

A social group work programme with
adolescent orphans in foster care affected
by HIV and AIDS: North West Province.

JE van der Westhuizen

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A social group work programme with
adolescent orphans in foster care affected
by HIV and AIDS: North West Province.

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DEDICATED TO MY LATE PARENTS

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OPSOMMING

‘n Maatskaplike groepwerkprogram met adolessente weeskinders in pleegsorg en geaffekteer deur MIV en VIGS: Noordwes Provinsie

Die doel van hierdie studie is om die invloed van ‘n maatskaplike groepwerkprogram, ontwerp om die sosiale funksionering van adolessente weeskinders in pleegsorg en geaffekteer deur MIV en VIGS te verhoog, in die Noordwes Provinsie te ondersoek.

Sleutelterme:

Adolessent, pleegsorg, pleegouer, maatskaplike werk, maatskaplike groepwerk, bemagtiging, familieweeskind, MIV en VIGS.

Daar is in Suid- Afrika ‘n toenemende aantal sorgbehoewende kinders wat in pleegsorg geplaas word. Die grootste rede vir hierdie plasings is omdat die aantal sterftes van die biologiese ouer as gevolg van MIV en VIGS toeneem.

Afdeling A verwys onder meer na die probleemstelling, navorsingsdoelwitte en doelstellings. Die beperkings van die ondersoek word bespreek asook die begripsomskrywing van die sleutelterme. Die ondersoek is in twee fases gedoen: die behoeftebepaling in fase een en die beplanning, implementering en evaluering van die maatskaplike groepwerkprogram in fase twee.

Die probleemstelling in afdeling A berus op die volgende:

Daar is gevind dat die algemene probleme en omstandighede van adolessente weeskinders nie genoegsaam in Suid-Afrika nagevors word nie.

Dit is duidelik dat daar nie in die fisiese en emosionele behoeftes van adolessente weeskinders voorsien word nie.

Die MIV- en VIGS PANDEMIE beïnvloed die daaglikse lewenskwaliteit van hierdie weeskinders in pleegsorg negatief.

Die probleemstelling het tot vyf navorsingsdoelwitte aanleiding gegee. Die Ontwikkeling- en benuttingsnavorsingmodel (DR & U-model) is as oorkoepelende

navorsingmodel gebruik. Die model is in vyf fases verdeel wat in die studie gebruik is. Die enkelstelsel-ontwerp is gebruik om kwalitatiewe en kwantitatiewe data te bekom. 'n Literatuurstudie is gedoen oor bestaande inligting rondom pleegkinders, pleegouers, maatskaplike groepwerk en omstandighede in die pleegsorgsituasie.

Afdeling B bevat die 4 artikels waarin die uitkomst van die navorsing weergegee word.

Elke artikel word as 'n afsonderlike entiteit hanteer waar daar gefokus word op spesifieke navorsingsdoelwitte wat uitgevoer is aan die hand van spesifieke navorsingsmetodes om data te bekom en die maatskaplike groepwerkprogram te ontwerp en te evalueer.

Artikel 1: Die omstandighede en behoeftes van adolessente weeskinders in pleegsorg.

Die omstandighede en behoeftes van die adolessente weeskind in pleegsorg in die Noordwes Provinsie is geïdentifiseer deur middel van selfopgestelde en gestandaardiseerde meetinstrumente.

Dertig adolessente weeskinders is uit die navorser se gevallelading gekies om deel te neem aan die projek. 'n Selfontwikkelde, gestruktureerde skedule is gebruik om data te versamel. Twintig adolosente is geselekteer deur middel van 'n nie-waarskynlikheidssteekproef. Tien adolosente is geselekteer vir die eksperimentele groep en tien vir die kontrolegroep.

Resultate het op behoeftes en probleme gedui wat moontlik tydens 'n maatskaplike groepwerk-intervensieprogram met die adolessente bespreek kan word om die groep van inligting te voorsien, vaardighede te help ontwikkel en hulle vlak van funksionering te verhoog.

Artikel 2: Die rol van die maatskaplike werker tydens dienslewering aan adolessente weeskinders in pleegsorg

In hierdie artikel word die aard en omvang van pleegsorg in die Noordwesprovinsie ondersoek. Die maatskaplike werker se rol in die dienslewering aan adolessente weeskinders in pleegsorg word ook ondersoek. 'n Self-gestruktureerde skedule is aan

vyf en tagtig maatskaplike werkers in die Noordwesprovinsie gestuur wat dienste aan pleegkinders lewer. Die resultate (N=85) toon die huidige posisie in die literatuur en maatskaplike werkers se siening van onderwerpe wat in die maatskaplike groepwerkprogram ingesluit kan word. Die inligting is in Artikel 2 vervat.

Artikel 3: 'n Maatskaplike groepwerkprogram vir adolessente weeskinders in pleegsorg

In hierdie artikel word gefokus op die maatskaplike groepwerkprogram as intervensie. Die program is ontwikkel op grond van die inligting bekom uit die vraelys wat 30 (N=30) adolessente weeskinders in pleegsorg en 85 (N=85) maatskaplike werkers in die Noordwesprovinsie voltooi het.

Die program is aangebied aan 30 (N=30) adolessente weeskinders in pleegsorg. Maatskaplike groepwerk is as metode gebruik om die program aan te bied. Die groep het hul kennis verbreed, vaardighede aangeleer en as uitkoms hulle lewensstandaard verhoog.

Artikel 4: Die evaluering van 'n maatskaplike groepwerkprogram vir adolessente weeskinders in pleegsorg

Die doel van hierdie artikel is om die ontwikkelde maatskaplike groepwerkprogram te evalueer.

Die gestandaardiseerde meetinstrumente, naamlik die Algemene tevredenheidskaal (ATS), die Familieverhoudingskaal (FVS), en die Selfbeeldprofielkaal (SPS) is drie keer deur die eksperimentele groep voltooi. Een keer voor die begin van die program, een keer gedurende die program en een keer na die afloop van die program.

Die kontrolegroep het drie keer dieselfde vraelys voltooi, maar nie die maatskaplike groepwerkprogram bygewoon nie.

'n Selfontwikkelde vraelys is voor en na elke sessie voltooi. 'n Selfontwikkelde evalueringsvraelys is na die finale sessie voltooi om terugvoer oor die effektiwiteit van die program te bekom.

In **Afdeling C** word 'n samevatting van die vernaamste bevindinge en gevolgtrekkings van die ondersoek in geheel aangebied.

Afdeling D bevat die bylaes tot die navorsingsverslag soos die meetinstrumente wat gebruik is vir data-insameling.

Afdeling E bevat die saamgestelde bronnelys.

ABSTRACT

A social group work programme with adolescent orphans in foster care affected by HIV and AIDS: North West Province

(The spelling in the title approved by the ethical committee is North West Province. This spelling will be used as such only in the title and as North-West province in the thesis).

The objective of this study is to explore the impact of a social group work programme in the lives of adolescent orphans in foster care in the North-West province who are also affected by HIV and AIDS, and to enhance their social functioning.

Keywords:

Adolescent, foster care, foster parent, social work, social group work, empower, family, orphan, HIV and AIDS

There are a growing number of children in need of care in South Africa who are placed with foster parents. The biggest reason for foster placement is due to the rising mortality rate of biological parents due to HIV and AIDS.

Section A refers to the problem statement, research objectives, research procedures and research methodology. The limitations of the research are also investigated and the definitions of key words. The research was conducted in two phases. The needs assessment was conducted in phase one and the planning, implementation, and evaluation of the social group work programme in phase two.

The problem statement in section A is based upon the following:

It was found that insufficient research is being conducted on the problems and circumstances of adolescent orphans in South Africa.

It is evident that the physical and emotional needs of adolescent orphans are not being fulfilled. The HIV and AIDS pandemic have a negative effect on the quality of daily life for orphans under foster care.

The problem statement gave rise to five research aims. The overarching research design conformed to the Development and Utilization Research model. The model was divided into five phases that guided the research. The single-system design was used to gather quantitative and qualitative data. A literature study was conducted around the themes of foster care, foster parents, social group work, and circumstances of the foster care situation.

Section B consists of the four articles that form the report on the research outcomes

Each article is dealt with as a self-contained unit focusing on specific research objectives that were achieved via specific research methods. These methods were employed to collect the necessary data for the design and evaluation of the social group work programme.

Article 1: The circumstances and needs of the adolescent orphan in foster care.

The aim of this article is to identify the circumstances and needs through a self-designed and structured schedule. Thirty adolescent orphans in foster care from the researcher's case load were identified to take part in the research.

Twenty adolescent orphans were selected by means of accidental sampling. Ten (N = 10) were selected for the experimental group and ten (N = 10) were selected for the control group.

The results indicated the problems and needs experienced by adolescent orphans. These could be used for discussion during a social group work programme designed to provide knowledge, teach skills, and improve the social functioning of the group.

Article 2: The role of the social worker during service delivery to adolescent orphans in foster care.

The nature and extent of foster care in the North-West province was investigated by means of the completion of questionnaires. The role of the social worker regarding services to adolescent orphans in foster care was also investigated.

A self-structured questionnaire was used for data collection purposes and 85 questionnaires were sent to social workers in the North-West province. The results show the state of existing programmes and the opinions of social workers on topics that could be included in a social group work programme. The data was used in Article 2.

Article 3: A social work intervention programme for adolescent orphans in foster care.

The programme was developed according to the data received from the 30 (N=30) adolescent orphans in foster care and the 85 (N=85) social workers in the North-West province.

The programme was presented to 30 (N=30) adolescent orphans in foster care. Social group work was used as method to present the programme. The group gained knowledge and received skills training, both of which served to enhance their social functioning.

Article 4: The evaluation of a social group work programme for adolescent orphans in foster care

The purpose of this article is to evaluate the social group work programme. Three standardized measuring instruments were used. The Generalized Contentment Scale, the Index of Family Relations, and the Personal Self-esteem Profile were used. These instruments were used three times: once before intervention, once during intervention and once after intervention.

The control group 10 (N=10) also completed the questionnaire three times but did not attend the social group. A self-developed questionnaire was completed before and after

each session. A self-developed evaluation was completed after the final session to assess the effectiveness of the programme.

Section C – Summary, conclusions and recommendations.

Section D – contains the appendices with the results of the three standardized measuring instruments that were used for data collection.

Section E – Contains the Bibliography.

FOREWORD

The article format has been chosen in accordance with the regulation A12.2.2 for the PhD (SW) degree. The articles will comply with the requirements of one of the journals in social work, titled *Social Work/Maatskaplike Werk*.

INSTRUCTIONS TO THE AUTHORS

SOCIAL WORK/MAATSKAPLIKE WERK

The Journal publishes articles, short communications, book reviews and commentary articles already published from the field of Social Work. Contributions may be written in English or Afrikaans. All contributions will be critically reviewed by at least two referees on whose advice contributions will be accepted or rejected by the editorial committee. All refereeing is strictly confidential. Manuscripts may be returned to the authors if extensive revision is required or if the style of presentation does not conform to the practice. Commentary on articles already published in the Journal must be submitted with appropriate captions, the name(s) and address(es) of the author(s) preferably not exceeding 5 pages. The whole manuscript plus one clear copy as well as a diskette, with all the text, preferably in MS Word (Word Perfect) or ACSII must be submitted. Manuscripts must be typed, double spaced on one side of the A4 paper only. Use the Harvard system for references. Short references in the text: when words – for – word quotations, facts or arguments from other sources are cited, the surname(s) must appear in parenthesis in the text, e.g. “...” (Berger, 1976:12). More details about sources referred to in the text should appear at the end of the manuscript under the caption “References”. The sources must be arranged alphabetically according to the surnames of the authors.

SECTION A

INTRODUCTION

A social group work programme with adolescent orphans in foster care affected by HIV and AIDS: North-West province

1. PROBLEM STATEMENT

Visagie (2006: iii) says the following about the HIV and AIDS pandemic: “The HIV/AIDS epidemic has reached such proportions that drastic action is needed to stop the spread of the disease”. According to authors such as Modise (2005); Roux and Strydom (2011); Sito (2008); Uys and Cameron (2004) and Van Dyk (2005), the impact of HIV and AIDS upon households is enormous. It is a disease that is threatening to destroy society because it is changing the rules by which we live.

An estimated 5.6 million people were living with HIV and AIDS in South Africa in 2009 and an estimated 310,000 South Africans died of AIDS. “This is more than any other country” (Avert, 2011a). The South African Department of Health estimates that 29, 4% of pregnant women aged 15-49 were living with HIV in 2009 (Avert, 2011b). An estimated 330,000 of these women, younger than 15, were living with HIV in 2009, a figure that almost doubled since 2001 (Avert, 2011a). According to Schönteich (2008), nearly one million South African children under the age of 15 lost their mothers to AIDS by 2005. This is estimated to increase to over two million by 2010, according to the Department of Health (SA, 2005). As the HIV and AIDS pandemic takes its toll on adults, larger numbers of orphans have become reliant on ageing and often impoverished grandparents. The increasingly common phenomenon of child-headed households, in which children struggle to care for their younger brothers and sisters, represents the ultimate tragedy of the pandemic (Shetty & Powell, 2003:25).

