are either tangible or intangible. These include natural, economic, social and human resources in any community (Choi, 2011:216). As one of their roles, participants have stated that they are making use of community resources to help the service users. Social work services do not have all of the answers; therefore, they need to work closely with the community to find new ways to design and deliver services to the service users

(McLaughlin, 20012). This is done through referrals and research as stated by some participants.

> *We have partnered with an organisation called Love Life. This organisation is specialising in youth issues so they help us conduct youth dialogues in different schools to help boost self-image and to get the youth sharing their issues, challenges and dreams.* (F, 31 years)

> *And then later when they finish school we make sure, especially primary and secondary school, we make sure we take them to Universities and then we link them with bursaries*. (F, 29 years)

> *Like some of them that come they do not even have identity documents so we have to make sure that they are registered with the department of Home Affairs.* (41 years)

Participants also partner with various stakeholders for service provision. This type of service delivery is known as multi-disciplinary practice or inter-professional practice (Higham, 2006:28). Participants partner with the SAPS, SASSA and the Department of Home Affairs, among other organisations, in order to provide comprehensive services. DSD guidelines encourage the use of other departments and other professionals to improve the nature of services provided to CHHs (DSD, 2015:13). Partnerships with other service providers also include inviting other professionals to be guest speakers at functions as mentioned by the participants below.

> *We partner with various stakeholders, the SAPS, schools, the court and we visit communities, visit school and we have information giving sessions. We invite different speakers, we inform them of the dangers of living children without adult supervision, we educate them on Children's rights and we also inform them about ways they can protect their siblings*. (F, 36b years)

> *I can make an example, sometimes we invite he Department of Home Affairs, SASSA, SAPS and the mobile clinics to make a presentation and offer services on one service point so when referrals are made, people get help on the same day without spending too much money.* (M, 39 years)

> *We have a multi-disciplinary team that involves the department of Justice, Department of Education, social workers, the SAPS and community members. This is used as a support system for child-headed families and other vulnerable children. These individuals help us identify daily challenges that affect the children; we then try to come up with a solution to help the children. In some cases you find these individuals donating money from their pockets just to assist the children with school uniform, food and transport money to school.* (F, 43 years)

The use of a multi-disciplinary team also entails that the social worker has to research and find out the relevant stakeholder for the relevant service needed.

- **Category 2.3.3: Child participation**

Although professionals team up for service provision, it is still crucial to understand that the child is at the centre of multi-disciplinary assistance, and therefore, there is a need for child participation. Child participation is discussed in The Children's Act No. 38 of 2005 as an important aspect in decision making, because "every child that is of such an age, maturity and stage of development as to be able to participate in any matter concerning that child has the right to participate in an appropriate way and views expressed by the child must be given due consideration".

Critical in child participation is the age, level of maturity and developmental stage of the child. The child's views and thoughts must be given consideration in decision making according to the said Act (DSD, 2015:4). Social workers indicate that they are involving the child in decision making and this further strengthens the quality of services they render, as they do not impose solutions on the child but make the decisions with the child and not for the child.

> *We also include them, we do not isolate them from the commemoration of calendar days like World Aids Day where they can get involved and actually get information on perhaps the topic itself, HIV/AIDS.* (F, 29 years)

> *We have recently started community projects to boost the confidence of these children by engaging them in debate, public speaking and this enables them to have self-confidence.* (F, 31 years)

> *We also assist child-headed households by assisting them with community participation. We make sure that they are involved in various community groups that can empower them through self-representation. They are therefore involved in community dialogues and this gives them a voice, recognition and self-development.* (F, 41 years)

> *We try to take the children out of living in an island of their problems so we identify children that are in the same situation and we couple them with those that have been in the same situation. In short we have a role model to coach them in addressing their challenges. We have individuals that grew up in child-headed households and therefore they share their stories on a weekly basis and the children learn from them, ask questions and share their experiences as they grow.* (F, 29 years)

The idea of giving the children a voice at the community level prepares them for challenges and also gives them power to make a difference in their situations. A study conducted by

Nhedzi highlighted resistance, non-cooperation, lack of participation from the community as some of the challenges faced by social workers in service provision (Nhedzi, 2014: 150). Literature then suggests that organisations should provide incentives to encourage participation from service users (Strydom, 2010:200). In community mapping, "the journey is as important as reaching the destination. The process of community mapping helps bring a community together to work on a common cause. The combination of process and product has the capacity to empower the community by making it better prepared to stand up against and/or negotiate with outside interests" Coghlan and Brydon-Miller (2014:734). Child participation is a move in the right direction for the social work profession and when the child's strengths are considered, acknowledged, approved and utilised, there are very high chances for the child to feel empowered and maintain the change in their lives as they attain an acquired sense of responsibility.

4.3.3 Theme 3: Participants' experiences and perceptions of services helpful for CHH

In order to further comprehend the nature of social work services rendered, the participants through the use of open ended questions were asked to elaborate on their experiences and perceptions on the services they perceived to be crucial and helpful in providing quality services to CHH.

4.3.3.1 Sub-theme 3.1: Case work method used to provide support

Social work practice in any situation is designed to provide a service to people considered to be in need of help to manage deprivation, poverty and unfortunate life circumstances (Payne, 2013:246). These people can be an individual, group or community. Participants elaborated on the service that they deem crucial and effective in service provision.

> *Ok, in my opinion I think all services work hand in hand but we always start at an individual level so I would say the individual work does the trick.* (F, 43 years)

> *Individual work, it's specialized and you pay particular attention to the child or the service user. Individual work creates an environment where the service user feels safe to be with the social worker without fearing that the larger group might spread their confidential information.* (F, 31 years)

> *I find Individual work to be most helpful because it deals directly with individual development and I believe when you develop one person, you develop the community as well.* (F, 36a years)

Case work was recommended for various reasons. Two participants indicated that this method, through the foster care process leads to financial freedom. It is stated that:

> *Foster care has always been helpful to me. I say that because it creates permanency, it gives a family an income and also stability and the comfort of a family structure. So I will say individual work because it specializes on the needs of a particular individual.* (F, 32a years)

> *If you help a family to get financial freedom then they will not be the same as before your individual intervention.* (F, 41 years)

As much as foster care and foster care grants provide a form of financial freedom to the children, research identifies a gap whereby not all children in CHH are eligible for the available social grants thereby causing more challenges (Meintjes et al., 2009:7). Furthermore issues like processing of applications is sometimes reported as very slow and tedious, applications and documents can go missing with little or no feedback to service users (Mogotlane et al., 2008:29). Social work however has other methods that can be used to assist CHH. Four of the participants stated that they see group work as more crucial to service delivery and reasons are stated in sub-theme 3.2 below.

4.3.3.2 Sub-theme 3.2: Group work method used to provide support

Group work in social work is used as a means of collecting and sharing information in one session, to and from several people who share common experiences and a common goal (Payne, 2013:246). Group work is discussed by the department of social development as one of the key methods that should be applied in service provision as it allows group members to meet and share experience while working towards achieving a shared goal (DSD, 2006:15).

> *Oh, in my opinion I think group work. It's more helpful because that's where service users get to assist each other and learn from each other perhaps on an experience level that is. The service users is the person in situation and therefore knows the challenges first hand, they encounter new challenges on a daily basis. Not everything is in the book for the social worker, but when service users sit and share then they can be able to emotionally support each other.* (F, 31 years)

> *I find group work helping me very well because we make an impact on more children and group members feel free to ask questions and we sort of create a friendship within these children as they meet on a weekly basis.* (M, 34 years)

> *It's quite effective in that different individuals share their experiences and others get comfort in knowing that they are not alone.* (F, 29 years)

> *For me it has been group work because with the Girl Child Programme that we have and the Boy Child Programme we have lots of testimonies. Most of our girls they came to tell us how being involved in this programme has changed their lives. Some are now looking forward to life knowing that they can change the destiny of their families, they will not remain in poverty. They also know that they are not in isolation, they have friends and people in the same situation.* (M, 39 years)

The group work process is based on theories of group dynamics and through active participation and active listening individuals can benefit and grow personally (Ambrosin et al., 2012: 28). As previously mentioned in this research, group work can also pose a challenge as some children do not want to be identified as children with a problem. Having indicated their reasons and experiences, the last group of participants stated that community work was more effective for them. The arguments presented by participants were based on the quantity of people reached and not necessarily on the quality of services rendered. The quantity of people reached is however affected by availability of resources as will be discussed in themes to follow.

4.3.3.3 Sub-theme 3.3: Community work method used to provide support

At a community level, social workers mobilize, strengthen and empower communities through use of their strengths (Integrated service delivery model, 2006). Two participants elaborated on why they felt community work is the best approach in assisting CHH.

> *I love community work and have always found it to be effective. When we do awareness campaigns, people always come and we are given a platform to educate people. People get informed, educated, we discuss issues affecting them, we hear their concern, we get all stakeholders involved and this has always worked for me*. (F, 32b years)

> *I think community work. I do not underestimate the power of a well mobilized community. I have seen how this community helps the children. I am not saying all of them are hands on, but I appreciate the few that stand for the rights and for the protection of the child-headed households.* (F, 41 years)

The use of community work as a way of reaching more people can also be useful in service provision; however there is still a need to consider human and financial resource availability. As mentioned above, it is also critical for social workers to note that they cannot fully depend on the community to help in service provision as some CHH have been exploited, abuse and taken advantage of by some community members. The researcher then moved to the participants' experiences and perceptions encountered in service provision to children in CHH.

4.3.4 Theme 4: Participants' experiences and perceptions of challenges when rendering services to CHH

In rendering services to CHH, participants indicated that they encounter various challenges that deter them from the implementation of required programmes or slow down service provision. One of the challenges was the inflow of undocumented foreign nationals.

For a long time, South Africa has become the hub of foreign nationals seeking a better life. Statistics SA counted 2.2-million foreign nationals during the 2012 population count, which was up from 1.2-million a decade ago (Sowetan live, 2012). Foreign nationals enter the country as married couples, single parents and in some cases as unaccompanied children. With these statistics, children in CHH end up struggling to get proper legal documentation that is birth certificates, clinic cards, social security and any other services they are supposed to get (Sloth-Nielsen, 2004). These documents are all crucial and imminent in the issuing and access to the government social grants (White paper on families 2012:49).These children sometimes end up on the list of children in need of care, and protection or as a CHH as described by the Children's Act No. 38 of 2005, however for different reasons; social workers are unable to assist.

> *We have a high number of children from other countries that are illegal. We have worked with the Department of Home Affairs to help them but we cannot do much because they cannot be documented without their parents. In some cases we struggle to trace their families and we end up giving up.* (F, 29 years)

This challenge is seen to be affecting the country as a whole thereby seeing South Africa working with neighboring countries to document individuals residing in South Africa. Although efforts to document foreign nationals, other individuals still fall through the cracks and remain undocumented. In 2010, South Africa embarked on a journey to document Zimbabweans through a special permit known as the dispensation of Zimbabweans permit (DZP). The Department of Home Affairs received 294,511 applications (242,731 were granted, with 51,780 either rejected or not finalized) (Africa check factsheet).The same process was duplicated for Lesotho Citizens and the process was named the Lesotho Special Permit (LSP) (Africa check factsheet, Department of Home Affairs: 2016).Both processes assisted in curbing the challenge of undocumented citizens but challenges are still experienced nonetheless. DSD guidelines state that the non-South African child is to be assisted with his or her application for asylum in South Africa if the parents are not traceable or if the child's circumstances are not suitable for the child to be returned to his or her country of origin (DSD, 2015:24). This challenge however can be addressed only in cases where there is enough resources to cover

both the South African population and the foreign national population. Participants indicated a lack of resources and more will be discussed in sub-theme 4.1.