According to Statistics South Africa in November 2010 (Avert, 2011b:4) the annual number of deaths between 1997 and 2006 was 93%. Among those aged 25-49 years, the rise was 173% in the same nine-year period. According to The Lancet Notes (Avert, 2011b:5), authorities are largely to blame:

“Social stigma associated with HIV/AIDS, tacitly perpetuated the Government’s reluctance to bring the crises into the open and face it head on, prevents many from speaking out about the causes of illness and deaths of loved ones and leads doctors to record uncontroversial diagnoses on death certificates....The South African Government needs to stop being defensive and show backbone and courage to acknowledge and seriously tackle the HIV and AIDS crises of its people”.

It is estimated that there are 1.9 million AIDS orphans in South Africa where one or both parents are deceased, and that the HIV and AIDS pandemic is responsible for half of the country’s orphans (Avert, 2011a). The term “orphan” is derived from the Greek and Latin meaning “a child bereaved by the death of one or both parents”. According to Heymann et al. (2007:337), there were an estimated 15 million children worldwide under the age of 17 years who had lost one or both parents to AIDS and by 2010 there might be 25 million such children. Even with continued administration of the antiretroviral therapy (ART) programme, the number of orphaned children is predicted to reach 2, 3 million by 2020 (Actuarial Society of South Africa, 2005).

The psychological well-being of children orphaned by HIV and AIDS is under-researched and even less is known about factors in these children’s lives which can affect their mental health (Cluver & Garner, 2007:318). Over two decades into the AIDS pandemic, a cure for AIDS is still not at hand and the negative impact of the high adult AIDS mortality rate on child welfare, particularly on the welfare of orphans, is potentially large (Ainsworth & Filmer, 2006:1099).

Human rights fall into the realm of the discipline of ethics, which deals with normative values such as safety, good health, and quality lives (Department of Social Development, 2000:11). Protecting and enhancing the rights of children throughout the world is regarded as an investment in the future (Van Rensburg & Human, 2005:41/51). It is acknowledged that the development of children is influenced by physical, cognitive,

social, emotional, spiritual and environmental factors (Van Rensburg & Human, 2005:42).

According to Shetty and Powel (2003:25), concern for the physical and educational needs of orphaned children is now coupled with an awareness of their need for psychosocial support. Living through cycles of poverty, malnutrition, stigma, exploitation and often sexual abuse, without the love and support of a family, without education to understand and rise above their circumstances, orphans in Africa suffer recurrent psychological trauma, caused by the illness and death of their parents. During the last two decades, the human immunodeficiency virus/acquired immunodeficiency syndrome (HIV and AIDS) pandemic in Sub-Saharan Africa has made a huge global impact, permeating the social, cultural and economic fabric of societies and resulting in the mass orphan hood of a generation of children. The possibility that these children could evolve into a large subculture, of dysfunctional and disaffected adults with the potential for further destabilising societies, already weakened and impoverished by AIDS, has increased the urgency of finding a proportionate and effective solution to the orphan crisis (Shetty & Powel, 2003:25-27).

According to Max-Neef's theory (Max-Neef, 1991) a child whose needs are not fulfilled lives in poverty and poverty has the direct consequence of generating pathologies. Children made vulnerable by HIV and AIDS who do not receive psychological support to fulfil all of their basic needs may suffer long-term social and emotional impairment and may be at risk of developing depression, anxiety, suicidal thinking, behavioural disorders (school drop-out, delinquency, substance abuse, promiscuity, prostitution, criminal behaviour and violence), learning disorders, developmental delay and psychosomatic illnesses.

In working with individuals, families and the community, it is important to note that HIV and AIDS has an impact on both the social functioning of the infected and affected (Modise, 2005:2; Roux, 2002:61). The HIV and AIDS pandemic has, according to Kaseke and Dhema (2007:85), impacted negatively on the quality of life of children. Neither words nor statistics can adequately capture the human tragedy of children grieving for dying or dead parents, stigmatized by society due to their association with HIV and AIDS, plunged into economic crises and insecurity by their parent's death and

struggling without services and support systems in impoverished communities (UNICEF, 1999).

According to Delport (2007:192-193), group work as a method can empower foster parents and children, but also children affected by HIV and AIDS. Group work can be described as a “goal-directed activity with small treatment and task groups aimed at meeting socio-emotional needs and accomplishing tasks” (Toseland & Rivas, 2009:12). This activity is directed at individual members of a group and at the group as a whole within a system of service delivery. The person living with HIV and AIDS as well as the person affected by HIV and AIDS might lose “the support of family, friends and community members through discrimination and stigma” (Blom & Bremridge, 2005:81). The support group is embraced as a valuable place in which people such as the foster child and foster parents come together to talk and develop ideas about the nature, impact of, and ways of dealing with this disease in their lives. The sharing of meaning and purpose in a group can create emotional closeness and cohesion (Blom & Bremridge, 2005:85). According to Drower (2005:108), group work has a particular contribution to make in addressing the various challenges presented by HIV and AIDS. Group purposes within the context of the HIV and AIDS pandemic may include the following:

- To provide support for people living with HIV and AIDS as well as people affected by the disease.
- To educate adolescents about safer sex practices.
- To develop and strengthen community networks in the face of the HIV and AIDS epidemic (Drower, 2005:107).

From the above discussion, four main research questions are addressed in this study:

- What are the needs and circumstances of adolescent orphans in foster care affected by HIV and AIDS?
- What is the role of the social worker in service delivery to adolescent orphans in foster care affected by HIV and AIDS?
- What needs to be the content of a social group work programme for adolescent orphans in foster care affected by HIV and AIDS in order to enhance their social functioning?

- Can a social group work programme for adolescent orphans in foster care affected by HIV and AIDS enhance their social functioning?

2. AIM AND OBJECTIVES OF THE STUDY

The aim of this study is to explore the impact of a social group work programme to enhance the social functioning of adolescent orphans in foster care affected by HIV and AIDS in the North-West province.

The objectives to achieve this aim are:

- To identify the needs and problems of adolescent orphans in foster care affected by HIV and AIDS.
- To determine the role of the social worker in service delivery to adolescent orphans in foster care affected by HIV and AIDS.
- To develop and present a social group work programme for adolescent orphans in foster care affected by HIV and AIDS in the North-West province.
- To evaluate a social group work programme for adolescent orphans in foster care affected by HIV and AIDS in the North-West province.

3. CENTRAL THEORETICAL STATEMENT

A social group work programme which is developed for adolescent orphans in foster care affected by HIV and AIDS will:

- Help these adolescents to explore and understand their circumstances.
- Enhance the social functioning of these adolescents.
- Better the relationship between the foster adolescents and their foster parents.

4. RESEARCH METHODOLOGY

The method of research was a literature study and empirical research. The intervention research model was used (Strydom, 2000:76). According to Babbie (2010:363) the aim of evaluation research is to determine the impact of a particular programme such as the

social group work programme at solving a social problem such as the impact of HIV and AIDS on the adolescent orphans in foster care. Authors like De Vos and Strydom (2011:437) see intervention research “*as an applied action undertaken by a social worker or other helping agent, usually in concert with a client or other affected party, to enhance or maintain the functioning and wellbeing of an individual, family, group, community or population*” such as the adolescent affected by HIV and AIDS in foster care.

4.1 Literature study

The aim of a literature study is directed “*at contributing towards a clearer understanding of the nature and meaning of the problem that has been identified*” (Fouché & Delport, 2005:123). According to Fink (2005:3), a literature study is “*a synthetic, explicit and reproducible method for identifying, evaluating and synthesizing the existing body of completed and recorded work produced by researchers, scholars and practitioners*”.

Research into the existing literature of foster children and especially adolescents affected by HIV and AIDS in foster care was conducted for the purpose of this study. The central focus of this study was to explore the needs and circumstances of adolescent orphans in foster care affected by HIV and AIDS in order to develop a social group work programme through which their social functioning and quality of life can be improved.

Evaluation of existing literature revealed that there is insufficient research on the effect of HIV and AIDS on adolescent orphans, especially on research pertaining to the emotions and needs of the HIV and AIDS infected young population in the South African context. Insufficient literature could be found on a social group work programme, especially for the adolescent orphan affected by HIV and AIDS.

4.2 Empirical research

In the research study the Development Research and Utilization model (DR & U-model) was used (Grinnell, 1981:590-591; Strydom, 2000:152-153). According to Strydom (2000:151), this model has a specific intervention mission and is directed at providing more clarity and possible solutions to a practical problem. The model is divided into five

phases namely analysis, development, evaluation, diffusion and acceptance (Delport, 2007:5). Three of the phases in the DR & U model were implemented in this research. This research was conducted in two phases. The needs assessment was done in phase one and the Development of the social group work programme for adolescent orphans in foster care in phase two.

4.2.1 Phase 1: Analysis Phase

Analysis implies the identification of the problem and the consideration of existing social technology (Motshedi, 2009:8). Analysis *“is thus a way of sharpening our instruments of understanding and analysis before the research project begins”* (Du Toit, 2005:426).

❖ Design

According to Mouton (2001:55), a research design refers to a plan or blueprint of the way a researcher intends to conduct the research. The goals of research, according to Fouché and De Vos (2005:105), are either basic or applied. The basic research provides a foundation for knowledge and understanding (Neuman, 2000:23) and applied research is aimed at solving specific problems of helping practitioners accomplish tasks. In this study, applied research was used as the social group work programme with the adolescent orphans in foster care to empower them to deal with problems in their daily lives. Applied research can either be descriptive or exploratory.

The exploratory design was used in this research and is according to Delport and Fouché (2011:441) also a two-phase mixed method design which *“starts with the collection and analysis of quantitative data followed by the collection and analysis of qualitative data”*. A combined approach was implemented, making this a mixed method research design (Delport & Fouché, 2011:434; Grinnell & Unrau, 2008:21). Mixed methods research according to Delport and Fouché (2011:434), *“is a combination of at least one qualitative and at least one quantitative component in a single research project or programme”*. Qualitative and quantitative data-gathering were implemented during this phase of the research. The second phase of this research, the implementation of the social group work programme, can be classified as an experimental design with an experimental and comparison group (Fouché & Schurink 2011:144-145).

In qualitative research the researcher is more concerned with the understanding rather than the explanation and controlled measurement of the subject (Fouché & Schurink, 2011:308). Qualitative researchers, according to Fouché (2005:273), “*tend to develop their own research designs or strategies rather than use those already developed by others*”. Qualitative approaches “*are those in which the procedures are not as strictly formalised, while the scope is more likely to be undefined, and a more philosophical mode of operation is adopted*” (De Vos, 2005c:357).

❖ **Participants**

In phase one, 100 social workers from the “Suid-Afrikaanse Vrouefederasie” (SAVF), NG Welfare, “Ondersteuningsraad”, Child Welfare, and the Department of Social Development in the North-West province who dealt with adolescent orphans affected by HIV and AIDS participated in the study by completing a semi-structured questionnaire. Only 85 questionnaires could be used, since the rest were not fully completed. Thirty (30) adolescent orphans in foster care affected by HIV and AIDS and in the age group 13 to 17 years were selected from the researcher’s caseload in the township of Jouberton, Klerksdorp, to form part of the analysis. According to Strong et al. (1998: 289), adolescence is the “years of puberty, between ages 12 and 18”. Since the social worker’s caseload contained no adolescents of age 12 or 18 years, this research included adolescents in the age group 13 – 17 years.

A purposive sampling technique was used (Strydom, 2005a:202). This sampling method was used because it indicates some characteristic or process that is of interest to a particular study (Silverman, 2000:104). As determined by this method, questionnaires were sent to 100 social workers who have experience in working with adolescent orphans affected by HIV and AIDS in foster care. The researcher completed the schedules with 30 adolescent orphans from her caseload who are between the ages of 13 and 17, affected by HIV and AIDS, and in foster care.

❖ **Measuring instruments**

Data were collected by means of a survey and in-depth interviews. According to Neuman (1997:30), gathering data for research is divided into two categories, namely quantitative and qualitative. For purposes of the quantitative research one questionnaire with open and closed-ended questions was completed by the social

workers (**Annexure 4**). For the qualitative research the schedule was completed by means of a semi-structured interview conducted with each of the 30 adolescents by the researcher herself (**Annexure 5**). Semi-structured interviews are defined as interviews “*organized around areas of particular interest...*” (Greeff, 2011:348). Interviewing is a predominant way of data collection in qualitative research (Greeff, 2005:287).

❖ **Data analyses**

Quantitative data were transformed into statistically accessible forms by counting procedures (McKendrick, 1990:275). These analyses were done by the Statistical Consultation Services of the North-West University, Potchefstroom Campus.

The qualitative data was analysed by the researcher herself, coded and categorized to reduce and simplify the data whilst retaining the essential meaning (Monette et al., 2002:535). The data was categorized in themes and kept in the respondents’ original words to retain the essential meaning. The qualitative research paradigm in its broadest sense refers to research that elicits participant accounts of meaning, experience or perceptions. It also produces descriptive data in the participant’s own written or spoken words. It thus involves identifying the participant’s beliefs and values and communicating the essence of what the data reveals (De Vos, 2005a:333).