4.3.4.1 Sub-theme 4.1: Lack of resources

Lack of funding, poor funding and in some cases late transfers of funds to organisations has negatively affected many organisations (Mogotlane et al., 2008:26). Participants in this research discussed a lack of resources as one of the challenges deterring service provision to CHH. These findings are also presented in a study by Nhedzi and Makofane (2015:368) whose findings stated that there is a lack of funding and a shortage in organizational resources especially in NGOs. In a research conducted in Bloemfontein, Free State participants indicated that basic operational resources needed for day to day service provision were lacking, these resources included pens, stationary, printers, fax machines, telephones and office space (Mtiya-Thimla, 2015:110). The already limited number of social workers is then exposed to a high number of caseloads.

> *First of all are resources, because there is lack of manpower especially in our office. There is only one social worker who has to deal with those children and about 500 families so i become overloaded and it will be very difficult to work with each and every case individually.* (F, 36a years)

> *We share laptops in the office and we do not have an information technology (I.T) department in Virginia or Welkom, so when a laptop stops working, we wait for someone to go to Bloemfontein because our I.T team is based there. The laptop will stay there for a period of more than two months and you have to wait until there is a budget to go to Bloemfontein.* (F,29 years)

The challenge of centralization of resources was also pointed out in Pretoria where the DSD had a central office in Pretoria and services were not communicated from one office to the next (Dhludhlu, 2015:76) and this did not only delay services but also caused miscommunication in offices and between and amongst colleagues. Challenges extended to lack of petrol and airtime to make calls as was pointed out by participant (F, 31).

> *Sometimes you want to assist but you cannot because you cannot even make a phone call because there is no airtime and you cannot even drive to go and assist because there is no petrol*. (F, 31 years)

All participants shared almost similar challenges which ranged from lack or of manpower/social workers, shortage of cars, office equipment like laptops, phones and shortage of office space where social workers have to share the limited space resulting in colleagues

resorting to sharing the limited space. Research conducted in 2014 pointed almost similar challenges although the resources in short supply were not stipulated, they were pointed out as organizational resources (Nhedzi, 2014:76). Shortage of operational resources such as telephones, cars, office space are also in short supply across all provinces in South Africa as witnessed in Limpopo (Skobi, 2016:111), Ekurhuleni Metropolitan, Gauteng (Nhedzi, 2014:76), Free state (Mtiya-Thimla 2015:78), Mpumalanga (Nziyane, 2010) to name just a few. Excerpts below are a continuation of challenges participants encountered in service provision.

> *Well limited resources, especially limited cars. We have limited cars ,which is a disadvantage because we need to book cars in advance, you might find us going for home visits like once a week or in worst case scenarios once a month*.(F, 26years)
>
> *We do not have cars; the number of cars that DSD has is rather unbalanced in relation to the number of social workers. An individual has to book for a car a week or two in advance and when the day comes for you to use the car, another social worker might have a crisis and they end up using the car.* (F,32b years)
>
> *We have no cars for all these services we need to provide to children.* (F,31 years)
>
> *We share cars and when they also have problems, we have to wait for a long time till they are fixed.* (F, 26years)
>
> *D.S.D simply does not have any transport for us to go to the communities*. (F, 29 years)

These findings in this research are similar to findings in the research conducted by Nhedzi (2014:76) who states that participants in her study have also reported having high caseloads and they regard this as a hindrance to the provision of family preservation services. From the participants' storylines it is evident that social workers are unable to offer quality and substantial services to service users. Thus they become overwhelmed and in some cases, they offer a single type of service like placing all children in foster care whereas other holistic approaches can be taken (Mtiya-Thimla, 2015:78).

Due to lack of resources and open space participants pointed out disturbances from other colleagues, lack of transport for home visits, shortage of human resources which all led to the creation of huge caseloads, as social workers had too much to do and too little to help them in the service provision process.

> *I mean coming to the office and then service users find people* [referring to other social workers] *sitting together and they* [referring to service users] *wonder how they will*

divulge all their information that they need to share with the social worker. And this puts the service user in an uncomfortable state, so it's really a challenge. (F, 31 years)

In the middle of the conversation, social workers peep through the door to check if the office is free, affecting the flow of the interview therefore service users' confidentiality is disturbed. (F, 32b years)

Social workers are sharing office space and this is very difficult for us as there is no confidentiality when you deal with a service user. Even if we know that a colleague will keep the information confidential, the service user might not feel comfortable discussing the issue in front of another person. (F, 32a years)

The disturbances during sessions do not only affect the social worker and the service user but they also go against the principles of social work which speak about confidentiality. During those disturbances the individuals peeping through the door can hear what the service user is saying and if social workers are not following social work principles, then the nature of services they are rendering is questionable.

Another challenge that we are faced with is the limited space especially for when we need to conduct group work, this somehow discourages us to try new problem solving methods so we are forever doing cases through case-work and no group work or even community work sometimes so it's one of the biggest challenges. (M, 39 years)

The issue of office space was not unique to this research but was also picked up in different research articles. Findings indicated that social workers' offices were very small; so there was not enough room to render group work services. In most cases, social workers had to improvise to be able to render services (Mnguni, 2011:73). Four years after Mguni's research document indicated the same findings and further stated that this challenge restricted the social workers and also affected the quality and adequacy of the services rendered, as service users had to stand during group some sessions (Mtiya-Thimla, 2015:96). Sitting arrangements and the comfort of the participants in a group contribute to the success of the group and should not be compromised for a successful intervention. Unfortunately for social workers, restrictions were not limited to office space, as one participant (F,41) also mentioned that office equipment had to be shared among the social workers.

Everyone in this building makes use of the same printer. After writing a report you have to go to the central place to print and we have not had a toner in weeks. (F, 41 years).

Participants in Mtiya-Thimla's (2015:106) research described their challenges as ranging from a lack of operational tools such as office space, personnel, cars, fax machines to computers. The lack of office space was described as degrading and unethical, as it also affected the service

users' confidentiality. Overall sentiments expressed by participants were that their working conditions were poor (Mnguni, 2011:71). The need for facilities and infrastructure was discussed by all participants as being a crucial need in service provision.

With the stated and published ratio of the South African population to social workers it is no surprise the participants have indicated the huge caseloads. Social workers in a study by Earle (2008:80) have reported that caseloads in South Africa are generally in excess of 120 cases compared to a maximum of about 12 in the United Kingdom, leading to high levels of stress and frustration among professionals. The South African national population of social worker ratio is 5 446:1 (SAIRR).

> *Firstly it's the caseload. We have a huge caseload and this definitely limits an individual especially when we have to make a follow-up on the cases*. (F, 29 years)
>
> *I have a very high caseload and being a generic social worker I do not always have adequate time to deal with cases. I have a huge variety of cases from the CHH, orphans, domestic violence and many more.* (F, 31 years)
>
> *We become overloaded and it will be very difficult to work with each and every case individually.* (M, 39 years)

The shortage of social workers is not a new challenge in South Africa. In 2008, the then minister of Social Development, Mr Zola Skweyiya, appealed to social workers not to leave the country in search of better paying jobs abroad, saying skilled social workers were in short supply locally (ETV SA News, 2008). In 2013, the situation had not improved as minister Bathabile Dlamini stated that the country had a 77% shortage of social workers. She further gave the statistics as follows: 66 329 social workers were required to implement the Children's Act No. 38 of 2005; a further 743 social workers were required for the Older Persons Act (Act No. 13 of 2006) and 1 426 social workers for the Prevention of and Treatment for Substance Abuse Act (Act No. 70 of 2008) (DA, 2013).

More than twenty years after democracy social workers still feel that they are a marginalised profession. The years 2016 and 2017 saw social workers collectively address their grievances by downing their tools and embarking on a nationwide strike.

> *Our caseloads are also unbelievable, so you really do not give the attention you would want to give a service user and we end up being paper pushers. I believe a social worker is supposed to have a maximum of 60 cases; unfortunately that is not the reality. Cases done by an individual range from 360 to 500.* (F, 43years)

> *The number of social workers is lower than the anticipated number. This automatically affects the ratio of social workers per caseload. We ultimately have an unbelievably high caseload.* (F, 31 years)
>
> *We are therefore becoming burnt out due to work related stress and the high caseloads.* (F, 36a years)

The shortage of social workers has an impact on the caseloads allocated to social workers and that subsequently affects service delivery. Social workers are therefore said to be loaded with expectations that are unrealistic and less than practical (McLaughlin, 2012). Many of the participants have indicated that they have huge caseloads that are sometimes unmanageable. In addition to unrealistic expectations, social workers work in pressurised environments with little resources and insufficient and missing information (Democratic Alliance, 2013). Social workers' frustration is vivid in most research articles, and this is said to be due to the low salaries, huge caseloads and poor working conditions (Mtiya-Thimla, 2015:38; Skobi, 2016:111). In a research study done by Nhedzi (2014:115), participants admitted not being able to cope with the demand of attending to multiple responsibilities which was echoed in this research as participants had to be assigned to five different places in a single month to cover for the shortage of human resources.

> *I feel I do not do my work to the best of my abilities because to start with, I am chasing deadlines; I have to be in five places in one week every single month*. (M, 37 years)
>
> *Three people in our team have not been around for a month on different types of leaves* (referring to annual, sick and maternity leave that can be taken simultaneously) *and that is a burden. I therefore, cannot attend to my cases the way that I normally do, I have to share their cases with other social workers.* (F, 29 years)
>
> *If for example another social worker is on maternity leave, we do not have a replacement but they share her workload and that puts more pressure on other social workers.* (F, 29 years)

Participant (M,37) states that with the multiple responsibilities he has, he is unable to render comprehensive services and this hinders the adequacy of required developmental social services (Mtiya-Thimla, 2015:38). This research, together with other research articles, indicate that the nature of social work services being rendered can leave a lot to be desired as it is coming from demotivated and overworked professionals. In order to rectify this, Earle (2008:87) has suggested the need for social service organisations to focus on promoting the

safety standards within the workplace to increase basic social worker leave allocation to allow for recovery of compassion fatigue for all social workers in a fair manner.

Social work is a revolving career and the changes bring with them an increase in the need for constant social worker supervision. Social work is a relatively young profession. Although it has grown rapidly, the flow of legislation has greatly increased the range, complexity of its work and the need for supervision (McLaughlin, 2012). Supervision, together with in-service training and staff development, is a key player in social work service delivery (Kadushin & Harkness, 2014).

Participants, however, had different views pertaining to supervision with some complaining about the frequency being too much and others inadequate.

> *Wow, here there are scheduled meetings, unscheduled meetings and meetings in between. We have our weekly schedule which is always disturbed by these small meetings such that some colleagues run away from these meetings. Someone can just call a meeting and you spend thirty minutes waiting for other people to join, whilst you are in that meeting you waste time. For example in one week there can be three to four meetings called by different supervisors, sometime the information shared is the same.* (M, 39 years)

> *The office is supervised by an area manager who comes once in a month and that frustrated me especially when I started. Supervision and guidance was mainly done over the phone and via email.* (F, 29 years)

The Children's Workforce Development Council (CWDC) and Skills for Care define supervision as "an accountable process which supports, assures and develops the knowledge skills and values of an individual, group or team. The purpose is to improve the quality of the work to achieve agreed objectives and outcomes" (CWDC, 2007:5). What goes on in supervision reflects debates about what is going on in social work and what needs to be fixed (Munro, 2011:90), and this is a crucial part of social work.

However, due to human resources shortages, supervision, monitoring and evaluation of programmes in organisations it is normally inadequate and inconsistent (Mogotlane et al., 2008:26). Concerns raised by participants indicate the inadequacy of supervision in cases where supervision is rendered over the phone to a newly qualified social worker. Mogotlane et al. (2008) have further elucidated that managers in some organisations often lack the capacity to manage the resources, both human and capital (Mogotlane et al., 2008:26). The participants' views are that supervision encourages social workers to reflect on their feelings. In as much as

social workers have negative views on supervision, it is crucial to note that supervision is one of the most important aspects in social work, as lack of supervision may lead to burnout.

As much as supervision is crucial to social work, finances are also pertinent. Finances are an important aspect of any particular relationship and in all social work services provision (Harman, 2013). With finances comes the need for a budget. The term 'budget' is quite often used generically in our everyday lives and social workers also make use of a budget in service provision (Dingwall & McDonnell, 2015). Social workers expressed the importance of a budget, as this was one of their challenges.

> *We are trying to talk to social development so that they can increase the funds, but this is a struggle because for years we are still receiving the same subsidy and everything is going up*. (F, 31 years)
>
> *I think the fact that we do not have food parcels readily available is a cause for concern because before a family gets a social grant, they sometimes go to bed without food. And we all know that the foster care process is a long process that can take from a month to a year depending on availability of all documents.* (F, 43 years)
>
> *The main challenge that we are encountering right now is finances, we really short of finances for us to help these children. We receive so many applications for material assistance from these children but we are only able to help a few.* (M, 39 years)

Participants in Skhosana's research also expressed challenges with finances. The research, which was conducted in Pretoria in 2013, stated that "the NGO's struggle with few resources and are affected by budget cuts" (Skhosana, 2013:178). Prior to this research, another research study had been conducted in 2008 where Earle (2008:83) also addressed financial challenges and the recommendation was to "provide additional monetary incentives such as rural or scarce skills allowances". Ultimately, social workers feel that every social worker should be provided with a car, an office, a telephone and furniture as the first tools they receive to facilitate quality service provision (Dhludhlu, 2015:83).

From finances, participants expressed the lack of cooperation and support from management and other stakeholders.

4.3.4.2 Sub-theme 4.2: A lack of cooperation and support from stakeholders

Participants stated that they also needed support and cooperation from their management, the local municipalities and various departments as stated below. Research articles echoed the same challenges where lack of support from organisational structures was imminent, no

debriefing, no funding and no team building (Earle, 2008:83; Nhedzi & Makofane, 2015:357). This frustration and failure to cope with the demands of service provision in an effective manner has been noted by several authors (Mashigo, 2007:95). Participants, however, needed support from the Department of Justice, management, the local municipality and the community.

> *We have challenges with our management committee which does not understand what we have to deal with if maybe you are seen with the car around 8 pm they will not understand that sometimes it's a crisis and you have to assist you cannot just let a child suffer just because you finished work at four.* (F, 32b years)

The same challenge was noted in research by Mnguni (2011:75) who indicated that management felt that social workers were seen as pampering service users if and when they went the extra mile in service provision. Mnguni further stated that these allegations seemed as if management did not understand the role of the social worker (Mnguni, 2011:75).

In response to these challenges, the Department of Social Development stated that the management board should recognise and respect the domain of social workers' responsibility, while at the same time, create policy to guide staff activities and safeguard the interests of the organisation (DSD, 2010b:62). As social workers within the community, more challenges were encountered from the local municipality.

> *And also the municipality gives us problems because sometimes they want to interfere and tell us what to do, it's really frustrating the social worker because they want to know even the confidential information.* (F, 36b years)

It seems to be a common challenge in most municipalities and social workers are dissatisfied in their work as politics and politicians always interfere with their profession. Political interference can distract services as politicians can and sometimes make promises to individuals regardless of the fact that they do not qualify or meet the requirements of the services being rendered (Dhludhlu, 2015:64). This challenge does not only come from local municipalities but also from other government departments who do not collaborate or coordinate with social workers (Mtiya-Thimla, 2015:101). An example of such departments is the Department of Justice as noted by participants F,31 and F41 below.

> *The other challenge comes from the Department of Justice. Not all magistrates react fast to children's court. Other presiding officers simply tell you that children's court is not their priority and they have other pressing matters.* (F, 31 years)

> *In some cases we have shortages of magistrates, our town is small and we have few presiding officer and when one is on leave, we all suffer.* (F, 41 years)

The community in general was pointed out as a challenge. The biggest challenge encountered by the social workers was lack of participation from the community. This is not an isolated case as the community in some cases did not take an interest in the plight of the CHHs (Mogotlane et al., 2008:27).

> *Sometimes there is no co-operation from the community, sometimes when you call for an awareness campaign, people do not come*. (F, 29 years)

> *I am easily affected when no one turns up for meetings. We have monthly meetings, but because these people have other commitments we end up not having a full house.* (F, 31 years)

> *I also feel that our community has not reached that level where they are really actively involved and when a social worker goes on leave and know that a child-headed household will be protected by the community.* (M, 37 years)

> *The other set back is the erosion of the extended families. Aunts and uncles tend not to care for their families but individuals worry only about their immediate families.* (F, 26 years)

The same challenge was noted in Mkhize's research whereby it was stated that instead of assisting families, members of the extended family usually took the relevant documents and kept them, thus preventing children from having access to foster placements (Mkhize, 2006:95) as the process requires registration documents and death certificates as proof to be used in court.

4.3.4.3 Sub-theme 4.3: Lack of training and/or experience of social workers

Training and experience of social workers have been discussed by two participants who express that there is pressure that comes when working with inexperienced social workers and social workers without driving licenses. These findings are consistent with findings by Nhedzi and Makofane (2015:357) who state that lack of clear guidelines on social work intervention services and inadequate training lead to role confusion. Recommendations in September's research state that there is a need for a strategy for training and ongoing staff development as most child protection social workers are only equipped with the baseline undergraduate training programmes, yet the Children's Act No. 38 of 2005 introduces a new approach to service delivery (September, 2008:155).

> *In more cases than not we are working with inexperienced staff.* (F, 41 years)

> *Then the other thing is we have individuals that do not have driver's license, this then tends to be a disadvantage because one has to drive three social workers to their destinations and back to the office. Well in my case that simply means time being wasted on my side.* (M, 34 years)

It is evident that the nature of services rendered to CHHs is still in need of improvement in terms of education and training. Recommendations made in a 2008 research study lobby for uniformity and transparency in social work bursary allocations, as this seems to be the stage where most incompetent individuals are recruited (Earle, 2008:83). Guidelines by the DSD recommend for NPOs to develop training and capacity-building policies and frameworks that will help strengthen the social work profession (DSD, 2010a:4).

Participants were given a chance to elaborate ways in which they were dealing with challenges they encountered in service provision.

4.3.4.4 Sub-theme 4.4: How challenges are being addressed by the participants

In every corner of the world, there are obviously national and international issues with which social work is concerned. These may include, but are not limited to refugees, human trafficking, famine, drought, natural disasters and poverty. In all these, social workers should need to enhance their local practice by developing a more international perspective (McLaughlin, 2012). The challenges would also be presented using the strengths-based approach which acknowledged the existence of challenges but focused on strengths to develop strategies to address these challenges (Coghlan & Brydon-Miller, 2014:733). With this in mind, participants shared ways in which they were dealing with their current challenges and this included involving the community for meetings to discuss and address challenges.

- **Category 4.4.1: Collaboration with the community**

The Child-headed Households Briefing Paper (2009:3) states that:

> "there is an urgent need for collaboration between government, churches, and civil society generally to take care of and protect CHH. It almost goes without saying that they are vulnerable to exploitation in many ways including child labor, sexual exploitation and early marriage, and that they are often deprived of normal educational and developmental opportunities".

Community meetings and involvement entail a collaborative approach to assist CHHs (Mogotlane, Chauke, Van Rensburg, Human & Kganakga, 2008:56). Four participants

indicated that they are already engaging the community through meetings, garden projects and the gatekeepers to assist the CHHs.

> *We are having community meetings so that the community will know what we stand for.* (F, 41 years)

> *The garden projects that I mentioned. Where you find that some children do not have space for a garden; we negotiate with schools or community clinics to allow a group of children to have their garden so that they do not have to worry about food.* (F, 39 years)

> *We have an arrangement with the ward counsellors that we should put them first when any opportunities arise, so for example those that did not complete school will be put in the CWP which stands for Community Work Progress that we have in our community*.(F, 36a years)

> *We gave the problems [regarding conflict with the municipality] to our management committee which has promised to have on-going meetings with these CDWs* [community development workers] *from municipality for clarifying our roles. And also our area manager is assisting in dealing with this conflict*. (F, 36b years)

Increased partnerships with the community increase the ability for social workers to deliver programmes (Mnguni, 2011:79). Although involving the community in service provision is crucial, research shows that support from the community is not always guaranteed (Moffett, 2007:46). The social worker, therefore, needs to take the lead in service provision and not rely completely on the community as CHHs are being exploited by the extended families and/or neighbours (Moffett, 2007:46). Participants also discussed the training and utilisation of volunteers and management board members as a crucial aspect in improving the nature of services rendered to CHHs.

- **Category 4.4.2: Training and utilisation of volunteers and management board members**

Participants have indicated that they are utilising the community volunteers and management board members. Board members are a requirement in the NPO sector to ensure accountability, represent the organisation to the public, have a fiduciary duty and fundraise for the organisation (DSD, 2010a:57). The Green Paper on Families (2011:67) states that volunteers provide the bulk of family-oriented services and have a critical role to play in providing crucial services to families.

> *The board members, normally we train them, but the problem is there is a high turnover so see yourself training ten this year and you see yourself training again after some few months.* (F, 31 years)

A research study done in 2006 discussed the use of community structures and community volunteers for various duties. This relationship did not only help the CHHs but also the social worker as volunteers could serve at management level or be employees who received a stipend (Mkhize, 2006:94).

> *We are also having a volunteer project called Asibavikele: Let's protect them in our office. They help monitor the child-headed households. As social workers we cannot visit these houses on a daily basis so they help in that regard and they also help the children with psycho-social support.* (F, 36b years)

These Asibavikele community members help with home visits and managing of the organisation. The role of community volunteers is also highlighted in research by Mkhize who stated that the role of community volunteers also included making referrals for specialised services (Mkhize, 2006:94). The South African government have pledged to provide resources needed to support the role of volunteers and to make their work more effective (Green Paper on Families, 2011:67-68). Social workers are not always in the community; therefore, CHHs are identified and referred by parents, volunteers, caregivers and well-wishers (Mkhize, 2006:6).

One participant (F,31) states that social workers also help CHHs to obtain medication where medical attention is needed.

> *Yes we also help the children to get relevant medication where necessary. You find that when a parent passes away, no one takes the remaining children for their medication so with the help of community volunteers and child care workers, these children will be taken for their monthly medication.* (F, 31 years)

Although this study showed that use of community members could help social workers to assist CHHs, a study by conducted by Nkomo in 2006 expressed pessimism and was skeptical about using community volunteers as this could come with challenges if some untrained community members used these opportunities to misuse grants, ill-treat and take advantage of the vulnerable CHH (Nkomo, 2006:83). Mogotlane et al. (2008:30) showed that this challenge could easily be fixed by having a recruitment strategy that did not only focus on commitment but also the ability to do the job, periodic training, mentoring and thorough assessment of the

community volunteers, and where possible, showed appreciation through payment of a stipend. This could be affected by the availability of donors and fundraising efforts.