The researcher made use of full and accurate notes during the interviews because most of the adolescent orphans did not want to give permission for the tape recording of the interview (Greeff, 2011:359). Although the researcher knew them through her service delivery to them, they were afraid that the researcher would play the tape recording to their foster parents. Therefore, to ensure confidentiality, the researcher only used the field notes.

❖ **Research procedure**

The following steps were taken during the research procedure:

- ❖ Ethical permission was obtained from the Ethical Committee of the North-West University, Potchefstroom Campus and the ethical number is **NW-0023-08-S1 (Annexure 1)**.
- ❖ Adolescent orphans between the ages 13 to 17 years in foster care and affected by HIV and AIDS were identified from the caseload of the researcher to participate in

the research. Social workers with experience in service delivery with adolescent orphans affected by HIV and AIDS were also selected. From this search 100 social workers were identified and 30 adolescents between the ages of 13-17 years, as already discussed.

- ❖ A pilot study with 5 social workers in the North-West province and 5 adolescent orphans in foster care affected by HIV and AIDS in the Jouberton community was done. These respondents were not included in this research.
- ❖ During the pilot study the following was done (Strydom, 2005c:208):
- ❖ The researcher undertook an in-depth literature study in the field of HIV and AIDS especially in the field of adolescent orphans affected by HIV and AIDS in foster care.
- ❖ Interviews with a number of experts in the field of HIV and AIDS and foster care were done. These included interviews with social workers in the Department of Social Development; social workers in non-governmental organizations; nursing staff in the Department of Health; and lecturers in the Department of Social Work at the Potchefstroom Campus of the North-West University.
- ❖ The orphans in the research and their foster parents signed a consent and assent form respectively before they participated (**Annexure 2 and 3**).
- ❖ The schedules and questionnaires were developed in English (**Annexures 4 and 5**).
- ❖ Because English was not the home language of some of the adolescents, a field worker was trained to assist the researcher with the translation and completion of the schedules.
- ❖ After the information was collected, a social group work programme was developed (Article 3).

4.2.2 Phase 2: Development, implementation and evaluation

- **Design**

In this research the experimental research design was used. Experimental design in social sciences according to Fouché et al. (2011:145), is that two comparison groups are set up and researchers will do something such as administer an intervention to one group, namely the experimental group.

- **Participants**

Because all 30 adolescents in phase one wanted to be part of the group work programme, the researcher used the purposive sampling method to select the participants for phase 2 (Strydom, 2005a:202). Twenty adolescents affected by HIV and AIDS in foster care between the ages 13 and 17 years, who could read, write and speak English and stayed in the Jouberton area, formed part of the experimental and comparison groups. The other 10 could not speak English well enough.

The experimental group consisted of 10 adolescent orphans in foster care affected by HIV and AIDS between the ages 13 and 17. The comparison group also consisted of 10 adolescent orphans affected by HIV and AIDS between the ages 13 and 17.

- **Measuring Instruments**

Three standardized scales of Perspective Training College were used.

The three scales used were:

- ❖ The Generalized Contentment scale (**Annexure 6**).
- ❖ The index of Family Relations (**Annexure 7**).
- ❖ Personal Self-esteem Profile (**Annexure 8**).

These measuring scales were used on 3 different occasions with the experimental and comparison groups. The experimental group and the comparison group completed the measuring scales before the first group session started, in the middle before the programme on self-esteem, and at the end of the last session. After the measuring scales were completed, the members of the comparison group went home because the social group work programme was not presented to them at this stage.

A self-structured questionnaire with open and closed-ended questions was also used by the experimental group to evaluate the success of the social group work programme (**Annexure 9**).

- **Programme**

A social group work programme was developed and designed. The information used for this programme was obtained from data received from the schedules completed by the 30 adolescent orphans in foster care affected by HIV and AIDS and the 85 questionnaires completed by the social workers.

- **Procedure**

- ❖ Before the first session of the group work programme, both foster parents and adolescents from both groups signed a form of consent and assent respectively (**Annexures 2 and 3**).
- ❖ Before the first group session took place, the experimental and comparison group members completed the measuring scales of Perspective Training College at the same venue. The same measurement was repeated during the middle phase (after the fourth session with the experimental and comparison groups), as well as after the last group session as discussed before. The evaluation of these measuring scales was done by Perspective Training College.
- ❖ The social group work programme was implemented and evaluated by means of a self-administered questionnaire with open and closed-ended questions. The questionnaire was completed by the group members in the experimental group.

- **Ethical aspects**

Ethical permission was obtained from the Ethical Committee of the North-West University, Potchefstroom Campus and the ethical number **NW-0023-08-S1** was allocated (**Annexure 1**).

According to Strydom (2005b:57), "*ethics is a set of moral principles which is suggested by an individual or group, is subsequently widely accepted, and which offers rules and behavioural expectations about the most correct conduct towards experimental subjects and respondents, employers, sponsors, other researchers, assistants and students*". According to Grasso and Epstein (1992:118), ethical issues are principles that are intended to define the rights and responsibilities of social work researchers as well as

practitioners in their relationships with one another and other parties such as employers, research subjects and clients.

Ethical issues are discussed by different authors such as Mitchell and Jolley (2001:138-139) and Strydom (2005b:57-67). The following ethical measures were taken during this research:

- ❖ The questionnaires and schedules were completed anonymously and conditions of privacy and confidentiality were maintained (Rubin & Babbie, 2005:78). Respondents' names were replaced by numbers so that the measurements could be compared. According to Strydom (2005b:63), "*many matters in the social sciences, if not most, could never have been researched if the privacy of subjects was not encroached upon to some degree*". In all cases during a research project, this must be negotiated with the respondent and their cooperation respectfully requested. The importance of the research must carefully be explained to the respondents and if respondents refuse, this must be accepted and respected.
- ❖ It was ensured that the findings did not impact negatively on the adolescents. According to Strydom (2005b:58-59) subjects can be harmed in a physical and/or emotional manner. One can accept that harm to respondents in the social sciences will mainly be of an emotional nature.
- ❖ The researcher is a registered social worker with the South African Council for Social Service Professions and is obligated to change the nature of the research rather than expose the respondents to the faintest possibility of emotional harm of which she may be aware off.
- ❖ Informed consent and assent was obtained from the adolescents and informed consent from their foster parents and all aspects of the research were explained to them before participation (Rubin & Babbie, 2005:77). According to Strydom (2005b:59) all possible information – such as the goal, the procedures, advantages, disadvantages, dangers and the credibility of the researcher – must be shared with respondents. The adolescents in this research were well informed about the goal of the study and that the data provided during the interviews were confidential.
- ❖ Debriefing was made available to all the participants after the interviews and group sessions.

- ❖ Participants may decide to participate for various reasons. In this research it was evident that the adolescent orphans wanted to be involved in this research. All they were interested in was that the social group work programme should be to their advantage. They trusted the social worker completely with their information because they knew she was acting in their best interest. They were highly motivated, committed and wanted to be part of the social group work project. They wanted the social worker to listen to their needs and to increase their knowledge and skills. These children experienced various losses throughout the illness and death of parents. The South-African welfare system is unable to adequately meet the basic needs of all the children affected by HIV and AIDS but social workers can help these children in their caseloads to cope with their loss and emotional problems.

5. DEFINITION OF CONCEPTS

To minimize different interpretations of the same term, it is essential to define a number of key terms used in this research study.

- **Adolescence**

Adolescence is a “*LIFE PHASE beginning at PUBERTY and ending in ADULTHOOD*” (New Dictionary of Social Work, 1995:55). According to Strong et al. (1998:289), adolescence is the “*years of puberty, between ages twelve and eighteen...*” According to Strydom (2002:61) adolescence is normally referred to as the life cycle period between childhood and adulthood, beginning at puberty and ending with young adulthood. The life stage of adolescence is often accompanied by rapid growth and physical development, heightened sexual interest/ activities, and a struggle to find identity (Van der Westhuizen, 2006:14). Adolescence as a development phase is characterized by discovery, experimentation and exploration, which are brought about by a myriad of physical and emotional changes (Nefale, 2001:16).

Corey and Corey (2002:306) explain adolescence as a time of searching for an identity and clarifying a system of values that will influence the course of their lives. Also important at this stage is to experience success that will lead to a sense of individuality

and connectedness, which in turn leads to self-confidence and self-respect regarding uniqueness and sameness.

- **Foster care**

Zastrow (2010:209) explains that foster care is used for children who are temporarily removed from their parents due to neglect or abuse. The same author maintains that the goals of foster care are to protect the children, rehabilitate the parents, and generally to return the children to their parents as soon as it is feasible. Foster care, according to the New Dictionary of Social Work (1995:26), is “*statutory SUBSTITUTE CARE within the family circle for children who cannot be cared for by their parents in the short, medium or long term, while services are continued to the parents in order to return the children to their care within a specific period*”.

- **Foster parent**

A foster parent is someone other than a parent or guardian in whose care a foster child is placed under the Children’s Act 38 of 2005 (SA, 2005; New Dictionary of Social Work, 1995:27).

- **Social Work**

According to the New Dictionary of Social Work (1995:60), social work is a “*Professional service by a Social Worker aimed at the promotion of the Social Functioning of people*”. Social work services are “*programmes designed to help people solve social problems and promote their social functioning*” (New Dictionary of Social Work, 1995:61). According to Zastrow (2010:54), “*social work is a profession for those with a strong desire to help improve people’s lives*” and the social work profession promotes social change, problem solving in human relationships, and the empowerment and liberation of people to enhance well-being.

Social work focuses on releasing human power in individuals to reach their potential and contribute to the collective good of society. The trademark of the social work profession is that there is simultaneous focus on persons and their impinging social and physical environment. To achieve that social workers engage in a variety of activities (Miley, O’Melia & Du Bois, 2007:9).

- **Social group work**

Group work is defined by Toseland and Rivas (2009:12) as a “*goal-directed activity with small treatment and task groups aimed at meeting socio-emotional needs and accomplishing tasks. This activity is directed to individual members of a group and to the group as a whole within a system of service delivery*”. The focus of social group work, according to Du Bois and Miley (2005:38), “*include(s) enrichment, education, and social reform*”. As a social work method, social group work uses the interplay of personalities in the group processes to achieve cooperative group action that addresses common goals (Sito, 2008:16).

There are different types of treatment groups according to Toseland and Rivas (2009:20-29), such as support, educational, growth, therapy, socialisation and self-help groups. The type of group for adolescent orphans affected by HIV and AIDS in this research can be described as a group consisting of a combination of educational, growth and therapeutic goals.

- **Empowerment**

According to Zastrow (2001:36), empowerment is “*the process of helping individuals, families, groups, organizations, and communities increase their personal, interpersonal, socio-economic and political strength and influence*”. Kirst-Ashman and Hull (2006:340) define empowerment as “*ensuring that others have the right to empowerment, ability and authority to achieve self-determination*”. Social workers “*who engage in empowerment-focused practice seek to develop the capacity of clients to understand their environment, make choices, take responsibility for those choices, and influence their life situations through organization and advocacy*” (Zastrow, 2001:36). The adolescent orphans were empowered by the skills they acquired in the group, such as coping with their circumstances as orphans affected by HIV and AIDS in foster care.

- **Family**

According to Zastrow (2007:380), a family is a social institution with many functions. People are born into families and it is families that help them make sense of themselves and the world around them. Families should provide the emotional support and nurturing needed by its members, as well as economic support to the children in

particular (Motshedi, 2009:20). The family as a unit is central to the organization of all known societies (Department of Social Development, 2006:13).

According to Potgieter (1998:134) most people are born within the boundaries of some form of family system defined as “*a group of persons related by biological ties and/or long-term expectations of loyalty, trust and commitment, comprising at least two generations and generally inhabiting one household during the period of child-rearing*”. Families embrace a variety of forms including blended families, single-parent families, gay and lesbian families and multigenerational families (Du Bois & Miley, 2005:359).

There is also a new kind of family in South Africa due to HIV and AIDS. As the HIV and AIDS epidemic takes its toll on adults, large numbers of orphans have become reliant on ageing and often impoverished grandparents for their care. Many children have no grandparents, and the increasingly common phenomenon of child-headed households, in which older children struggle to care for their younger brothers and sisters, represents the ultimate tragedy of the pandemic (Avanash et al., 2003:25-31).

- **Orphan**

Traditionally the term “orphan” describes a child whose mother or both parents have died, but used in this way it tends to underestimate the total number of orphans or the impact of paternal death, especially within the context of the HIV and AIDS pandemic. Thus, a more useful definition of an orphan is: a child under the age of 18 that has lost either one or both parents.

Specifically, orphans can be:

- ❖ Maternal orphans (mother has died).
- ❖ Paternal orphans (father has died).
- ❖ Double orphans (both parents have died).

According to the Children’s Act 38 of 2005 (SA, 2005), the term orphan means “*a child who has no surviving parent caring for him or her*”.

- **HIV and AIDS**

According to Evian (2006:3), scientists discovered the human immune-deficiency virus (HIV) in September 1983 to be the cause of a new disease called AIDS. The term HIV

stands for the Human Immunodeficiency Virus (Whiteside & Sunter, 2000:2). In order to exist, the HI-Virus has to enter a cell in the body and invade the cell's DNA where it reproduces itself (Whiteside & Sunter, 2000:2). Buthelezi (2003:19) explains: "*HIV attacks and slowly destroys the human immune system by killing the important CD4 and T4 cells that control and support our immune system*". The term AIDS became known as Acquired Immune Deficiency Syndrome, shortened to acronym AIDS (Page et al., 2006:2). According to Visagie (2006:1), AIDS can be defined as "*a collection of diseases resulting from the breakdown of the immune system after it has been invaded and weakened by HIV...*"

According to Page et al. (2006:2), AIDS can be explained as follows:

- ❖ **A** stands for **Acquired**. It means that it is not inherited but is caused by a virus that enters the body. If you "acquire" something, you get it.
- ❖ The **I** stands for **Immune**. The virus attacks the body's "immune" system. Being immune means to have a natural resistance to diseases.
- ❖ The **D** stands for **Deficiency** because as the immune system becomes weaker, it is less and less able to fight any infection.
- ❖ **S** stands for **Syndrome**, meaning a group of different symptoms which consistently occur together. This means that AIDS is not one specific disease but a collection of signs and symptoms that a person can get because their immune system is weak.

6. DURATION OF THE STUDY

The study was initiated at the end of 2007 with the research proposal.

During July 2008 the researcher began the study by composing a self-administered schedule and questionnaire that was used for the pilot study. Five adolescent orphans affected by HIV and AIDS between 13 and 18 years were identified. Only adolescents between 13 and 17 years were present in the caseload of the researcher. Interviews with each adolescent individually were planned to complete the schedule. After the completion of the interviews, adjustments to the schedule were made under the supervision of the researcher's promoter. These adolescents were not included in the research.

Five social workers were also identified and appointments were scheduled where they completed the self-administered questionnaire. After these sessions the adapted self-administered questionnaire was sent to the Statistical Consultation Services of the Potchefstroom Campus of the North-West University for evaluation. Final adaptations were made after receiving the questionnaire from the Consultation Service and then it was sent to 100 social workers in the North-West province for completion.

In 2009, 30 adolescent orphans affected by HIV and AIDS between 13 and 17 years that could read and speak English were recruited from the researcher's case load. After the interviews with each adolescent were completed, the qualitative data were transformed into themes.

After receiving all the data from the social workers as well as the data from the adolescents, a social group work programme was developed and a time schedule for the beginning of group sessions was planned. The researcher selected 10 adolescents out of the 30 for the experimental group and 10 adolescents for the comparison group. Arrangements were made with the experimental group and the first session was planned for 2010. The adolescents in the comparison group were told that the same programme would be presented to them after the research was finalized.

During 2010 the first session took place where the 20 adolescents completed the questionnaire before the first session started and the social group work programme was implemented with the 10 group members. Three measurements, using the three standardized scales from Perspective College, took place with the 20 adolescents, as already discussed.

From 2010 and 2011 the researcher began with the final writing of the articles.

7. LIMITATIONS OF THE STUDY

The interviewing was time-consuming: it took a long time to explain the questions to ensure that reliable data were obtained. It was also necessary to take time off between each of the 3 questionnaires to serve some food and refreshments.

Another problem was the distribution of questionnaires to the selected social workers in the North-West province and the time they took to return it to the researcher. Of the 100 questionnaires sent to social workers only 85 could be used because of certain limitations.

The scales were not specifically designed for foster care and the questions were not always understood. The child from a disadvantaged community found it difficult to comprehend the scales.

The aspects above all had implications on the accuracy of the results yielded by the measuring instruments.

8. PRESENTATION OF THE REPORT

SECTION A: INTRODUCTION

This section gives a brief overview of the research study that will be presented in article format. The article includes the problem formulation, aim and objectives of the research, central theoretical argument, as well as the research methodology and the limitations of the study.

SECTION B: ARTICLES

The format of the manuscript will be as follows:

ARTICLE 1: THE CIRCUMSTANCES AND NEEDS OF ADOLESCENT ORPHANS IN FOSTER CARE

This article focuses on the circumstances and needs of adolescent orphans in foster care affected by HIV and AIDS in the North-West province. These circumstances and needs were identified by the adolescent orphans and social workers in this research.

ARTICLE 2: THE ROLE OF THE SOCIAL WORKER REGARDING SERVICE DELIVERY TO ADOLESCENT ORPHANS IN FOSTER CARE

Article two mainly looks into the role of social work and thereafter into the role of the social worker regarding foster care services to adolescent orphans affected by HIV and

AIDS. Data focuses on the viewpoint of the adolescents regarding the social worker's role as well as how social workers see their role in service delivery to foster children, especially the orphans in foster care.

ARTICLE 3: A SOCIAL GROUP WORK PROGRAMME FOR ADOLESCENT ORPHANS IN FOSTER CARE

Article three focuses on a social group work programme to enhance the social functioning of adolescent orphans in foster care affected by HIV and AIDS. The content of all the sessions are discussed in this article.

ARTICLE 4: EVALUATION OF A SOCIAL GROUP WORK PROGRAMME FOR ADOLESCENT ORPHANS AFFECTED BY HIV AND AIDS

The results obtained from the measuring scales of Perspective Training College regarding the role of the social group work programme in enhancing the social functioning of the adolescent orphans in foster care affected by HIV and AIDS, are discussed in this article.

SECTION C: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Section C presents the summary, conclusions and recommendations of this research.

SECTION D: CONSOLIDATED REFERENCES

A consolidated list of references is listed in this section.

SECTION E: ANNEXURES

In this section the annexure to the research are explained.

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ARTICLE 1

THE NEEDS AND CIRCUMSTANCES OF ADOLESCENT ORPHANS IN FOSTER CARE

Van der Westhuizen JE, Roux AA and Strydom C.

Van der Westhuizen JE is a PhD student, Roux AA and Strydom C are senior researchers.

OPSOMMING

Die doel van hierdie artikel is om te bepaal wat die behoeftes is van adolessente wat as gevolg van MIV en VIGS wees gelaat en in pleegsorg in die Noordwes Provinsie geplaas is. 'n Self-saamgestelde skedule wat tydens onderhoudvoering met dertig (N=30) adolessente voltooi is, is gebruik om die omstandighede en behoeftes van die adolessente te bepaal. 'n Self-saamgestelde vraelys is ook van 85 maatskaplike werkers ontvang. Een vraag in hierdie vraelys het gehandel oor behoeftes van hierdie adolessente wat maatskaplike werkers dink in 'n maatskaplike groepwerkprogram hanteer kan word. Kwantitatiewe asook kwalitatiewe data identifiseer behoeftes van die adolessente en maatskaplike werkers wat in 'n maatskaplike groepwerkprogram ingesluit kan word.

1. INTRODUCTION

HIV and AIDS have a major impact on individuals and on community structures in South Africa, including families. According to Nicoli Natras (Marks, 2008:38), the prevalence of HIV “is 18 times higher for Southern African countries than anywhere else with similar levels of poverty and inequality...”. Traditionally the family has always been the fundamental unit of any society, but as the epidemic progresses this structure is steadily being eroded (Frohlich, 2008: 351). Visagie (2006:111) is of the opinion that the HIV and AIDS epidemic has reached such proportions that drastic steps are needed to stop the spread of the disease.

The HIV and AIDS pandemic affects all children because it changes the nature of the society in which they live. The quality and availability of health, welfare and education systems are deteriorating because of demands caused by this epidemic. (Richter, Manegold & Pather, 2004:5). South Africa is seriously affected by the HIV/AIDS pandemic, with millions citizens living with the disease (Rehle & Shisana, 2003; Dorrington., 2002:1) In South Africa, like the United States of America, a growing number of grandparents have assumed the responsibility of raising grandchildren (Mokone, 2006:187). It is estimated that more or less 50,000 people become infected every month, and many of these people have not been tested and will only realize that they are infected when they become very ill (Sito, 2008:1; Soul City, 2005:20; Strydom, 2002:346). Abdool Karim et al. (2005:37) set the number at 1700 people becoming infected with this virus daily. One in seven new infections on the African continent occurs in South Africa according to Stine (2007:287). That is approximately 2000 infections per day, and 10% or 200 are newborns.

1. PROBLEM STATEMENT

HIV and AIDS has reached pandemic proportions in Sub-Saharan Africa and also in South Africa. This illness has serious consequences for individuals as well as for the country's health resources and economy (Gallant & Tyndale 2004:1337; Visser, 2006:204). Roalkvan (2005:218) states that AIDS-related illnesses primarily kill the mid-generation and isolate the children, including adolescents. It has become clear that there is no segment of society that can claim to have escaped the effects of the HIV and AIDS pandemic.

The HIV and AIDS pandemic affects all children because it changes the nature of the society in which they live. The quality and availability of health, welfare and education systems are deteriorating because of demands caused by the epidemic (Richter et al., 2004:5).

The majority of orphans in South Africa did not have the opportunity to learn essential life skills from their families (Viljoen, 1994:91). Basupeng (2002:16) found in her study that these children feel despair and a sense of powerlessness concerning their lives.

They have low aspirations, poor self-esteem and they relieve their boredom and frustrations by turning to alcohol, drugs and sexual relationships. Consequently, the physical and mental development of orphan children are impaired (Booyesen, 2003:420). This situation puts affected families into crises (Boyd-Franklin et al, 1995 114-115). According to Wessels (2003:1), these families must be empowered to handle the problems caused by HIV and AIDS.

Becker (2005:130) notes that “many adolescents in South Africa grow up without a conscientious and thoughtful caregiver and authority that is present”. In conditions of poverty and overcrowding, children’s chances of developing secure attachments to their primary caregivers are often greatly reduced. In these circumstances, “many adolescents have never experienced a trustworthy, consistent and meaningful connection to an adult who is always present and dependable” (Becker, 2005:130-131).

According to Booyesen (2004:46) there are also serious socio-economic problems when an adult member of the household becomes ill and is forced to give up a job. As a result the income of the household drops and food expenditure comes under pressure. Malnutrition often ensues in addition to other basic needs like health care, housing and sanitation. In order to empower the orphan in foster care, it is necessary to look into the needs and circumstances of especially the adolescents.

The HIV and AIDS pandemic has a huge impact on foster care services in South Africa. Research conducted by Delpont (2007:48) indicates that some social workers in the North-West province handle more than 200 foster care placements per year. Mason and Linsk (2002:541) mention the HIV and AIDS pandemic as one of the reasons for the increase in foster care. The social worker plays an important role in service delivery to the foster parent, but also to the foster child.

2. RESEARCH QUESTION

What are the needs and circumstances of adolescent orphans affected by HIV and AIDS in foster care in the North-West province

3. AIM AND OBJECTIVES OF THE RESEARCH

- 4. The aim of this study is to explore and investigate the impact of a social group work empowering program, and to enhance the social functioning of adolescent orphans in foster care affected by HIV and AIDS.**

The **objective of the research and aim of this article** is to investigate the circumstances and needs of adolescent orphans affected by HIV and AIDS in foster care in the North-West province.

5. RESEARCH METHODOLOGY

The method of research was a literature study and empirical research. The intervention research model were used (Strydom, 2000:76). Authors like De Vos and Strydom (2011:437) see intervention research “as an applied action undertaken by a social worker or other helping agent, usually in concert with a client or other affected party, to enhance or maintain the functioning and well-being of an individual, family, group, community or population” such as the adolescent affected by HIV and AIDS in foster care.

5.1 LITERATURE STUDY

An investigation into the existing literature of foster children affected by HIV and AIDS was conducted for the purpose of this study. The central focus was to explore the needs and circumstances of adolescent orphans in foster care affected by HIV and AIDS in order to improve their social functioning and to better their quality of life. Investigation of existing literature revealed that there is insufficient research on HIV and AIDS orphans, especially research pertaining to the emotions and needs of the young population infected with HIV and AIDS in the South African context.

Data Base: NEXUS; Scholarly journal' Social Science Index; Social Work Abstracts; ERIC; Government documents.

5.2 EMPIRICAL RESEARCH

In the research a combined quantitative approach was used. The mixed method is appropriate to collect data to determine the specific needs of the adolescents in foster care (De Vos, 2005:366). A self-administered schedule was used to provide the researcher with a set of predetermined questions (Greeff, 2005:296). The schedules were completed by the researcher during individual interviews with the adolescents. For the quantitative approach the survey procedure was used to determine the needs of the adolescents.

- **RESEARCH DESIGN**

The study is based on an exploratory design (Strydom, 2000:77). According to Bless and Higson-Smith (2000:154), the purpose of exploratory research is to explore a certain phenomenon with the primary aim of formulating more specific research questions relating to that phenomenon. Exploratory research was conducted in order to gain insight into the situation of the adolescent orphan in foster care.

- **PARTICIPANTS**

A non-probability sampling technique namely the purposive sample (Strydom, 2005a:202) was used to involve 30 orphan adolescents in foster care in the age group 13 to 17 years from the researcher's case load in the Jouberton township in Klerksdorp, North-West province. Foster care adolescents who are affected by HIV and AIDS were selected. The adolescents had to take part voluntarily and be prepared to attend all the group sessions. A random sampling technique was used. Random sampling is the method of drawing a portion – or sample – of a population so that each member of the population has an equal chance of being selected (Strydom & Venter, 2002:197-209.)