- **Category 4.4.3: Donors and fundraising efforts**

Findings in a research study conducted in Pretoria in 2013 highlighted that there were funding challenges for social workers. It was noted that some NGOs could not even operate due to budget cuts (Skhosana, 2013:178). Improved income could assist social workers in service provision, as this could help them access the required resources in their jobs such as vehicles, furniture, offices and telecommunications (Earle, 2008:72). Seven participants did echo the same challenged as stated in these previous research.

> *We have also tried to source out other funds from independent funders, non-governmental that is.* (F, 29 years)
>
> *We also tried to communicate with other stakeholders* [SASSA and DSD] *asking them if they can give us food. Like for instance we have a butcher who is giving us meat bones* [social workers also make use of individual donations as this is an isolated case] *every month and we give them to these kids that are struggling so that they can have at least meat on the table.* (F, 29 years)
>
> *We have donations from well-wishers* [well-wishers in this case are individual donors] *so we can still give children clothes.* (F, 31 years)
>
> *Some well-wishers also adopt a family by means of pledging to support a particular family on a monthly basis; they can support a family emotionally or financially. This can be a neighbor or an extended family member.* (F, 31 years)
>
> *We have organizations like Lotto; we have made applications hoping to receive positive feedback so that we can buy another car.* (F, 36b years)
>
> *Some schools have also agreed to give child-headed households all their surplus food on a daily basis. That way we know that no child will sleep hungry.* (F, 41 years)

Community structures like the Lotto seem to be helping the NGOs financially; however, these efforts do not seem to be adequate, as NGO social workers also complain of financial constraints. With these challenges in mind, Skhosana (2013:156) suggests that "the NGOs and DSD need to find new innovative funding resources and a variety of strategies to cope". Evidence from a DSD study indicates that NGOs especially face serious financial constraints and there is an expressed need for a broad range of financial management training among the NGOs (DSD, 2010a:4).

- **Category 4.4.4: Commitment and continued professional development**

Social work has always been an evolving profession; therefore, it evolves as the community evolves and transforms (McLaughlin, 2012). One key attribute of the social work profession is that it is not static; it evolves, develops, educates and improves (Gorman, & Lymbery, 2007:189). Participants, therefore, expressed appreciation for the introduction of the continued education programme.

> *I have also seen that the continued education programme is helping many of my colleagues.* (F, 36a years)
>
> *Oh yes, the good thing about the organization is that they exposed us to adequate training. We received various training on selected topics and the fact that we have to keep up with the CPD points also help so we are constantly in training for self-discovery and for the emergence of a positive self-identity*. (F, 29 years)

Another research study proved learning was not a priority for social workers, as they did not further their studies or sought professionally development after getting their degrees (Mtiya-Thimla, 2015:90). Social workers are said to skim over articles in social work journals because they are intimidated by the language and the displays of results. They also assume that research is typically associated with mathematics, out which most are not enthusiastic (D'Cruz & Jones, 2004; Mtiya-Thimla, 2015:90). This has a negative impact on the profession, as social work is a dynamic career existing in a dynamic world and constant studying is crucial to the career.

Learning was not limited to professional education as one participant had to adapt to the community through learning the spoken language of the community.

> *I had to learn the language in order to help my service users. I have learnt Sotho and I can speak quiet well.* (F, 29 years)
>
> *We compromise, we work longer hours, we come to the office on weekends, but we get the work done.* (F, 43 years)

Some participants indicated the sacrifices they had made in order to be relevant in the profession as indicated above. Participants were given a chance to discuss relevant ways and means to improve service delivery, and below are the suggestions that were given.

4.4.5 Theme 5: Suggestions on how to improve social work services for CHHs

Having presented the nature of their services and the challenges they encounter in service provision, participants were asked to make recommendations to improve service delivery. Issues that needed attention included salaries, working conditions, more satisfying jobs, greater

career prospects, personal safety, better educational opportunities for children and greater personal benefits. These were also issues identified in a research study conducted in 2008 (Earle, 2008:74). Below are the suggested ways to improve service delivery.

4.4.5.1 Sub-theme 5.1: Training of staff

The need for professional development was mentioned by participants as a crucial need. Professional development is growth in one's chosen profession, growth that involves the ongoing enhancement of pertinent knowledge and skills (Harlow, 2013:186). Professional development is an ongoing process which exposes professionals to changing trends, increases individual's understanding of situations and dilemmas presentation in the work environment, and how to manage personal and professional tensions (Eadie, 2007:201).

> *Social workers need new information, refresher courses and also motivational meetings.* (F, 31 years)

> *I think that the social workers need continuous training and recruitment of more social workers.* (M, 37 years)

> *Also if a social worker is already at an organisation they should be trained because it is good that they continue to receive in-service training, to add to the knowledge that they have.* (F, 32a years)

The issues of new information and the need for continuous training were also noted in previous research studies. The participants in a research study by Mnguni (2011:80) said they stayed up to date with the latest developments in the social work field by attending workshops, liaising with other social workers, researching and reading information on the internet, attending group supervision, and sharing ideas and cases with colleagues.

> *If we can have more specialised social workers instead of more generic social workers. I am working with child-headed households but I am also in a team working with the elderly and I have to divide my time and learn to prioritise. I think this will help.* (F, 32b years)

Although social work is designed to have generic social workers, challenges have been noted from using this type of approach. The fact that social workers are generalists and expected to offer services to all types of service users lead to both the social worker and the service user having challenges, as social workers end up using the same approach to all service users (Mtiya-Thimla, 2015:77). This challenge experienced by social workers and the impact thereof affect the principles of social work on the individualisation of services; therefore, it affects the

nature of services rendered to CHHs. A participant (F,32) addressed the adequacy of services by saying:

> *I would strive for increasing the number of social workers who are working with these CHH because I think if there are more social workers present then the quality of services would be better.* (F, 32a years)

The idea of ongoing development is well accepted for members of established professions such as law and medicine, but the idea is relatively novel for social work, which might be considered a semi-profession, a bureau profession or a new profession (Harlow, 2013:186). The basis of a well-balanced work input is continued learning, as it does not only benefit the individual but also the employer and the service user (Eadie, 2007:203).

- **Category 5.1.1: Effectively using the group work method of intervention**

The group work method basis its value in the need to develop the individual through structured interactions with other group members. The group work process is based on theories of group dynamics which encourages personal growth through active participation as a group member and the interactions increase the effectiveness of using the group work method of intervention in CHHs (Ambrosin et al., 2012:28). A single participant has indicated that using the group work method also works to improve service provision to CHHs.

> *Since I have spoken about group work, I think one of the ways to handle this challenge will be perhaps you know, taking our service users with similar problems and put them in a group and use the group work method. I think this is very effective if we take into consideration the caseload that we have right now.* (F, 32b years)

Reasons given by the participant indicate that group work is being done to curb the challenges in the social work profession which include high caseloads and lack of resources. Although the participant (F,32) feels group work will be effective in service provision, it is crucial to note the challenges that come with group work. These include lack of space for group members which will ultimately affect concentration, attendance and member comfort.

- **Category 5.1.2: Effectively using the community work intervention method**

Social workers who practise at community level draw on techniques of community organisations to promote change and reach a larger number of people compared to other social work methods (Ambrosin, 2012:27). The use of the community work model is in line with the systems theory which states that the whole is greater than the sum of its parts. The CHHs are

therefore considered an element or a sub-system of the family which is an element of the community (Birkenmaier, Berg-Weger & Dewees, 2011:209).

> *I mentioned that we have service points and individuals do come to us without us having to advertise our services, so you can imagine the turnout when we advertise our service during a community awareness or a community development programme, hence I say we need to target the child-headed households and then we can definitely make our community aware and on the look-out for these children.* (F, 32a years)

> *You find that people want to get involved but they do not know what to do and where to go. Here we have the Vista newspaper and its free, maybe we can start by telling people our needs and they can participate in community dialogue.* (F, 41 years)

> *But I definitely felt challenged when I saw your topic* [referring to community work] *and realised the need for us to have specific awareness for child-headed households because they are on the increase in our community.* (M, 37years)

> *If the community meet the social workers half way then that improves the quality of services that the social worker is able to give to the service users.* (F, 29 years)

The effective use of the community work method can greatly improve the services of CHHs as it reaches huge numbers and also gets more individuals involved in child protection. The effective use of the community work method may not be practical due to lack of resources as mentioned by participants.

4.3.5.2 Sub-theme 5.2: Support to staff by the employer

Participants have indicated the importance of support to staff by the employer through motivation and debriefing. These include but are not limited to support to the social worker, involving the social worker in decision making, reasonable workloads and patterns of work and safety, appropriate management practices and positive feedback (Weinberg & Murphy, 2013:256).

> *Social workers are taking care of people's problems, but they are not being taken care of so there is need for debriefing or staff motivation.* (F, 32b years)

> *I think social workers need support from supervisors; we also need time to debrief so that we do not end up with burn out due to cases we deal with the traumatic cases that we encounter.* (F, 29 years)

> *We need motivation and debriefing for us to always be on our toes. We do have seniors whom we share cases with but sharing with colleagues that are really in the field on a daily basis will help us.* (F, 43 years)

> *We would however appreciate group sessions to help us relieve work related stress to avoid burnout.* (F, 36a years)

Social workers have discussed the fact that they need debriefing to avoid burnout and to be motivated to continue with service provision. The number of social workers in South Africa is insufficient and this results in huge caseloads that ultimately lead to most social workers showing signs of burnout (Mogotlane et al., 2008:27). One of the reasons why social workers experience burnout and low morale is due to their low salaries. Research conducted by Earle stated that social workers salaries have been traditionally low, not only in South Africa but internationally as well (Earle, 2008:75).

> *I believe if the morale is raised through salaries and benefits, services will also improve.* (M, 37 years)

The fact that social work is female dominated in a male dominated world is said to be a contributing factor to some of the challenges experienced in the profession, like low salaries (Earle, 2008:80). In an isolated case, a research study by Mnguni suggests that management and the employer do not support social workers in service provision, as they think the social workers are pampering the service users unnecessarily (Mnguni, 2011:75). Although reasons for lack of support may vary from research to research or from office to office, it is clear that social workers are not being fully supported by their employers and this, in turn, has a negative impact on the quality of services rendered to the service user.

4.3.5.2 Sub-theme 5.3: Financial support and access to resources

According to Mann (2013:88), the "concept of finance underpins almost all aspects of social work practice, whether it relates to the amount of money allocated for the provision of social work services, the resources available to social workers to carry out their job, or the financial circumstances that service users and carers find themselves in". Research indicates that the working conditions for most social workers in the welfare sector in South Africa, regardless of whether they are based within the public or private sector, are generally very poor (Earle, 2008:72). Participants have come up with solutions to the challenges discussed in this research. Suggested solutions include hiring drivers, having more vehicles and more offices, and even decentralising service provision.

> *My suggestion would be to employ a driver then he can pick and drop social workers at their service points. This will definitely increase social worker's visibility in the community.* (F, 26 years)

Social workers work with communities and if they are not visible in the community, then the quality of services rendered is questionable. Social workers assist the poor, the disabled and the vulnerable who, in most cases, cannot afford to go to the offices. A participant (F,26) has suggested employing drivers who will drop social workers off at service points instead of waiting for one social worker to quickly offer a service and rush back to the office to give a colleague the car. Although particpant F,36a's suggestion is different from that of participant F,26, both discuss situations that will help social workers to be visible in the community more than in the offices.