A questionnaire was sent to 100 social workers in the North-West province to measure their role in working with foster care orphan adolescents affected by HIV and AIDS. They were asked about the topics they think should be included in the group work programme.

According to Strydom (2005c:208), the researcher should be selective in his choice of experts and should ensure that he approaches a representative number of experts

whose experience and opinions can be utilized. The social workers who were selected work in the field of foster care and could be seen as experts.

- **MEASURING INSTRUMENTS**

A schedule with both open-and close-ended questions was completed by the researcher during individual interviews with 30 orphaned adolescents in order to explore their needs and circumstances. A questionnaire was also completed by 85 social workers in the North-West province to investigate what topics they think should be included in a programme for these adolescents.

- **RESEARCH PROCEDURE**

The research procedure consisted of the following steps:

- ❖ The head offices of the relevant organizations were contacted for approval of the research done in their different offices in the North-West province. Orphan adolescents in foster care affected by HIV and AIDS between 13 and 17 years were identified from the caseload of the researcher and selected to participate in the research. Both the adolescents and their foster parents had to sign a consent form before they participated.
- ❖ A pilot study with five social workers in the North-West province and five adolescent orphans in foster care affected by HIV and AIDS in the Jouberton community was conducted in 2008 to gain insight into and knowledge of the specific research area chosen for the study.
- ❖ A questionnaire was developed for the social workers and another schedule for the adolescent orphans for use in the pilot study.
- ❖ After the information was collected from the 30 schedules and 85 questionnaires a social group work programme was developed.

- **DATA ANALYSES**

Quantitative data was transformed into a statistically accessible format through the use of counting procedures (Mckendrick, 1990:275). These analyses were done by the Statistical Consultation Services of the North-West University, Potchefstroom Campus. The qualitative data was coded and categorized to reduce and simplify the data while retaining the essential meaning (Monette et al., 2002). The qualitative research paradigm in its broadest sense refers to research that elicits participant accounts of

meaning, experience or perceptions. It also produces descriptive data in the participants own written or spoken words. It therefore involves identifying the participant's beliefs and values (De Vos et al., 2005a:335). The qualitative data was analysed manually by the researcher.

6. ETHICAL ASPECTS

Strydom (2005b:57) defines ethics as “a set of moral principles which is suggested by an individual or group, is subsequently widely accepted, and which offers rules and behavioural expectations about the most correct conduct towards experimental subjects and respondents, employers, sponsors, other researcher, assistants and students”. Grasso and Epstein (1992:118) explain ethics in the context of social work as principles that intend to define the rights and responsibilities of social work researchers, practitioners in their relationships with one another, and other parties such as employers, research subjects and clients.

The following measures were taken to ensure the ethical integrity of the research:

- ❖ The questionnaire and schedule were completed anonymously and conditions of privacy and confidentiality were maintained. According to Strydom (2005b:63), “many matters in the social sciences, if not most, could never have been researched if the privacy of subjects was not encroached upon to some degree. Therefore he feels that in all cases this must be negotiated with the respondents, their cooperation respectfully requested and its importance carefully explained: but if refused, this must be accepted and respected”.
- ❖ The researcher ensured that the research did not impact negatively on the adolescents. Strydom (2005b:58-59) points out that subjects can be harmed in a physical and/or emotional manner. One can accept that harm to respondents in the social sciences will mainly be of an emotional nature. The researcher is ethically obliged to change the nature of his research rather than to expose his respondents to the faintest possibility of emotional harm of which he may be aware.
- ❖ Informed consent and assent was obtained from the adolescents and their parents, and all the aspects of the research were explained before participation.

According to Strydom (2005b:59) all possible and adequate information must be given, including the goal, the procedures, advantages, disadvantages, and dangers of the research, and the credibility of the researcher. The adolescents in this research were well informed about the goal of the study, and were told that the data provided during the interview is private.

- ❖ Debriefing was made available to all the participants after the interviews.
- ❖ Participants may decide to participate for various reasons. In this research it was evident that the adolescent orphans wanted to be involved in this research. All they were interested in was that the group work programme must be to their advantage. They trusted the social worker completely with their information because they knew she was acting in their best interest. They were highly motivated, committed and wanted to be part of the group work project.

Ethical permission was obtained from the Ethical Committee of the North-West University, Potchefstroom Campus and the ethics number is: **NW-0023-08-S1**.

7. DEFINITION OF CONCEPTS

- **Orphan**

Traditionally the term “orphan” describes a child whose mother or both parents had died, but used in this way it tends to underestimate the total number of orphans or the impact of paternal death, especially within the context of the HIV and AIDS pandemic. A more useful definition of an orphan is: a child under the age of 18 that has lost either one or both parents. Specifically, orphans can be:

- ❖ Maternal orphans (mother has died).
- ❖ Paternal orphans (father has died).
- ❖ Double orphans (both parents have died).

According to the Children’s Act, Act 38 of 2005, the term “orphan” means a child who has no surviving parent caring for him or her.

- **Adolescence**

Adolescence is a “life phase beginning at puberty and ending in adulthood” (New Dictionary of Social Work, 1995:55). According to Strong et al. (1998:289), adolescence is the “years of puberty, between ages twelve and eighteen...” Adolescence is normally referred to as the life cycle period between childhood and adulthood, beginning at puberty and ending with young adulthood. The life stage of adolescence is often accompanied by rapid growth and physical development, heightened sexual interest/activities, and a struggle to find an identity of their own (Strydom, 2002:61). “The adolescent period is a time of searching for an identity and clarifying a system of values that will influence the course of one’s life. One of the most important needs of this period is to experience success that will lead to a sense of individuality and connectedness, which in turn leads to self-confidence and self-respect regarding uniqueness and sameness (Corey & Corey, 2002:306).

- **HIV and AIDS**

According to Evian (2006:3) it was in “September 1983 that scientists discovered the Human Immune-deficiency Virus (HIV) to be the cause of this new disease, called AIDS”. In order to exist, the HI-virus has to enter a cell in the body and insert into the cell’s DNA, where it reproduces itself (Whiteside & Sunter, 2000:2). Buthelezi (2003: 19) explains: “HIV attacks and slowly destroys the human immune system by killing the important CD4 and T4 cells that control and support our immune system”.

According to Page et al. 2006:2 the disease became known as Acquired Immune Deficiency Syndrome, shortened to the acronym AIDS:

The **A** stands for **Acquired**. It means that it is not inherited but is caused by a virus that enters the body. If you “acquire” something, you get it.

The **I** stand for **Immune**. The virus attacks the body’s “immune” system. Immunity refers to a person’s natural resistance to diseases.

The **D** stands for **Deficiency** because as the immune system becomes weaker, it is less and less able to fight any infection.

S stands for **Syndrome**, meaning a group of different symptoms that consistently occur together. This means that AIDS is not one specific disease, but a collection of signs and symptoms that a person can get because his or her immune system is weak.

In order for HIV to be transmitted from an infected person to an uninfected person, the following needs to happen:

- ❖ Body fluids from an infected person, containing a large enough quantity of the virus, must enter the body of the uninfected person;
- ❖ The uninfected person must be exposed to the virus long enough for it to enter the blood stream;

The four main body fluids that can carry the virus are:

- ❖ Blood
- ❖ Semen
- ❖ Vaginal fluids
- ❖ Breast milk

Transmission normally occurs in one of three ways:

- ❖ Sexual intercourse
- ❖ Mother-to-child transmission
- ❖ Intravenous drug use or sharing of sharp objects (Page *et al.*, 2006: 29).

8. RESULTS OF SCHEDULES COMPLETED WITH THE ADOLESCENTS

8.1 Identifying particulars of the adolescents

8.1.1 Area

Thirty adolescents took part in the needs assessment, and all of them were from Jouberton Township in Klerksdorp and from the caseload of the researcher. Fourteen (46.67%) were in foster care because of the death of the mother and 16 (53.33%) because of the death of both mother and father. According to Ross (2001:25), the death of a parent has an enormous impact on the quality of life of a child and an adolescent.

8.1.2 Home language of the adolescents

The home languages of the adolescents were distributed as follows:

TABLE 1.1: HOME LANGUAGE

Language	f	%
English	1	3,33
Tswana	19	63,33
Xhosa	8	26,67
Sesotho	2	6,67
Total	N=30	100

From these results it is obvious that 19 (63,33%) of the respondents were Tswana speaking, which could be expected as the people in the North-West province are mostly Tswana speaking.

8.1.3 Age Group

According to Strong *et al.* (1998:289), adolescence is the “years of puberty, between ages 12 and 18”. In the social worker’s caseload, no adolescent of the age 12 or 18 could be found, and therefore this research included adolescents in the age group 13 – 17 years.

Table 1.2: AGE IN YEARS

Age	f	%
13 years	1	3,33
14 years	7	23,34
15 years	13	43,33
16 years	4	13,33
17 years	5	16,67
Total	N=30	100

8.1.4 Gender

19 (63,33%) were females and 11 (36,67%) were males.

8.1.5 School Grade

Most of the respondents 20 (66,67%) were between 14 and 15 years old.

Table 1.3: SCHOOL GRADE

Grade	F	%
Lower than grade 7	2	6,67
Grade 7	4	13,33
Grade 8	7	23,33
Grade 9	9	30,00
Grade 10	5	16,67
Grade 11	2	6,67
Grade 12	1	3,33
Total	N=30	100

From Table 1.3 it becomes clear that most of the respondents were between Gr 8 and Gr 10. According to Matshalaga and Powell (2002:185-186) education is vital to re-establish the self-esteem and for the socialization of children affected by orphanhood, given the fact that adolescence is a time of definition of values, individuality and the self, as mentioned before. With access to education, children can realize the possibility of productive employment and thereby minimize the risk of being exploited and themselves being infected with HIV.

8.2 Circumstances of the foster parent

8.2.1 Foster Parent

In reaction to a question asking who their foster parent(s) are, the adolescents gave the following answers:

TABLE 1.4: FOSTER PARENT

Foster parent	f	%
Grandmother	16	53,33
Both grandfather and grandmother	3	10,00
Uncle	1	3,33
Aunt	6	20,00
Sister	4	13,34
Total	N=30	100

The highest percentage (53,33%) of orphaned foster adolescents in this group of respondents' lives with a grandmother, 20,00% with an aunt and 13,34% with a sister.

In this group most of the orphans' foster parents 26 (86,67%) are females. Delport (2007:2) and Gleeson (1995:186) indicate that it is usually grandmothers from the mother's side who are the main caretakers of orphans such as these affected by HIV and AIDS. Richter et al. (2004:37) explain that family care is the first choice for all children. Most commonly, grandparents (in particular grandmothers) seem to take over the parenting role and care (Gow & Desmond, 2002:117). According to Monarch and Boersma (2004) orphans are more frequently placed in female headed households. In this group of respondents' grandmothers and aunts are the caretakers of almost half of the orphans.

8.2.2 Household Head

TABLE 1.5: HEAD OF HOUSEHOLD

Household head	f	%
Grandmother	17	56,66
Grandfather	2	6,67
Uncle	1	3,33
Sister	5	16,67
Aunt	5	16,67
Total	N=30	100

According to these results the grandmother again holds the highest percentage, 56,66%, as the head of the household. The sister and aunt are the second highest percentage (20%) each. According to the United Nations Children's Fund (2003) structures such as the family can no longer cope with the problems related to AIDS orphans. The deceased parents leave behind a generation of children to be raised by their grandparents, other adult relatives or the children are left behind in child headed households. This study shows that the main financial support in the household comes from the females. Minckler (2003:207) said the following: "For grandparents who become the primary caregivers for their grandchildren, the personal decision to care often has profound economic consequences. The high costs of caring, moreover, may be particularly pronounced in those communities where economic vulnerability is already a frequent fact of life."

8.2.3 Period living with foster parent

TABLE 1.6: PERIOD LIVING WITH YOUR FOSTER PARENT

Since when	f	%
Since birth	3	10,00
Since sickness of mother	7	23,34
Since sickness of father	1	3,33
Since death of mother	18	60,00
Since death of father	1	3.33
Total	N=30	100

Most of the adolescents 19 (63,33%) have lived with the foster parents since the death of the mother and the father. Three (10%) have lived there since birth. Eight (26,67%) have lived with the foster parent since the mother and father had become ill. In South Africa, like the United States of America, a growing number of grandparents have assumed the responsibility of raising grandchildren. Makone (2006:187) reveals that in many cases the children and their ill parent were usually already staying with family or grandparents for months, and sometimes years, before the parents died of AIDS or AIDS-related illnesses.

8.2.4 Living Circumstances

When asked in what type of house they live, 24 (80%) said in a brick house, 2 (6.67%) in a shack, 1 (33.3%) in a hut and 3 (10%) in a place called a "hostel". The "hostel" consists of 4 rooms that are used for housing, divided into 2 sleeping rooms, a living room and a kitchen. It is an overcrowded living space without a garden or yard, and there are roads passing in front and at the back of the hostel. The average number of people living in the household is 5. According to van der Westhuizen (2006:19) crowded living conditions have the disadvantage of causing a negative lifestyle.