> *And we have discussed with the management to decentralise services. Instead of having one I.T team for Free State, maybe we can also have another team based in Welkom*. (F, 41 years)
>
> *More cars and more offices.* (F, 32a years)
>
> *And perhaps they could also allow us to use community buildings like community halls for service points or maybe come up with strategies for satellite offices or around areas that we work in, that would be very helpful*. (F, 26 years)
>
> *If we can have more cars to do our work more effectively, this will improve community visibility of social workers*. (F, 36a years)

From the challenges discussed, it was very clear that social workers were frustrated and the same was visible in the research conducted in 2008. Earle (2008:72) states that:

> "social workers are frustrated with the overwhelming needs of the community in relation to their own relatively low numbers and their limited (or lack of) access to resources such as adequate supervision, stationary, office space and furniture, information technology, administrative and language support, vehicles and supporting professionals and institutions such as places of safety".

This research, however, has given the social workers an opportunity to discuss ways they thought would best curb the challenges they face. Extracts below show more solutions to the challenges, solutions including training of social workers and the need for incentives for social workers with driving licences.

> *If lots of them are trained we will have limited caseloads, because 500 is too much for one person to deal with.* (F, 32b years)
>
> *I think is there is an incentive for social workers with the driver's license then it will motivate and push those that do not have, that way we will save time and be able to reach more service users faster and efficiently.* (F, 26 years)

> *The other thing is food parcels; at SASSA they are given food parcels. So if the government also give us those food parcels as NGOs so that we will be able to distribute to our service users.* (F, 32a years)

A research study conducted by Mashigo in 2007 suggested that the power rested in the social workers' hands. They needed to make sense of their environment, ascertain what was happening to their profession and make an informed decision of how they wished to continue with service provision (Mashigo, 2007:61). It is important to note that some of the challenges reported in this research have caused a national social work strike. Social workers started by picketing during lunch hour and then staying away from the office (The Citizen, 2017). This strike has made the question continually unanswered, as we seek to find out the nature of social work services that will be rendered by unhappy workers. The strike has had an impact on the community, fellow social workers and other affiliated organisations that needed services from social workers as most offices were closed for nearly a month.

More often than not services rendered to CHH were not only inadequate but also uncoordinated as was also reported by Mogotlane et al., (2008:29). Social workers grumble about lack of resources, low salaries and little to no supervision. In a situation where there is high caseloads, poor working conditions, high turnover of social workers, having adequate services to CHH seems to be an unattainable utopia at this juncture.

4.6 Conclusion

Chapter three presented the findings of the report. The chapter started by the presenting the demographical make up of participants and then highlighted the nature of social work services rendered to CHHs.

This chapter saw the presentation of different roles which impacted the nature of social work services rendered to CHHs. Roles included advocacy, counsellor, researcher, facilitator and educator, among others. Five themes were identified in the findings, namely the participants' general description of CHHs, the nature of social work services provided to CHH, participants' experiences and perceptions of services that are helpful to CHHs, participants' perceptions of challenges when rendering services to CHHs and finally the participants indicated how their suggestions on how to improve social work services to CHHs.

The fifth and final chapter will summarise, conclude and make recommendations based on the research process.

CHAPTER FIVE

SUMMARIES, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

A qualitative research study has been conducted with the goal of developing an in-depth understanding of social work services rendered to child-headed households in Virginia, Free State. This chapter completes the stages of reporting on the research process by providing a summary of previous chapters and the qualitative research process. Conclusions and recommendations are presented based on education, practice, policy and future research.

5.2 Summary of previous chapters

Chapter one provided a detailed overview of the study on CHHs. It focused on the background and general introduction to the study. In this chapter, the overarching research question, the goal and objectives were clarified. This first chapter clearly described the background, problem statement and motivation of the study. The qualitative research method was introduced in this chapter together with ethical considerations which guided the researcher's conduct, namely informed consent, confidentiality, anonymity and management of information.

Chapter two provided a literature review based on the services rendered to CHH, an overview of the various theoretical perspectives underpinning the provision of child protection services, namely crisis intervention theory, the social development theory, empowerment perspective, ecological perspective, human rights perspective and the systems

Chapter three outlined the comprehensive description of how qualitative research was applied to understand the nature of social work services rendered to CHHs. The choice of strategies used, namely the explorative, descriptive and contextual research design, was clarified and justified. A detailed description was also presented on sample selection from the population of social workers using non-probability purposive preparation of the participants for data collection, the data collection method, pilot testing of the interview guide, data analysis and data verification.

The participants who met the criteria were recruited and prepared for data collection, and those who were willing to take part in the study completed a consent form. Data was collected through semi-structured interviews. Open-ended questions contained in the interview guide

were pilot-tested with two social workers who met the criteria of inclusion. The outcome of this process was discussed with the supervisor and two questions were excluded as they yielded similar responses with the other questions. The data obtained from this process did not form part of the findings.

With permission from participants, interviews were digitally recorded and later transcribed. Data was independently analysed by the researcher and an independent coder to ensure trustworthiness. Data saturation was reached after the thirteenth interview. With discussions and guidance from the supervisor, the outcomes of the findings were compared and an agreement was reached on the final themes, sub-themes and categories which emerged from the analysis.

Chapter four presented the major findings recorded from the qualitative study employed in chapter two. A total of five themes, fourteen sub-themes and fourteen categories were recorded. The strengths-based approach was utilised to perform literature control by comparing and contrasting the storylines with previous findings. Service users had numerous challenges which included child poverty, as well as emotional and psychological strain resulting from lack of parental guidance. Social workers tapped into the strengths of service users to be able to render quality services. The advantage of the strengths-based approach was that it focused attention on the service users' strengths not limitations. Hence, the strengths-based approach was deemed appropriate for this study. The social workers also had challenges in service provision which included lack of resources as well as lack of cooperation and support from stakeholders.

Chapter five presents the summaries of the first three chapters of the research. It further presents summaries, and the conclusions and recommendations reached based on the qualitative research process followed and major research findings.

5.3 Summaries, conclusions and recommendations of the research study

This section provides summaries based on the qualitative research process, major findings, conclusions reached and recommendations provided for practice, policy, education and future research.

5.3.1 Summary and conclusions of the research process

The research process was guided by a clearly defined research goal. A qualitative research method was used to define the research design, objectives and the sample selection criteria. With this methodology the researcher was able to explore the nature of social work services being rendered to CHHs in Virginia in the Free State Province.

- The main goal of the research was to develop an in-depth understanding of social work services rendered to CHHs.

From the findings this goal was accomplished. It was achieved through information obtained from thirteen semi-structured interviews conducted with social workers who had been rendering services to CHHs for a minimum period of two years and a maximum of eleven years. The semi-structured interviews, with the use of open-ended questions, gave the participants leeway to provide answers without any restrictions, making the goal of the research to be fully attainable. Participants narrated the nature of services they render to CHHs in line with social work theory, South African child protection legislation, available resources and the challenges they encounter in service provision. Participants have indicated they know what services they need to render; however, due to lack of resources supervision and follow-up is sometimes limited as they lack human and financial resources.

The following task objectives were reached:

• To obtain a sample of social workers who provide services to child-headed households in Virginia

A sample of thirteen social workers who were rendering services to CHHs for a minimum period of two years was selected using a non-probability sampling method.

• To collect data by conducting semi-structured interviews facilitated by open-ended questions with the sample of social workers in order to explore the nature of social work service rendered to child-headed households

Data was collected using semi-structured interviews, starting with closed questions to establish the demographics of the participants to establish rapport and set participants at ease. Open-ended questions were then asked and participants given a chance to share the nature of services they render to CHHs.

- To sift, sort and analyse the qualitative data gathered by using Tesch's eight steps (cited by Creswell, 2009:186)

Qualitative data was analysed using the eight steps of data analysis as described by Tesch (cited by Creswell, 2009:186). Topics were abbreviated, and codes were developed and written next to the appropriate segment in the text. A final decision was then made about the topics, codes and categories.

- To describe the nature of social work services provided to child-headed households in Virginia

Using the open-ended questions, participants were given a chance to describe the nature of services they render to CHHs. Open-ended questions allowed the researcher to probe, summarise and follow-up on questions. The semi-structured questions allowed for participants to describe in detail the services they rendered to CHHs.

- To analyse and interpret the data and conduct literature control in order to verify data

The qualitative data gathered was analysed using the eight steps of data analysis as described by Tesch (cited by Creswell, 2009:186). Furthermore, the strengths-based approach was used to interpret the findings.

Data was then verified using Lincoln and Guba's model for the trustworthiness of qualitative data that ensures credibility (truth-value), transferability (applicability), dependability (consistency) and confimability (neutrality). The researcher also had to use reflexivity to keep her thoughts and experiences in check to avoid unintentional personal thoughts from influencing the findings.

- To draw conclusions and make recommendations on how to improve social work services for child-headed households

After literature control, the researcher drew conclusions based on the data gathered and made recommendations on how to improve social work services. These recommendations were based on policy, practice, education and future research.

Ultimately the goal was accomplished as the research methodology and techniques used provided an avenue for participants to provide extensive accounts of the nature of services they rendered to CHH. Finally, a report was compiled based on the findings.

The findings derived from the analysis were compared and contrasted with previous findings using storylines, and the findings were consistent with the previous ones. Social workers also discussed the various negative conditions in which they worked. These conditions ranged from low salaries, lack of necessary work resources and how they had to compromise in order to render services to CHHs. These conditions had an impact on the nature of social work services rendered to CHHs.

The qualitative research methodology employed in this study was suitable and helpful, as it made it possible for the researcher to engage with participants to gather information and thus achieve the goal of the study. The following conclusions were drawn from the qualitative research process applied in this study:

- The non-probability, purposive sampling method utilised to select the sample was suitable for the study, as the participants with relevant experience were identified and recruited to take part in the study.
- Preparing the participants for data collection proved to be a critical process, as it is at this stage that the researcher established a relationship and built rapport with the participants enabling them to enter into the interviews with no unanswered questions about the research, thereby speaking freely and sacrificing their time to be in the interview sessions.
- The semi-structured interviews allowed the researcher to explore the phenomenon under study with no limitations of the "yes" and "no" answer.
- The themes, sub-themes and categories which emerged from the data analysis provided broad descriptions of the participants' experiences and perceptions of the nature of services rendered to CHHs.
- Guba's model (in Krefting, 1991:214-222) of data verification was useful in the demonstration of the findings' trustworthiness.

5.4 Summary of the findings according to themes and conclusions reached

This section presents a summary of the five themes, fourteen sub-themes and fourteen categories which stemmed from the qualitative data analysis.

5.4.1 Theme 1: A general description of CHHs

Participants gave general descriptions of CHHs. The participants' general knowledge of the child-headed households and their descriptions were consistent with literature and the description provided by the South African legislature, which included the Children's Act No. 38 of 2005 and the White Paper on Families (2012).

The examples provided by the participants provided elaborate reasons for how a child ends up being classified as a child in a CHH. The reasons included a terminally ill parent, a deceased parent, a parent travelling due to work obligations, sickness or the imprisonment of a parent. The participants' description also introduced the issue of parental arrest which was not covered by the Children's Act No. 38 of 2005. This exclusion by the Children's Act No. 38 of 2005 will unfortunately leave this group of children vulnerable and prone to neglect and abuse by the system, as they are not covered by the relevant child protection Act.