8.2.5 Job description of household head

TABLE 1.7: JOB DESCRIPTION

Job	f	%
Own business	2	6,67
Domestic worker	7	23,33
Pensioner	9	30,00
Unemployed	9	30,00
Piece job	2	6,67
Others (Hawker)	1	3,33
Total	N=30	100

8.2.6 Income of foster parent

Most of the foster parents in South Africa are grandmothers of foster children who receive foster grants and old age pensions, as indicated by Delport (2007:91), Gillwald (2002), Schönreich (2000), and Gleeson (1995:186).

TABLE 1.8: INCOME

Income	f	%
Salary	7	15,91
Old age pension	9	20,45
Disability grant	5	11,36
Foster care grant	17	38,64
Child support grant	3	6,82
Other	3	6,82
Total	N=44	100

According to tables 1.7 and 1.8 only 7 (15,91%) of the foster parents have permanent jobs and earn fairly good incomes. Two (6,67%) have their own businesses. According to Table 1.8, 34 (77,27%) of the foster parents receive either an old age pension of R1010,00, or other kinds of grants such as disability, foster care, child support. Social grants play an important role in alleviating poverty, and occasionally it is the only source of income for a family. The average household consists of an average of 5 people in a house, and the average monthly income is between R680,00 and R1010,00, or

sometimes R1690.00. This gives one an indication of the financial distress of most households. These situations put families in financial crises.

Andrews et al. (2006:273) found that there is a link between poverty and health. The burden of HIV and AIDS impacts on families even after death, because the family has to pay for funeral expenses. Steinberg et al. (2002) found that families spend an amount of one third of their income on funerals during a year. Mashologu–Kuse (2005:384) states that most HIV and AIDS infected and affected people come from large families of which most members are unemployed and live on child support grants, which bring about desperate financial problems with which the family has to cope.

Since HIV and AIDS generally causes the death of the more productive members of the family, it reduces the food security of those who reside in the households. Orphaned children reside with grandparents who are elderly and unable to work, and who have to stretch their pensions to cover the food requirements of the growing household.

8.3 Relationships

8.3.1 Relationships with foster parents

TABLE 1.9: RELATIONSHIPS

	Good	Average	Bad	Very bad	N	%
Foster grandmother, sister and aunt	22 (81,48)	5 (18,52%)	0	0	27	100
Foster grandfather and uncle	2 (66,67%)	1 (33,33%)	0	0	3	100

According to Table 1.9, 81.48% of the adolescents' relationships with the foster grandmother, sister or aunt are good, and 66,67% have good relationships with the foster grandfather or uncle. Reasons why the adolescents experience the relationship as good are:

- ❖ “They love, respect and support me”.
- ❖ “They take good care of me and give me security”.
- ❖ “They help with schoolwork”.

- ❖ “They allow me to express my feelings”.
- ❖ “They take me to church”.
- ❖ “They give me everything I need such as food, clothes and medical care”.
- ❖ “They do everything for me and are always there for me”.
- ❖ “They give me a good life”.

Reasons why the adolescents experience their relationships as average are the following:

- ❖ “She yells at me”.
- ❖ “We don’t speak to each other”.
- ❖ “She is like the weather – changing all the time”.
- ❖ “She doesn’t allow me to go out with friends to the streets and gets angry when I go out without letting her know”.
- ❖ “She bullies me and says that my mother is gone when we argue”.

8.3.2 Feelings towards foster parents

**TABLE 1.10: FEELINGS TOWARDS THE FOSTER MOTHER
(Grandmother, sister and aunt)**

Foster mother				
	Good	Average	N	%
1.Affection	23 (85,18%)	4 (14,82%)	27	100
2.Security	26 (96,29%)	1 (3,71%)	27	100
3.Belonging	24 (88,88%)	3 (11,12%)	27	100
4.Respect	25 (92,59%)	2 (7,41%)	27	100
5.Love	24 (88,88%)	3 (11,12%)	27	100

Three adolescents could not express how they rate their feelings of affection, security belonging and respect. The results indicate that feelings such as affection (85,18%), security (96.29%), belonging (88.88%), respect (92,59%) and love (88,88%) do exists to

a great extent between the adolescents and their foster mothers. Attention should be paid to the 3 (11,12%) adolescents whose feelings of belonging and love for their foster mothers and the 4 (14,82%) whose feelings of affection are indicated as being average.

**TABLE 1.11: FEELINGS TOWARDS THE FOSTER FATHER
(Grandfather and uncle)**

Foster father				
	Good	Average	N	%
1.Affection	2 (66,67%)	1 (33,33%)	3	100
2.Security	3 (100%)	0	3	100
3.Belonging	2 (66,67%)	1 (33,33%)	3	100
4.Respect	2 (66,67%)	1 (33,33%)	3	100
5.Love	3 (100%)	0	3	100

The results indicate that feelings such security and love (100%), do exists between all the adolescents and their foster fathers. Feelings of affection, belonging and respect (66,67%), do exists to a great extent between the adolescents and their foster fathers.

The reasons why the adolescents experience their feelings towards their foster parents as good are as follows:

- ❖ “We receive all the affection, love, security, belonging and respect from them”.
- ❖ “It feels like real home and real parents”.
- ❖ “She makes me feel good”.
- ❖ “I feel I belong because they care about me”.
- ❖ “Foster mother is always there when I need her and not feel well”.
- ❖ “Foster mother is a good person and I love her very much”.
- ❖ “I am always in her hands”.
- ❖ “They love me because I love them”.
- ❖ “Foster mother and father listen to me”.

- ❖ “She takes me to hospital when I’m sick”.
- ❖ “They provide us with food and give shelter to us”.

The reasons why adolescents experience their feelings towards their foster mother as average are as follows:

- ❖ “Foster mother do not give me as much love as my mother did”.
- ❖ “Sometimes I don’t feel that I belong when her children are around”.
- ❖ “Foster mother screams at me”.
- ❖ “Foster mother does not let me go out”.
- ❖ “They do not respect my wishes”.
- ❖ “We do not respect each other”.

Problems in the relationship between foster parents and foster children are mostly related to the fact that some of the children have serious behavioural problems, and if they are reprimanded or not allowed to do certain things they get angry. Edwards (1998:175) warns that many “children in kinship care have been mistreated, which often results in psychological problems. Poverty, removal from parents, and mediocre treatment while in kinship care can be traumatic and bring about high levels of stress”.

8.4 Emotional experience of the adolescent

Blunden (2005:82) points out that the child in foster care has to adapt to the loss of a parent, especially the mother, when placed into foster care. These children experienced mostly three phases during the grieving process, namely rebellion, despair and dissociation (Renn, 2002:295). According to Kasego and Gumbo (2001:53), a maternal orphan in most cases experiences emotional deprivation which impacts negatively on the psycho-social development of the child. The loss of the father impacts negatively on the physical needs of the child, since it is usually the father who is the breadwinner.

TABLE 1.12: EMOTIONAL EXPERIENCE

	Always	Sometimes	Not at all	N	%	Missing
Anxiety	1 (3,57%)	13 (46,43%)	14 (50,00%)	28	100	2
Anger	0	17 (56,67%)	13 (43,33%)	30	100	0
Depression	1 (3,44%)	12 (41,38%)	16 (55,18%)	29	100	1
Perceived differential treatment	5 (16,67%)	7 (23,33%)	18 (60%)	30	100	0
Low self-esteem	6 (20%)	8 (26,67%)	16 (53,33%)	30	100	0

There are 6 (20%) adolescents who experience a low self-esteem and 8 (26,67%) who sometimes experience it. Five (16,67%) always experience perceived differential treatment and 7 (23,33%) sometimes. One (3,44%) always experiences depression and 12 (41,38%) sometimes. Seventeen (56,67%) of the adolescents sometimes experience anger. The influences of negative self-esteem are important as well, especially with regard to how the adolescent deals with anger and conflict. According to Ivancevich & Matteson, (1996:633-644), individuals with high levels of self-esteem are confident in their abilities, generally feel good about themselves and are less likely to feel threatened than those with low self-esteem. Empowering these adolescents with good self-esteem during a group work programme will help them handle emotions such as anger and depression. Five (16,67%) of the adolescents in foster care perceive differential treatment in the home of the foster parent all the time and 7 (23,33%) sometimes. Such experiences have to be discussed during the clinical sessions with the parents and the adolescents.

8.5 Coping with death

8.5.1 People in the family who are deceased

Twelve (40%) of the adolescents in this study have lost someone in the household during the past 12 months. In 4 (33,33%) cases the person who died was the grandfather, in 3 (25%) cases the grandmother, in 2 (16,67%) cases an uncle and in 3 (25%) cases an aunt.

TABLE 1.13: COPING WITH THE DEATH OF A FAMILY MEMBER

	F	N	%
Gained comfort from someone	3	12	25,00
Prayed	10	12	83,33
Talk to a trusted confidante	6	12	50,00
Experienced severe stress	2	12	16,66
Other	2	12	16,66

According to these results 10 (83,33%) coped by praying while 9 (75%) coped by talking to or seeking comfort from other people. When asked who they consider as their support system they answered the foster parents, family members like a sister or a brother, an uncle and aunt, friends, teachers and social workers.

8.5.2 Family infected with HIV and AIDS

Respondents were asked if there are any person in the foster care household infected with the HI-virus, all (100%) answered “no”. When asked if someone in the household received medical assistance, 2 (15.38%) answered “yes”, and when asked whether anyone knows the status of the person infected with the HI-virus, 3 (10%) of the adolescents again answered “yes”. From the answers one may come to the conclusion that stigmatization and discrimination play a role. These families are all affected by HIV and AIDS, but only a few of the orphaned foster children know the status of people in their households. This correlates with the research of Modise (2005:29) which shows that there is still no open communication between family members regarding issues like HIV and AIDS.

The fact that these respondents answered “yes” means that there are household members who are receiving medical treatment and who are infected with the HI-virus. Maybe fear of discrimination and stigmatization if someone should discover that a family member is infected is the reasons why adolescents answer that nobody is infected with the HI-virus.

Frolich (2005:354) said the following “By forcing the epidemic out of sight, HIV and AIDS related stigma and discrimination obstruct disease prevention and treatment, and

contaminated the resolution of personal grief". Stine (2007:372) views discrimination and stigmatization as one of the most disturbing factors that HIV infected people have to deal with. "Perhaps the worst display of stigmatization and discrimination occurs against children, especially those of school age" (Stine, 2007:327). This may be the reason why all the adolescents answered that there is nobody in the household affected with the HI-virus.

According to Page et al. (2006:106) fear brings about most of the actions and beliefs of people. Fear is closely linked to denial, and there are similarities between the two behaviours. Awareness and knowledge can work to remove fear, stigma and denial. The fact of this situation leads to a need for essential information and education of the orphaned foster children.

8.5.3 Knowledge of AIDS

In this research 25 (83.33%) of the adolescents said that they do have enough knowledge about HIV and AIDS and 5 (16.76%) answered "no". When asked if they prefer that the social worker should give more information about HIV and AIDS, 12 (40%) answered "yes".

The respondents' answers to the previous questions confirm that many of them do not have adequate knowledge of HIV and AIDS. All the children participating in the survey live in low-income living areas and the role of the social worker in helping the schools to educate the children on HIV and AIDS issues cannot be denied. Strydom (2002:64) also experienced in her research that adolescents indicated that sex education is lacking, and that they need more information on HIV and AIDS. The same situation was found in the research of Roux (2002:299), which indicated that the lack of knowledge concerning HIV and AIDS seems to be a huge problem and that people have a need to gain more knowledge.

The orphaned foster children need to know that AIDS is not just a disease. It presents itself as a number of diseases that arise as the immune systems fails to fight off infections, for example Tuberculosis and Pneumonia. It therefore presents itself as a syndrome. The impact of the death of a family member has many traumatic effects on

the other members in the house. According to Uys and Cameron (2004:130), bereavement visits by social workers or home-based caregivers, especially where children are involved, should be made more than once.

8.6 Spiritual functioning of the adolescent

The role spiritual factors play in the lives of adolescents affected by HIV and AIDS became clear when 10 (43.48%) of them answered that prayer helps them to cope with the death of a family member. Research conducted by Roux (2002:244) reveals the very important role that religion plays in people's lives when they are affected with the HI-virus. In this group of respondents 28 (93.33%) of the adolescents attend church on a regular basis and only 2 (5.678%) do not attend church services. Twenty two (73.33%) attend church services once a week, 4 (13.33%) once in two weeks, 2 (6.57%) once a month and 2 (6.67%) not at all. According to 29 (96.67%), God plays a very important role in their lives. Only one (3.33%) of the two, who do not attend church services, said that God does not play any part in his life. The fact that 73.33% go to church once a week shows that they believe in God as a supreme power and that they need God in their lives. The churches to which they belong offer norms and standards for behaviour, but also offer support in a community. Adolescents have to deal with the tragedy of sickness and death that is created by HIV and AIDS, and they can then share that in the community of the church.

Research done by Damianakis (2001:24) indicates many positive characteristics associated with spirituality, among others coping capacity, feelings of empowerment, resilience, capacity to deal with poverty, increased levels of interpersonal influence on relationships, life satisfaction and physical and emotional health.

Spirituality has a positive effect in the sense that people feel that they are not alone in suffering, and that there is a higher being with them.