5.4.2 Theme 2: The nature of social work services provided to CHHs

The findings indicated that all social workers offered individual, group and community work services to families in CHHs. Social workers focused on the service users' strengths rather than their deficiencies. Individual strengths were identified through an assessment and then utilised at individual, group or community level. For example, individuals who could do gardening were assisted with further resources such as finding seeds and space for gardening. Although social workers did not narrate or understand the nature of services they rendered to CHHs in the same way, they were all working under the guidelines and spectrum of the White Paper on Families (2012) and the Children's Act No. 38 of 2005, as these are the major legislative documents guiding child protection services in South Africa.

Below is the summary of the specific services as discussed by participants.

- **Individual services provided to CHHs**

Social workers used various methods to reach communities and to provide services. These methods included individual services such as counselling, long-term interventions as well as after-school life skills and support programmes. Below is a summary of what these entailed.

- Assessments and short-term interventions

According to the definition submitted by three of the participants, assessment entails investigating and probing the details surrounding the presenting problem. The process involved office interviews with service users to obtain more information on the presented problem.

Family dynamics, which entail the size of the family, relationships and income, were also encompassed in the assessment as they affected the outcome of the assessment. The outcome of the assessment gave the social worker a complete background of the family, the needs of the family, resources available, strengths, weaknesses and opportunities for the family.

Risk assessments were also conducted. The services required and level of intervention were determined by the participants and service users. Risk assessment basically involved investigating and calculating elements which have a potential of causing harm to a child. Issues like the emotional state of the child, the physical environment, the developmental stage, resources available to the child and the presence of further harm were investigated.

Ultimately, an assessment was done to evaluate the presented problem, surrounding circumstances followed by participants proceeding to provide short-term interventions. In situations where the service users were in immediate danger according to the Children's Act No.38 of 2005 or according to the guidelines provided by the Department of Social Development, some of the children were removed and placed in temporary safe care. For example, a child who had been exploited sexually in the community was removed from that environment immediately until the perpetrator had been apprehended or until the child was safe to return to that environment without the risk of further abuse.

Further assessments would determine whether a child needed a child support grant, alternative placement and medical attention or parental skills training. Therefore, referrals to the relevant service providers were part of the services rendered in short-term interventions. This list included but was not limited to the SAPS, SANCA, FAMSA and the Department of Justice.

Individual development plans (IDPs) were also developed at the stage of assessment, as these would guide the relationship between the social worker and the service user throughout the intervention stage. Participants also described the IDP as the individual intervention guide, as it contains the individual developmental needs and guidelines on how the social worker should render a service to the service user. Ideally, IDPs should be reviewed every six months. The findings showed that this was not done, as social workers cited challenges with transport, high caseloads, high turnover of social workers and lack of other tools of the trade (e.g. laptops and cellphones).

- Long-term interventions

Using the provided Children's Act No. 38 of 2005 and the White Paper on Families (2012), participants conducted long-term interventions that were defined by the time spent providing the services and the duration the service would be needed. In long-term interventions, the focus is not on the number of children helped but instead on the depth of the services. At this stage participants get to know more about the service user and provide a more comprehensive service while using more social work tools. The services provided at this stage are more holistic and therefore, involve not only the child but also significant others, the school, the church, the community and other relevant stakeholders such as the Department of Justice, SASSA, FAMSA and SANCA). Participants addressed emotional issues, poverty eradication by providing counselling services, introduced play therapy, material support, foster care placements, scholarships and referrals.

Through the use of the strengths-based approach, long term interventions addressed behavior traits in children through behavior modification programmes and depending on the child's age facilitated play therapy. Social workers also facilitated the use of community food gardens. The gardening was done by community members to help the CHH to have food on a daily basis without depending entirely on the foster care grant and the social workers. Gardening space was mainly provided by schools whilst vegetable seeds were donated by community members. Food is also given to service users through a referral system where qualifying individuals are referred to SASSA where they will receive food parcels. Food parcels are hampers with essential groceries for a family and assumables which will last for a month.

Although long-term services are meant to assist service users in a more permanent way compared to short-term interventions, questions arise in terms of creating a dependency syndrome. Social work in South Africa has arguably shifted from social welfare to social development, based on the need to stop creating a dependency syndrome in service users. Offering food parcels might end up countering the plans on the government, thereby feeding a dependency syndrome. Social workers, therefore, need to create an environment enabling development for both individuals and the community.

The lack of resources echoed in this report by social workers also raises the question on the availability and sustainability of such services as food parcels. How often are they available and are they really sufficient? The introduction of food gardens, however, seems sustainable and developmental, as it leaves service users with a skill in gardening and with food on their tables. More seeds can be generated from the plants themselves.

- Focus areas in individual services

In rendering services to individuals, this report indicated there were focus areas that needed to be addressed in order to meet specific individual needs. Having assessed individuals, participants focused on conflict resolution, HIV education and parenting skills. These services could be classified as both prevention intervention (proactive) and also as an action against pressing societal challenges. Issues addressed here included HIV education as a service provided to CHHs. HIV and sex education were provided to teenagers to inform them about safety measures. Due to the statistics of South Africa, it is safe to say many individuals are either infected by AIDS or affected by the HIV/AIDS epidemic; therefore, social workers facilitate the HIV and sex education sessions to prevent the further spread of HIV and to inform the CHHs about these topics.

Parenting skills are facilitated to prepare child heads to be ready for the parental role, anticipate the challenges that come with the role and how to address such challenges. Parenting skills also address issues like conflict resolution among siblings. In some cases, siblings struggle to identify one of the children as a parent and then conflict arises. Conflict also arises with neighbours or extended family members when they attempt to loot the deceased's belongings. Therefore, the children are prepared on how to address conflict. The participants also indicated that in some instances, they had to play an advocate's role to assist CHHs in conflict resolution, especially in estate matters.

- **Group work services provided to CHHs**

Group work services are services that are rendered when a common need has been identified. According to one of the participants, this is done in line with the systems approach which points out those individuals do not live in isolation. Therefore, they need to learn from one another, make a positive impact on one another and simply socialise. Participants have facilitated structured groups that include after school programmes as well as life skills and support programmes. Below are the programmes conducted at group work level.

- After school programmes

In a bid to offer a support system to CHHs, participants have indicated that they offer after school programmes to individuals who need help with school work while this is also a platform for children to bond. Social workers, with the assistance of child and youth care workers, attend to the extra educational needs of the children. Participants have stated that, although an after

care has been conducted in a group format, children are given individual attention, as not all of then are in the same class and will definitely not have the same homework. After school facilities also offer food and encourage children to participate in sports.

The definition of an after care service provided by social workers contains a few gaps compared to the definition provided by the White Paper on Families (2012) which states that an after care service should have a mandate to reintegrate and reunify families. Although social workers try to provide a service that will normally be provided by families (food and homework assistance), the lack of emphasis on reunification and reintegration makes the researcher to question the adequacy of the after care service rendered to CHHs.

- Life skills and support programmes

Life skills and support programmes are conducted to assist CHHs with issues related to communication skills, self-image and the specific rights of children. Under the life skills and support programmes participants facilitated support groups, psychosocial support, developmental groups, moral guidance, parenting skills and foster care groups. Life skills were used to address current and future societal and psychological demands. Children aged from six to 18 years were involved in the life skills programme with the purpose to inform, educate and strengthen them.

Support groups were facilitated to enhance the growth of emotional interpersonal relationships between the child and the environment. This was done through tapping into the strengths of individuals involved in these sessions. Motivational speakers, adults who grew up in CHHs and former support group members were invited to share their experiences and to motivate new group members.

Participants also conducted psychosocial support groups to offer emotional support to children. These groups addressed issues related to bullying and peers. Two participants indicated that they used surveys at this level to find out issues that were affecting CHHs so that they could know and address the relevant issues. Social workers were conducting evidence-based programmes in relation to statistics in the Free State. Parenting skills training was also conducted at group level, as this allowed participants to share experiences and coping strategies. Social workers were seeking to offer coping skills and build resilience within the children in their social and emotional lifestyles.

Although coping skills were attained from life skills, issues arising from the participants indicated that they were unable to conduct group sessions as much as they would want to because of lack of space in the stipulated venues. The lack of vehicles also affected the consistency of group work and therefore, it affected the nature of social work services rendered to CHHs negatively.

- **Community work services provided to CHHs**

Community services were rendered to the large group of people. These services were rendered in order to facilitate change in behaviour traits of the larger community. Individuals involved did not necessarily come from the CHHs, as the only relevant factor was the need to be from the Virginia community. At community level, participants facilitated community outreaches and dialogues. In order to reach the community, participants made use of community resources which will be discussed below.

- Community outreaches and dialogues

Through all stages of service delivery, participants acknowledge the existence of the community and the fact that a child exists in a community. At this stage participants involve the community as a whole by raising awareness on issues affecting CHHs in the community and having community dialogues on ways to best address these challenges. Community work is presented in the White Paper on Families (2012) as one of the crucial services to be rendered as a prevention service. The community is used as a safety net to help safeguard the children, and so outreaches and dialogues are used as methods to involve the community in informing the community of the challenges in their midst, discussing the challenges and mapping a way together. Community dialogues are a crucial part of development only if the methods are implemented in both legislation and in the communities.

- Utilisation of community resources

In order to comprehensively assist CHHs participants indicated that they had to coordinate the use of various community resources such as the Love Life organisation which facilitates dialogues at schools, thereby addressing pertinent issues like self-esteem and self-image. The use of multi-disciplinary teams in social work is consistent with literature which indicates that social work is an amorphous discipline and makes use of various resources in order to adapt to the identified need. The Department of Home Affairs is used for the attainment of relevant identity documentation. The SAPS and the Department of Justice are used for affidavits and

opening and finalising the foster care cases. SASSA finalises the financial side by making grant payments to the approved and qualifying service users. In adapting to the various challenges, participants have also discussed child participation which is one of the aspects being advocated for by the Department of Social Development and is also stipulated in the Children's Act No. 38 of 2005.

- Child participation

Participants indicated that they involved the CHHs through child participation which was a requirement tabulated by both legislation and child protection guidelines. Participants further indicated that they prioritised the voice, thoughts and ideas of the children in decision making on issues affecting them and suggested ways to address these issues. Contrary to previous findings that involving children in drama, arts and culture is defined as child participation, participants indicated that they involved children in debates, public speaking and discussions held on celebrated calendar days such as World AIDS day. Some participants also indicated that they used the role-modelling style which entails involving adults who themselves had been in child-headed households.

Although there seems to be an improvement in child participation, for example, the departure from making children being visible only through guided, rehearsed participation to debating and decision making, a lot still needs to be done for the children's voices to be heard. There needs to be clear guidelines as to what happens with the ideas brought forward by the children. Do they end up in the social workers' files or is there a mechanism to fast forward them to the legislature through the DSD?

5.4.3 Theme 3: Participants' experiences and perceptions of helpful services for CHHs

The challenges encountered by CHHs were mentioned as not being limited to hunger, lack of education, poverty, neglect, abuse by the community and in some cases, extended families. These challenges caused an emotional strain leading to depression of a child heading the household while others committed suicide. Such challenges directed the services needed by family members and subsequently the nature of services rendered to CHHs. Even though participants seem overwhelmed by the high caseload and lack of resources, they explained their experiences and perceptions of services that they regarded as helpful to CHHs. The sub-themes were divided into three parts which are:

- Support provided through casework

Five of the 13 participants stated that they viewed casework as a method that is more useful and suitable to assist CHHs, as it is person-centered, thereby making social workers understand the service user's needs in a non-threatening environment. Casework is also said to be focused on individual growth and it therefore deals with the immediate needs of the individual compared to other methods of intervention which focus on a collective (group or community).

A participant singled out foster care as the best way to provide support to CHHs, as it provided permanency and stability in a child's life. In terms of development, casework was said to create an enabling environment, as the child was safe in a one-on-one session compared to when the child was involved in a group of strangers.

- Support provided through group work

Four of the 13 participants stated that they found group work to be more useful as a method of providing support for service users as they could socialise with people who were experiencing the same situation or had done so. Group work was also commended for helping children to feel at ease in a group setting where they asked questions, received answers and communicated with other group members without fear.

Participants mainly base their answers on the systems theory that states that people are interdependent and stronger when they share resources, experiences and solutions. Group work also gives children the comfort of numbers, knowing that they are not alone in the situation and solutions are shared.

- Support provided through community work

Four of the participants have discussed and viewed community work as an efficient method to reach child-headed households. They state that a well-mobilised community ensures the safety of the children in the absence of the social worker. Community work seeks focuses on the relationship between the environment and the individual, and how best community resources can be used to enhance one's well-being. The community work method is supported by the social development theory which states that, in order to combat community challenges, there is a need to invest in the community. The community work method reaches a large number of people and conscientise the community of the existence, needs and protection of CHHs. These four participants viewed community work as the social work method that was more relevant in assisting CHHs, as they used available community resources to the benefit of the CHHs.

Community work has its advantages and challenges. A well-mobilised, active and well-informed community can assist social workers with information on child abuse, child neglect or potential child risks. Social workers in Virginia do not offer a 24-hour service; therefore, in their absence the community can monitor and assist CHHs. The challenge with this method is that it can further expose CHHs to abuse, as there have been reports of child trafficking, child pornography and child labour. Some community members might learn about the vulnerability of CHHs and use this to lure them into child trafficking.

5.4.4 Theme 4: Participants' experiences and perceptions of challenges when rendering services to CHHs

Participants shared experiences and perceptions of the challenges they had experienced during service provision. Challenges discussed emanated from colleagues, their leadership and their organisations, and in some cases, the community at large. These challenges affected service provision which had a negative impact on services provided to CHHs. Most challenges were not unique to this report as presented in chapter three.

Participants echoed research which showed that South Africa was considered the hub of foreign nationals from neighbouring countries. The increasing number of foreign nationals in South Africa also put pressure on social workers as they came into contact with some undocumented children from neighbouring countries. With so little resources, social workers were not able render adequate services as there was limited information on extended families, the children's ages, and in some cases, the children's legal documentation to allow them to be in schools or to receive a social grant.

Government initiatives have been put in place to document Zimbabweans and Lesotho nationals who live in South Africa through special permits called Zimbabwean and Lesotho dispensation permits for the respective countries. This initiative will help curb the challenges experienced by social workers in situations where the children's parents are known to social workers. This initiative helps children with known parents but leaves a gap for unaccompanied minors who, in turn, become CHHs.

Other issues affecting social workers and subsequently, the nature of services rendered to CHHs include lack of resources, lack of cooperation and support, lack of training and experience of social workers.

- Lack of resources

Although participants provided services to CHHs, the intensity, frequency and accessibility of resources remain challenges or impediments as presented in this research. Resources lacking in social work offices range from manpower, tools of the trade (laptops, vehicles and stationery), office space (for both social workers and service users) and financial resources. The replication of findings in different provinces and different years reflect that there is a gap in the nature of social work services rendered to CHHs. The huge caseloads are not commensurated with available resources.

Noticed in this research was that these challenges had a negative impact on the nature and quality of social work services. Social workers ended up doing the cases they could with the few resources they had at their disposal. Participants attended to service users if and when they could, thereby creating a discrepancy in the level of expected services to be rendered. Hence, some social workers were disillusioned and demotivated.

- Lack of cooperation and support

Participants cited lack of cooperation and support from management committees, supervisors, the municipality and other community members who did not understand the role of the social worker. The community posed a challenge due to apathy, as they barely participated in programmes organised by the social workers.

Suggested methods to address this challenge would be to educate the relevant individuals as the lack of cooperation seemed to be caused by lack of knowledge or unexplained expectations.

- Lack of training and experience of social workers

Only two participants mentioned that they had a challenge with lack of training of social workers. They felt social workers with whom they had worked were not experienced and lacked professional training. In all professional fields, new staff joins periodically and these two participants indicated that they were working with inexperienced staff. This could include social workers with between zero to two years of experience.

These two participants also mentioned that some social workers did not have driver's licences; therefore, it was an inconvenience to other social workers, as they had to ask their colleagues to drive them to their destinations. These two participants recommended that the Department of Social Development and NGOs arrange for drivers to transport social workers to their intended destinations as this would solve the challenge. Although this arrangement could be

feasible in the NGO sector, it might not be practical for the Department of Social Development. The reason was that NGOs relied on donor funding and they could afford a driver.

It is also crucial to note that for most social work positions it is a requirement to be in possession of a driver's licence before being employed. Implementing this prerequisite for all positions would also help solve the challenge.

Participants in the NGO sector suggested ways of conducting community meetings, training and utilising volunteers to seek donations to increase income.

- Community meetings and involvement

Four participants mentioned the need to strengthen community meetings and community involvement. A community-based approach is a crucial aspect in assisting and protecting CHHs. There are community gatekeepers who may be crucial in keeping an eye on CHHs, and social workers can also collaborate with child and youth care workers in this regard.

Community meetings and general community involvement are already underway as evidenced in this report. Some community members have been involved when social workers raised awareness of children's rights and in cases where the community assisted with garden space to help CHHs to plant their vegetables.

Two participants mentioned that they worked with the ward councillors to employ children from the CHHs in the Community Development Workers programme as soon as they turned eighteen.

- Training and utilisation of volunteers and managerial board members

Three participants from the NGO sector stated that the training and utilisation of volunteers and managerial board members were crucial, as these factors lifted the workload of social workers. The utilisation of board members is recommended in the White Paper on Families (2012), as they have a fiduciary duty to the organisation by taking care of the managerial aspects of the organisation.

One participant indicated that her organisation was making use of what is called 'Asibavikele trained community volunteers'. These individuals are readily available to assist CHHs in the community in the absence of social workers.

One thing that was missing in Virginia and from participants' responses was a 24-hour response unit to matters affecting vulnerable children. Although there was a national 24-hour Childline hotline, most CHHs did not have the basic needs and could not afford a phone to contact the hotline; therefore, a walk-in service provider would be more practical.

It is the researcher's assessment and recommendation that government establish a childline in Virginia or a Thuthuzela center which has trained and equipped staff who can deal with crisis situations like the rape and physical abuse of children in a professional manner. Childline and Thuthuzela centers have a 24-hour response system which ensures that children are sure to get assistance without having to wait for the next day.

The availability of trained and readily available staff will also ensure that service users will not be exposed to double or triple trauma. For example, when a rape victim has to spend the night without taking a bath because the relevant trained professionals are not available to address the service user immediately. Collaboration with child and youth care workers will also be practical and can be implemented easily.

- Donors and fundraising efforts

The use of donors and fundraising efforts were mainly suggested by participants from non-governmental organisations who suggested a need for management to vigorously seek funds to support available programmes such as the Boy and Girl Child Programme, as well as staff salaries.

The structure of seeking donor funds has been in existence in NGOs since their inception. Actively seeking funds can bring positive financial results but NGO management still need to be trained on good governance as mentioned in chapter three. Both the Department of Social Development and the NGO sector (staff and volunteers) can play an active role in the training of financial teams. Financial misuse has been noted in most NGOs, whereby a single board member had control over the finances, thereby leaving an organisation without funds or with a shortage of funds. Therefore, it is highly recommended for NGOs to have stringent financial control systems in place before seeking funds.

- Commitment to and continued professional development

Two participants regard continued training after social workers have been employed as a crucial means of ensuring quality service delivery. The social work profession is not a static

profession and neither is society. Therefore, new societal trends emerge on a daily basis and with these come challenges such as cyber bullying. The social workers need to be well-informed and equipped to address such challenges.

It is crucial to note that the need the South African Council for Social Service Professions has noted and supported the need for continued professional improvement. Therefore, the council has introduced the need for a portfolio of evidence which will comprise accredited training conducted after graduation. This initiative is crucial in encouraging social workers to be trained in different programmes and be aware of changing societal trends.

Based on the above-mentioned challenges, the researcher concludes that the participants will not be able to offer the relevant services to CHHs effectively. The lack of cooperation, lack of resources, including the lack of collaboration from other role players and high caseloads, are likely to frustrate social workers, lead them to burnout and limit their ability to provide quality services.

5.4.5 Theme 5: Suggestions on how to improve social work services

All participants indicated various ways to help improve social workers' services such as training of staff, use of group work and community work to reach a larger number of people within a short space of time. It was further suggested that there was a need to render support services to social workers through debriefing and financial support, higher salaries to be specific. Availability of what was described as 'tools of the trade' was also discussed as one element that would lead to a huge difference in the quality of services rendered to CHHs. Tools of the trade included but were not limited to laptops, cellphones, printers and vehicles that are scarce in both the government and the NGO sector. In instances where some of these resources were available, they were not accessible and this needs to be addressed.

- Training of staff

Participants mentioned the need for continued professional training in order to ensure quality social work service provision. Five participants said this process was crucial in the social work profession and social workers were involved in communities that were ever-changing. Changes that had been noted included the change of legislation whereby social workers were using the Child Care Act No. 74 of 1983 which had changed to the Children's Act No. 38 of 2005.

Without adequate training, social workers do not adhere to the changing legislation and they also do not adopt to the changing societal trends. This challenge can easily be addressed by

having induction training, use of supervisors and also mentoring these new social workers by veteran social workers. Suggested methods of training include in-service training which is a low-cost method of training, as this can be done by supervisors without outsourcing the services of trainer or facilitator. All suggested ways of training and educating social workers are practical and can be implemented with minimal costs.

There is also a need for open and transparent engagement of discussions between policy makers and social workers to ensure the sharing of first-hand experiences and feedback with practical examples.

- Support to staff by the employer

Emotional support of staff by employers is said to be crucial in improving services rendered to CHHs. Social workers should be allowed moments to debrief, considering the fact that they deal with traumatic situations. Debriefing sessions can be held in groups if and when required.

- Financial support and access to resources

Salaries and tools of the trade were the last issues that participants had indicated being in need of addressing. Participants mentioned that the low salaries had generally affected the staff morale and in some cases, have led to the resignation of social workers, leaving others frustrated as available work had to be shared among them.

5.5 Recommendations

Based on the research findings, the following recommendations for education, practice, policy and further research are made.

5.5.1 Recommendations for education

- It is recommended that social workers take the responsibility and initiative to empower themselves for their own improvement and understanding of relevant legislation by continuously studying legislation postgraduation. From the thirteen (13) participants, only one participant has made use of a contribution order as obligated in section 161 of the Children's Act No. 38 of 2005 that can be used to create an income from the biological parents of a child. CHHs that have been neglected become the government's problem whereas parents can be given financial responsibility over their children, even if they do not stay with them.

- NGOs and the DSD should continuously offer in-service training regarding legislation to social workers.

5.5.2 Recommendations for practice

- Child participation has been mentioned by four participants, and it seems there is something being done to involve children through debate and public speaking. However, social workers should have a guided reporting strategy to make sure these contributions are tabled in programme development and taken into consideration when it comes to policy development so that programmes are not only made by adults for children but also be made for children with the assistance of children.