Reasons provided for why the adolescent says God plays a role in his of her life include the following:

- ❖ "He answers my prayers".
- ❖ "He always helps me with problems".
- ❖ "My grandmother teaches me about God from a young age".
- ❖ "I am Christened".

- ❖ “God gives me hope and strength”.
- ❖ “When mother died I was devastated – God helped me to recover”.
- ❖ “I love God”.
- ❖ “God gives me a life”.
- ❖ “Because I’m surrounded by people who love and care for me”.

8.7 Substance use of adolescents

The adolescents were asked to indicate if they use substances. Three (10%) of the adolescents said that they sometimes use alcohol. However, according to van Heerden (2005:105) alcohol use is a normative behaviour among adolescents and a socially accepted drug. According to Ambrosino et al. (2008:224-227) the abuse of alcohol is considered more socially acceptable than the abuse of other drugs, while Marijuana is by far the world’s most commonly used illegal drug.

The adolescents provided the following reasons for why they think that using or abusing drugs is not good:

- ❖ “It is not good for me”.
- ❖ “It will kill me”.
- ❖ “Makes me dumb”.
- ❖ “It is a bad habit for me”.
- ❖ “It is dangerous for me”.
- ❖ “It harms my mind and body”.
- ❖ “Cigarettes give me cancer”.
- ❖ “Drugs make me do bad things”.
- ❖ “Alcohol and drugs damage my self-esteem”.
- ❖ “Drugs damage my lungs”.
- ❖ “I’m afraid to get addicted”.
- ❖ “I cannot build a future when I use drugs”.
- ❖ “Because I have Jesus in my heart”.
- ❖ “It is against my religion”.
- ❖ “It is disrespect to God”.
- ❖ “I do not believe in substance abuse”.
- ❖ “I will lose control”.
- ❖ “I use alcohol with a friend at parties and then feel bad about it”.

8.8 Communication and socializing skills of adolescents

TABLE 1.14: SKILLS

	A Lot	Some-times	Not at all	N	%	Missing
Communicate your feelings with your foster parents	17	9	3	29	100	1
Like yourself	25	4	0	29	100	1
Communicate your feelings with your friends	14	9	6	29	100	1
Socialize with other people	16	9	5	30	100	0

Seventeen (58.62%) of the adolescents mostly communicate their feelings to their foster parents and 9 (31.03%) sometimes. The reasons why they communicate their feelings with their foster parents were:

- ❖ “Because I like my foster parents”.
- ❖ “I trust my foster parent”
- ❖ “Like to share my feelings”.
- ❖ “Foster parents always give me good advice”.
- ❖ “They are open and friendly and it is easy to talk to them”.

Twenty five (86.20%) of the adolescents always like themselves and the reason they gave were:

- ❖ I know I am friendly and kind to all people.
- ❖ “I love to talk to foster parents because they can tell me what is right or wrong”.
- ❖ “I talk to them and tell them what you need”.
- ❖ “They can solve my problems”.
- ❖ “Communicating is good help with feelings”.

Three (10.34%) of the adolescents don’t communicate with their foster parent(s), and the reasons are:

- ❖ “I don’t talk to foster parents about things that is not good”.
- ❖ “I don’t share my feelings – don’t know why”.

- ❖ “I can’t communicate my feelings with my foster parents”.
- ❖ “I am not comfortable to speak to my foster parents because I am afraid of what she/he is going to say to me”.

These results correlate with research conducted by Delport (2007:96) where 80% of the foster mothers said that their relationships with their foster children are good because communication is good. Four (13.79%) said that they like themselves only sometimes because they experience problems to talk to people. This may be the reason why they think people don’t like them, they experience low self-esteem.

The 14 (48.27%) adolescents who always communicate their feelings with their friends gave the following reasons:

- ❖ “I like to share my feelings with friends because they give good advice”
- ❖ “Communicate with friends because they can tell you what is wrong”.

The 9 (31,03%) who said that they sometimes communicate their feelings with friends said that they do like friends, but do not like to communicate their feeling with them. The 6 (20,68%) who never communicate their feelings with their friends gave as reasons that they don’t want friends to know about them and about their lives.

According to the table the socialization skills with people other than family and friends of 16 (53.33%) of the adolescents are good. Nine (30%) socialize with other people only sometimes and 5 (16.67%) not at all. The reason why they don’t socialize with others is because they don’t trust other friends and people. The reasons why they socialize a lot are:

- ❖ “I like my friends and other people”.
- ❖ “I have good friends”.
- ❖ “I like my friends and to social”.
- ❖ “I like to play with friends”.

Socialization in the adolescent years is very important for a well-adjusted personality.

8.9 Needs experienced by the adolescents

TABLE 1.15: NEEDS OF PARTICIPANTS

	Yes	%	No	%	N	Total
1. How to handle conflict	22	73,34	8	26,66	30	100
2. How to improve my self-esteem	19	63,34	10	36,66	30	100
3. How to improve my communication skills	22	73,34	7	26,66	30	100
4. How to fulfil my dreams	24	80	6	20	30	100
5. How to handle relations with friends	19	63,34	11	36,66	30	100
6. How to handle relations with my teachers	19	63,34	11	36,66	30	100
7. How to manage my time better	17	56,67	13	43,33	30	100
8. How to handle stress	18	60	12	40	30	100
9. How to handle cultural diversity	12	40	18	60	30	100
10. How to handle my emotional needs	20	66,67	10	33,33	30	100
11. How to deal with alcohol and drugs	11	33,66	19	63,34	30	100
12. How to improve my listening skills	20	66,67	10	33,33	30	100
13. How to cope with the death of my parent(s)	10	33,33	20	66,67	30	100
14. How to know what career to choose	18	60	11	40	30	100
15. Other (bursaries, pocket money)	4	13,34	26	86,66	30	100

According to the 85 social workers who were part of this research, the following were the needs they think are the needs of the adolescents in foster care affected by HIV and AIDS:

TABLE 1.16: NEEDS OF ADOLESCENTS ACCORDING TO SOCIAL WORKERS

	Yes	%
1.How to handle conflict	73	85,88
2.How to improve my self-esteem	78	91,76
3.How to improve my communication skills	70	82,35
4.How to fulfil my dreams	66	77,64
5.How to handle relations with friends	71	83,52
6.How to handle relations with my teachers	51	60,00
7.How to manage my time better	54	63,52
8.How to handle stress	68	80,00
9.How to handle cultural diversity	46	54,11

10.How to handle my emotional needs	73	85,88
11.How to deal with alcohol and drugs	79	92,94
12.How to improve my listening skills	54	63,52
13.How to cope with the death of my parent(s)	68	80,00
14.How to know what career to choose	66	77,64
15.Financial management	57	76,05
14.How to cope with the HIV and AIDS illness	75	88,23

N=85

The above tables (1.15 and 1.16) show the diverse needs of adolescents according to themselves and social workers to be addressed in the group. Toseland and Rivas (2009:12) describe group work as a goal – directed activity with small treatment and task groups aimed at meeting socio-emotional needs and at accomplishing tasks.

According to van der Westhuizen (2006:7), a group work programme is a programme in which psychosocial principles and knowledge are converted into teachable skills that can empower people to respond effectively to the demands and problems of coping in certain situations or in a certain stage of life.

9. OBSERVATION BY THE RESEARCHER

During the completion of the questionnaires the researcher made different observations. The respondents were very interested in the research and happy and willing to participate. They understand that they are the main role players in this research and that makes them very proud. The participants are all part of the researcher’s case load, and are orphaned foster children. All of them have lost a parent, family members or friends through death, and they are used to mourning and attending funerals.

During the presentation about death, loss and bereavement the group experienced many emotions. Every one of the respondents needs individual therapy, and there were many tears and much bitterness. The researcher and a reverend had to council and support the group members to work through their own grief. The group members shared their feelings with each other. The researcher empathized with them and made them understand that death affects everyone and every family, and said that they must

avoid being infected with an illness like AIDS. All of them were very cooperative during the sessions and enjoyed working together. They understand that they lack knowledge and they liked to learn more about the different topics in each session. As the sessions proceeded it was obvious that they opened up more towards each other and they loved to laugh and play together. The group also shared their need for better financial circumstances with each other. The researcher had to explain the grandparents' and the foster parents' financial constraints, and had to assure the adolescents that adults understand their frustration when they want to have certain things or to live a certain lifestyle and cannot afford it.

One of the sessions that resulted in stirred emotions is the one dealing with relationships and the rights and responsibilities of the adolescents. It was clear that there are many unresolved feelings and that the adolescents need to talk about these feelings. The group sees the researcher as the person who can solve these problems, and they trust her to do so.

10. CONCLUSION

The purpose of this research study was to identify, explore and discuss the needs of the orphaned adolescents in foster care and who are affected by HIV and AIDS. From the information gathered it seems that the objective of collecting data about the physical, emotional, educational and spiritual needs of the orphan foster children was reached. The data includes varying demographic information regarding the households, the health and substance use of the adolescent, their well-being, school attendance and general way of life. The research clearly shows that the orphaned foster children receive support in their placement with foster parents, but that there are many particular issues that they need help with.

Social workers have a responsibility towards communities to enhance the people's quality of life (Bungane, 2006; Roux, 2002). Children need to secure permanent selective attachments to one or more loving and responsive caregivers in order to achieve healthy psychological development. Social workers have to consider how to maintain, strengthen or provide affectional bonds and good quality attachment experiences for children.

The study proved that the adolescents have different types of living conditions under different circumstances, but they all have one thing in common. They lost their parents and are taken care of by family members or other care givers.

Orphan adolescents in foster care affected by HIV and AIDS are not always equipped with life skills to ensure a better life style.

The social worker fulfils a very important role in service delivery to the foster family and the orphans affected and infected by HIV and AIDS.

11. RECOMMENDATIONS

- ❖ It is recommended that the government subsidizes the business plans of the private sector so that they could be able to cope with the challenges created by the current social work needs.
- ❖ More social workers, auxiliary workers and volunteers need to be recruited to meet the needs of orphans in foster care.
- ❖ Government and Head Offices should pay attention to the need for more social workers because the high caseloads make it impossible for social workers to deal with the applications for foster care placement. In the process vulnerable children's needs remain unaddressed.
- ❖ Research should be conducted regarding the needs of the orphaned foster children so that social workers have more knowledge about the problem. Based on the research and the results obtained from the study and on the conclusions drawn, the following recommendations can be made:
- ❖ Social Workers and auxiliary workers can pay attention to the problems of orphaned adolescent foster children by launching various programmes for families and adolescents in infected and affected households.
- ❖ Programmes should be developed that provide support by teaching the orphan foster children life skills so that their needs can be met and their quality of life can be improved.

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ARTICLE 2

THE ROLE OF THE SOCIAL WORKER REGARDING ADOLESCENT ORPHANS IN FOSTER CARE

Van der Westhuizen J.E, Roux A.A and Strydom C.

Van der Westhuizen JE is a PhD student, Roux AA and Strydom C are senior researchers.

OPSOMMING

Die doel van hierdie artikel is om die rol te bepaal van die maatskaplike werker wat dienste lewer aan adolessente in pleegsorg wat wees gelaat is as gevolg van ouers wat aan VIGS-verwante siektes gesterf het. Hierdie artikel bevat resultate van wat die sienings van 30 adolessente oor die rol van die maatskaplike werker ten opsigte van dienslewering aan hulle, asook die sienings van 85 maatskaplike werkers.

Uit die resultate verkry uit hierdie ondersoek word dit duidelik dat maatskaplike werkers gebuk gaan onder 'n groot werkslading wat betref dienste aan kinders, en veral adolessente wat as gevolg van MIV en VIGS wees gelaat is. Hierdie ondersoek het aangedui dat daar 'n behoefte bestaan binne maatskaplike werk aan 'n program vir die bemagtiging van hierdie adolessente.

INTRODUCTION

Van Heerden (2001:1-3) states in her research that in the present day, the young adolescent is subjected to very high demands made by a complex modern society, and is expected to function efficiently in this environment. The young black adolescent from a disadvantaged community faces challenges such as decision making, conflict management and relationships with much more difficulty. Social Workers in the North-West province struggle with heavy case loads and the number of caregivers that apply for foster care is growing every day (Delpont et al., 2008:307). According to Cluver and Garner (2007:318–323), the psychological well-being of children orphaned by HIV and

AIDS is still under research. Even less is known about factors in these children's lives that can affect their physical, mental and social well-being. The impact of HIV and AIDS may lead to "trauma associated with continuous traumatic stress" (Louw & Joubert, 2007:383).

PROBLEM STATEMENT

The problem of HIV/AIDS in South Africa and the devastation it causes is a reality in the everyday work of a Social Worker. This specific problem causes an orphan crisis in the North-West province. Frohlich (2008:351) points out that HIV/AIDS has a major impact on individuals and on community structures such as the family. The family is traditionally the fundamental unit for caring and fostering, but the structure is steadily being eroded. Ambrosino et al. (2008:323) show how all families have strengths as well as different ways of coping. No matter how many strengths a family has, however, the impact of the broader environment may make it difficult, if not impossible, for the family to cope with crises without additional support. The African saying, "It takes a village to raise a child" is perhaps more true today than ever before (Crossen-Tower, 2005:322).