- Social workers should target CHHs for life skills development, and assist them in preparing for seeking employment to strengthen their independence and economic stability.

- Social workers should align their after care services to the stipulated after care services in the White Paper on Families (2012). Although assisting children with homework and offering food to CHHs are crucial, the White Paper on Families (2012) has focused on the need to reunify and reintegrate children in families.

- The DSD needs to make use of satellite offices to allow social workers to be closer to the communities in which they work. This will address the issue of vehicle shortages, as the social workers will be closer to the community; therefore, the community will be easily accessible.

- The national DSD needs to re-channel the money being spent in educating social workers who end up jobless. There should be at least a two-year gap in recruiting bursary-funded social workers, as it does not seem practical that there is a social work shortage; yet, in reality, there are social work graduates who are unemployed.

- Without a 24-hour trained response system for vulnerable CHHs in Virginia, there is a high chance of re-traumatising the children. The DSD and the NGOs should liaise with the SAPS and work together with them to establish a 24-hour response system at the respective local police stations. The local police station already has a 24-hour system in place; therefore, what needs to be done is that a social worker be placed in the SAPS office to work with the officers on duty.

- The DSD needs to train child and youth care workers continually to work in collaboration with social workers to monitor and support CHHs so that they help them to not depend solely on the presence and help of the social worker.

- Social workers should educate and recruit community volunteers so that they can have people actively supporting, monitoring and emotionally assisting CHHs in the community.

- The DSD and NGOs need to make use of veteran social workers to assist with caseloads and to supervise new social workers.

5.5.3 Recommendations for policy

- Policy makers should make more stringent laws in cases where families are turned into CHHs due to neglect. Responsible parents or guardians should be punished severely.

- Policy makers should adopt the positive use of child-headed families (CHFs) and neglect the use of child-headed households (CHHs), as this term makes them appear less like a family and more of a functioning group of individuals.

- It is recommended that policy makers include children with imprisoned parents as part of the definition of CHHs, as these children are left vulnerable during their parents' imprisonment. At national level, policy makers should constantly revisit the definition of CHHs to make it all recent, relevant and all-inclusive.

5.5.4 Recommendations for further research

- Further research should be conducted to explore the different effects on challenges experienced by the boy child versus the girl child in CHHs to avoid giving blanket services to both genders.

- Research should also be conducted in other geographical areas to determine good practices in the provision of services to CHHs.

5.6 Conclusion

The fifth and last chapter presented a summary and an overview of the previous chapters (chapter one to four), followed by a summary of the qualitative research process and the research findings. Previous chapters were summarised, indicating the processes followed and methods applied in the qualitative research. Based on these findings, this chapter is the concludes the research report, presenting summaries and conclusions based on the themes, sub-

themes and categories, followed by recommendations concerning policy, practice, education, and future research.

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ADDENDUM A: ETHICAL CONSENT FORM

INFORMATION AND INFORMED CONSENT DOCUMENT

Dear _____

I, Netsai Rejoice Ndava, the undersigned, am a social worker working for Child Welfare South Africa: Virginia. I am furthering my studies, thereby doing a master's degree in Social Work with the University of South Africa. As an academic requirement I have to undertake a research project, and following is the research title:

SOCIAL WORK SERVICES FOR CHILD-HEADED HOUSEHOLDS IN VIRGINIA IN THE FREE STATE PROVINCE

In view of the fact that you are well-informed about this topic and have first-hand experience of this topic, I hereby approach you with the request to participate in the study. I will provide you with all the necessary information for you to take a voluntary decision to take part in this inquiry. I will further explain to you fully what the aim of the study is, the risks and benefits involved, with absolutely no hidden agenda.

This research project has originated as a result of a need to develop an understanding of the experiences encountered by social workers as they provide services to child-headed households. The aim of the research is:

- To have an in-depth understanding of the nature of social work services rendered to child-headed households

The information gathered in this research will contribute to literature. Should you agree to participate, you will be requested to participate in a face-to-face interview that will be conducted either in your office or my office for a maximum of two hours. During the interview, the following questions will be directed to you:

- Share with me the type of social work services you provide to CHHs (probes – at an individual, group and community level).
- What challenges do you encounter when rendering services to CHHs?
- How do you address challenges you encounter when providing social work services to CHHs?
- What suggestions do you have on improving social work services to CHHs?

With your permission, the interview will be audio-taped. The recorded interviews will be transcribed word for word. Your responses to the interview (both the taped and transcribed versions) will be kept strictly confidential. The audiotapes will be coded to disguise any identifying information. The tapes will be stored in a locked office at Child Welfare South Africa: Virginia and only I will have access to them. The transcripts (without any identifying information) will be made available to my research supervisor(s) and an independent coder with the sole purpose of assisting and guiding me with this research undertaking. My research supervisor and independent coder will each sign an undertaking to treat the information shared by you in a confidential manner. The audiotapes and the transcripts of the interview will be destroyed upon the completion of the study. Identifying information will be deleted or disguised in any subsequent publication and/or presentation of the research findings.

Based again on the principle of voluntarism, you will be free to withdraw from the study or terminate your participation at any stage of the inquiry. You will be free to withdraw and discontinue participation without any penalty incurred. Your rights will be protected at all times and signing the consent form has no binding rules.

If you agree to take part, you have the right to change your mind at any time during the study. You are free to withdraw this consent and discontinue participation without any loss of benefits. However, if you do withdraw from the study, you will be requested to grant me an opportunity to engage in informal discussion with you so that the research partnership that has been established can be terminated in an orderly manner.

As the researcher, I also have the right to dismiss you from the study without regard to your consent if you fail to follow the instructions or if the information you have to divulge is emotionally sensitive and upset you to such an extent that it hinders you from functioning physically and emotionally in a proper manner. Furthermore, if participating in this study jeopardises your safety in any way and at any time you will be dismissed.

You will be referred for counselling or debriefing services should the information shared leave you emotionally upset and perturbed.

You are free at all times to ask questions concerning the study. Should you have any questions or concerns about the study, you can contact these numbers: Netsai Rejoice Ndava, the researcher, at 078 555 0927 or my research supervisor, Prof. MDM Makofane, at 012 429 6884.

Please note that this study has to be approved by the Research and Ethics Committee in the Department of Social Work at UNISA. Without the approval of this committee, the study cannot be conducted. Should you have any questions and queries not sufficiently addressed by me as the researcher, you can always contact the chairperson of the Research and Ethics Committee of the Department of Social Work at UNISA. His contact numbers are as follows: Prof. A.H. (Nicky) Alpaslan, telephone number 012 429 6739 and email alpasah@UNISA.ac.za

If the answers of the researcher and the Research and Ethics Committee in the Department of Social Work at UNISA have not satisfied you after you have consulted them, you may direct your questions/concerns/queries to the Chairperson, Human Ethics Committee, College of Human Sciences, P.O. Box 392, UNISA, 0003.

Based upon all the information provided to you above and being aware of your rights, you are asked to give your written consent should you want to participate in this research study by signing and dating the information and consent form provided herewith and initialling each section to indicate that you understand and agree to the conditions.

Thank you for your participation.

Regards

_____

(Ms) Netsai Rejoice Ndava
Researcher
Contact details: 078 555 0927
E-mail: rndava@webmail.co.za or rndava@gmail.com

ADDENDUM B

INFORMATION AND INFORMED CONSENT DOCUMENT

TITLE OF THE RESEARCH PROJECT

SOCIAL WORK SERVICES FOR CHILD-HEADED HOUSEHOLDS IN VIRGINIA IN THE FREE STATE PROVINCE

PRINCIPAL INVESTIGATOR: NETSAI REJOICE NDAVA

ADDRESS: P.O. BOX 939 VIRGINIA 9430

CELLPHONE: 078 555 0927

OFFICE: 057 212 6277

DECLARATION BY THE PARTICIPANT	Initial
I, THE UNDERSIGNED _____, ID No.:_____the participant _____ _____(address) A. HEREBY CONFIRM AS FOLLOWS: 1. I was invited to participate in the above research project which is being undertaken by Netsai Rejoice Ndava of Child Welfare South Africa: Virginia.	

2. The following aspects have been explained to me.

2.1. Aim: The researcher is studying:

The aim is to develop an in-depth study of the nature of social work services rendered to child-headed households in Virginia, a town in the Free State Province, South Africa.

The information will be used to influence the decisions made in terms of the training needs of the social workers and in strategising as to how to actually improve the services rendered by social workers to child-headed households.

2.2. I understand the following:

- Why I in particular was chosen and that my participation is completely voluntary.
- That I will be asked for a face-to-face interview not exceeding two hours.
- How the information shared by me will be recorded (i.e. on paper and audiotape).
- My rights as participant, namely:
    - That I may terminate or withdraw from the study at any point.
    - That I may ask for clarification or more information throughout the study.
    - That I may contact the appropriate administrative body if I have any questions about the conduct of the researcher (fieldworker) or the study procedures.

2.3. Risks: Initial

No foreseeable risks.

2.4. Possible benefits: As a result of my participation in this study I, ……., the participant, will have an opportunity to contribute to literature and sound service delivery to child-headed communities in Virginia, Free State.	
2.5. Confidentiality: My identity will not be revealed in any discussion, description or scientific publications by the investigators.	Initial
2.6. Access to findings: Any new information/benefit that develops during the course of the study will be shared with me.	Initial
2.7. Voluntary participation/refusal/discontinuation: My participation is voluntary. My decision whether or not to participate will in no way affect me now or in future.	Initial
3. The information above was explained to me, the participant, by the researcher, Netsai Rejoice Ndava, in English and I am in command of the language. I was given an opportunity to ask questions, and all these questions were answered satisfactorily.	Initial
4. No pressure was exerted on me to consent to participate, and I understand that I may withdraw from the study at any stage without any penalty.	Initial
5. Participation in this study will not result in any additional cost to me.	Initial
B. I HEREBY CONSENT VOLUNTARILY TO PARTICIPATE IN THE ABOVE PROJECT. Signed at _____ on _____ 20___ _____ _____ Signature of participant Signature of witness	

ADDENDUM C

CONSENT FORM REQUESTING TO PUBLISH PHOTOGRAPHS,AUDIOTAPES AND/OR VIDEOTAPES OR VERBATIM TRANSCRIPTS OF AUDIOTAPE/VIDEOTAPE RECORDINGS	
As part of this project, I have made a photographic, audio and/or video recording of you. I would like you to indicate (with ticks in the appropriate blocks next to each statement below) to what uses of these records you are willing to consent. This is completely up to you. I will use the records only in ways to which you agree. In any of these records names will not be identified.	Place a tick [✓] next to the use of the record to which you consent
1. The records can be studied by the research team and photographs/quotations from the transcripts made of the recordings can be used in the research report.	
2. The records (i.e. photographs/quotations from the transcripts made of the recordings) can be used for scientific publications and/or meetings.	
3. The written transcripts and/or records can be used by other researchers.	
4. The records (i.e. photographs/quotations from the transcripts made of the recordings) can be shown/used in public presentations to non-scientific groups.	
5. The records can be used on television or radio.	
_____ Signature of participant	_____ Date

ADDENDUM D

STATEMENTS AND DECLARATIONS	
STATEMENT BY INVESTIGATOR I, Netsai Rejoice Ndava, declare that: • I have explained the information given in this document to - _____(name of the participant). • He/She was encouraged and given ample time to ask me any questions. • This conversation was conducted in English and no translator was used. Signed at _____ on _____ 20___ (place) (date) _____ _____ Signature of investigator Signature of witness	