According to Mason and Linsk (2002:541), the number of orphans as a result of AIDS-related deaths is expected to rise. In research conducted by Modise (2005:37) in the North-West province, she found that most of the youths affected by AIDS stay with guardians. Frohlich (2008:351-354) is of the opinion that the situation places a heavier burden of care on grandmothers, female relatives and community members.

Becker (2005:130-131) states that alongside factors such as HIV and AIDS, poverty, violence and unemployment, many teenagers in South Africa HIV and AIDS grow up without a present, conscientious and thoughtful caregiver and authority figure. Orphans affected by HIV/AIDS fall into this category. Furthermore, in conditions of poverty and overcrowding, the child's chances of developing a secure attachment to its primary caregiver are often greatly reduced. Many orphan foster children never experience a trustworthy, consistent and meaningful connection to an adult who is present and dependable. Children are more likely to grow up to be successful adults if, as a child, they have a positive, nurturing relationship with at least one caregiver during their first

year of life, and access to others who can provide emotional support if their immediate families cannot do so (Newman & Newman, 2005:323).

Freeman and Nokomo (2006:309) add that given people's economic and social situation and their expressed need for assistance, it is clear that guardianship strategies and assistance are crucial. In practice, the most appropriate support for young children comes from their families, who in turn need support from the services of professionals such as the social worker in their communities. There is a need for preventative skills training programs that will empower the adolescents to make positive changes. It is important to teach the adolescents strategies that will enable them to feel confident in their ability to cope with life's challenges.

The researcher experienced the same problems as most social workers dealing with orphan foster children do. The welfare system is overloaded, it takes so long to process applications that people starve while they wait for grants, and above all, the psychological well-being of the orphan foster children is challenged. September (2007:97) indicates that every foster care placement must be thoroughly assessed, a permanency plan developed for each child and it must carefully monitored by a qualified social worker. Apart from this, ongoing recruitment, training and support for foster care parents are needed, and these services are currently only provided by social workers.

When looking into the needs and problems experienced by orphan adolescents in foster care and their foster parents affected by HIV and AIDS, social workers have a responsibility towards these families and the communities. Richter et al. (2006:10) point out that a set of collective community programs is needed to address the impact of HIV and AIDS and poverty on children. The programs should acknowledge support, and strengthen the commitment and care of the families and households.

Adolescence is a difficult period that presents numerous challenges and choices to the youngsters, who are often not mature enough to make the decision to face up to the consequences of their actions. Malaka (2003:385) describe the youth as risk takers

who seek sensation thrills and adventure as they are often uninhibited, are easily bored, are susceptible to peer pressure and have low expectations of the consequences of the risks they take.

Social group work as a method of social work can be used to assist the social worker in preventing the spread of HIV infection and in building systems of care, support and treatment for people with HIV and AIDS and their affected families (Toseland & Rivas, 2005:18; Roux, 2002:3). More social workers are needed to address the needs of all foster children and their foster parents. The need for more social workers has already been identified by the minister of social development (De Lange, 2006:4).

From the above problem statement the question can be asked:

What is the role of the Social Worker in service delivery to adolescent orphans in foster care affected by HIV and AIDS?

AIM AND OBJECTIVE OF THE RESEARCH

The **aim** of this study is to explore and investigate the impact of a social group work empowering program, and to enhance the social functioning of adolescent orphans in foster care affected by HIV and AIDS.

The **objective** of the study and the aim of this article is to determine the role of the social worker in service delivery to adolescent orphans in foster care affected by HIV and AIDS.

CENTRAL THEORETICAL ASSUMPTION

Social workers can play an important role in the empowerment of adolescent orphan foster children.

RESEARCH METHODOLOGY

The method of research was a literature study and empirical research. The evaluation and intervention research models were used (Strydom, 2000:76). According to Babbie (2010:363) the aim of evaluation research is to determine the impact of a particular program such as the social group work program on solving a social problem such as the impact of HIV and AIDS on the adolescent orphans in foster care. Authors like De Vos and Strydom (2011:473) see intervention research “as an applied action undertaken by a social worker or other helping agent, usually in concert with a client or other affected party, to enhance or maintain the functioning and well-being of an individual, family, group, community or population” such as the adolescents affected by HIV and AIDS in foster care.

5.1 Literature study

The central focus of this article falls on determining the role and investigating the service delivery of social workers in the North-West province with regard to foster care. A literature review helps to relate the research problem to the existing theory. The existing body of research supports and interacts with the framework of the study as the literature serves as basis for the introduction and conceptual definition of the key variables that form the subject of this study (Grinnell, 2001:434; Royse, 2004:40). According to Fouché and Delport (2005:123), a literature study is “aimed at contributing towards a clearer understanding of the nature and meaning of the problem that has been identified”.

There is a considerable body of literature on HIV/AIDS, and relatively few about foster care placements. No literature on adolescent orphans in foster care affected by HIV and AIDS in South-Africa or in the North-West province could be found.

5.2 Empirical research

The survey procedure was selected as method to determine the role of the social worker in service delivery to the orphan adolescent in foster care. A self-administered

questionnaire was employed with social workers, and a schedule was used with the orphan adolescents to provide the researcher with a set of predetermined questions. The results of 85 respondents reveal the working conditions of social workers in relation to foster care, especially with regard to adolescent orphans. The results also record the existing programs of social workers on topics that could be discussed during a social group work program to train orphan foster care children.

Thirty adolescents between 13 and 17 years answered 6 questions during a semi-structured one-on-one interview with the researcher about the social work services they received (Greeff, 2005:296).

- **Design**

Mouton (2001:55) sees a research design as a plan or blueprint of the way a researcher intends to conduct the research. The goals of the research are, according to Fouché and De Vos (2005:105), either basic or applied. Basic research provides a foundation for knowledge and understanding (Neuman, 2000:23) and applied research is aimed at solving specific problems of helping practitioners accomplish tasks. In this phase (phase one) of the study, basic and applied research were both used to gain insight and knowledge about the role of the social worker in order to come up with recommendations on how to improve service delivery to orphan adolescents in foster care.

Qualitative and quantitative data-gathering methods were implemented during this phase of the research. The quantitative research design in this study can be classified as an experimental design with an experimental and comparison/control group. Qualitative approaches “are those in which the procedures are not as strictly formalized, while the scope is more likely to be undefined and a more philosophical mode of operation is adopted” (De Vos, 2005c:357).

- **Participants**

During phase one 85 social workers from the “SAVF”, “NG Welsyn”, “Ondersteuningsraad”, Child Welfare and the Department of Social Development in the North-West province formed part of the study by completing a semi-structured questionnaire. Thirty orphaned adolescents in foster care affected by HIV and AIDS also formed part of the research. They all fell within in the age group 13 to 17 years, and come from the researcher’s case load in the township of Jouberton, Klerksdorp.

A purposive sampling technique was used (Strydom, 2005a:202) because this method can help to indicate some characteristics or processes that are of interest for a particular study (Silverman, 2000:104). By means of this method 100 questionnaires were sent to social workers who have experience in working with orphan adolescents affected by HIV and AIDS in foster care. The researcher completed the schedules with adolescent orphans affected by HIV and AIDS in foster care between the ages 13 to 17 from her own case load.

- **Measuring instruments**

Data was collected by means of a survey using in-depth interviews as well as questionnaires. According to Neuman (1997:30), gathering data for research is divided into two categories, namely qualitative and quantitative. For purposes of this research one questionnaire with open and closed-ended questions was completed by the social workers. The schedule was completed by means of an interview with each of the 30 adolescents in the case load of the researcher by the researcher herself. Interviewing is a predominant way of data collection in qualitative research (Greeff, 2005:287).

- **Data analyses**

Quantitative data was transformed into a statistically accessible format by means of counting procedures (McKendrick, 1990:275). These analyses were done by the Statistical Consultation Services of the North-West University, Potchefstroom Campus.

The qualitative data was analyzed by the researcher herself, coded and categorized to reduce and simplify the data while retaining the essential meaning (Monette et al.,

2002). The qualitative research paradigm in its broadest sense refers to research that elicits participant accounts of meaning, experience or perceptions. It also produces descriptive data in the participants' own written or spoken words. It therefore involves identifying the participant's beliefs and values and communicating the essence of what the data reveals (De Vos, 2005a:333).

- **Research procedure**

The following steps were used during the research procedure:

- ❖ A pilot study was conducted with five social workers in the North-West province and five adolescent orphans in foster care affected by HIV and AIDS in the Jouberton community to gain insight and knowledge about the specific research area chosen for the study and to test the measuring instruments.
- ❖ Adolescent orphans in foster care affected by HIV and AIDS between 13 to 17 years from the case load of the researcher were identified to participate in the research. Both the adolescents and their foster parents signed a consent form before they participated. **(Annexure 2 and 3)**
- ❖ The schedules to be completed by the researcher with the 30 adolescents were developed in English. **(Annexure 4)**
- ❖ Because English is not the home language of some of the adolescents, a field worker was trained to assist the researcher with the completion of the schedules.
- ❖ The questionnaires developed for the 85 social workers were also in English. **(Annexure 4)**
- ❖ The questionnaire to evaluate the social group work program was also in English. **(Annexure 9)**
- ❖ After the information was collected, an empowering social group work programme was developed. **(Article 3)**

- **Ethical aspects**

The Ethics Committee of the North-West University, Potchefstroom Campus approved the study. **(Annexure 1)**

Different authors such as Mitchell and Jolly (2001:138-139), Monette et al. (2005:53-61) and Strydom (2005b:57-67) discuss the ethical considerations in research. According to Strydom (2005b:57), "Ethics is a set of moral principles which is suggested by an individual or group, is subsequently widely accepted, and which offers rules and behavioral expectations about the most correct conduct towards experimental subjects and respondents, employers, sponsors, other researchers, assistants and students". For the researcher in social sciences "ethical issues are pervasive and complex, since data should never be obtained at the expense of human beings" (Strydom, 2005b:62).

The following ethical aspects were taken into account:

- ❖ Accurate and complete information concerning the aim of the research was given to the social workers and the adolescent orphans and their foster parents.
- ❖ The completion of the schedules by the adolescents during individual interviews with the researcher and the questionnaires by the social workers was done anonymously and respondents' identities were not disclosed.
- ❖ Findings of the research will be introduced in written form in different journals.

THE ROLE OF SOCIAL WORK REGARDING FOSTER CARE

According to du Bois and Miley (2008:5), social workers often describe themselves as professional "helpers". They are the persons who help others resolve their problems, obtain resources, provide support during crisis times and facilitate social responses to needs. They are also called professionals because they have mastered to a certain degree all the requisite knowledge they need to practice, they have developed competencies in required skills and they adhere to the values and ethics of the social work profession. Social workers should be trustworthy, always act responsibly, demonstrate sound judgment, and should be accountable for their actions.

HIV and AIDS have a major impact on individuals and on the community structures such as the family, which is the fundamental unit of society (Frohlich, 2008:351). Every social worker is involved in a variety of group work services because of the needs and challenges that arise because of the pandemic HIV/AIDS. According to Uys (2004:5),

families need much counselling and teaching to be able to cope with the illness emotionally and physically. It is already known that the psychological well-being of children orphaned by HIV and AIDS is under-researched (Cluver & Gardner, 2007:318-323). The case loads of the researcher and most other social workers testify of the above-mentioned problems.

The social worker plays a very important role in service delivery to the foster parent and the foster child (Delpont et al., 2008:307). It is the task of the social worker to monitor and determine whether the best interest of the child is served in terms of the Child Care Act, Act 38 of 2005 (SA, 2005). Smart (2004:178) accentuates that the convention on the rights of the child guarantees such rights as:

- ❖ Protection (from maltreatment, neglect and all forms of exploitation).
- ❖ Provision (of food, health care, education, social security).
- ❖ Participation (In all matters concerning them).

6.1 The purpose of social work

Du Bois & Miley (2008:10) define the purpose of social work as the promotion and restoration of the mutually beneficial interaction between the individuals and society in order to improve the quality of life for everyone. According to Zastrow (2010, 51-52), social work practice has four main goals namely: enhance the problem-solving, coping and developmental capacities of people; link people with systems that provide them with resources, services, and opportunities; promote the effectiveness and human operation of systems that provide people with resources and services; promote human and community well-being. Potgieter (1998:28) says that social work focuses on the social functioning of individuals in interaction with their environment. The following objectives must be achieved in order to carry out the purpose of social work:

- ❖ Protection and care for vulnerable groups in the community.
- ❖ Improvement of the problem-solving, coping and interaction ability of people.
- ❖ Prevention of the development of social dysfunction.
- ❖ Identification of human potential.
- ❖ Stimulation through early identification.

- ❖ Control and elimination of detrimental factors.
- ❖ Enlisting of support for resources that do not exist in order to develop them – linking people with resources and improving quality of life.
- ❖ Improvement of social justice and equality.
- ❖ Evaluation and development of effective social policy material and programs.
- ❖ Maintenance of the integrity of the social work profession and consequent development of knowledge and skills.

Social work has many focuses. It not only focuses on protecting and caring, but also on trying to prevent social problems and enhance social functioning. The purpose of this research focuses on the orphan foster adolescent whose life is already abnormal and where there is a lack in basic needs and resources. It is therefore necessary to identify people's needs and to address such needs through a social group work program that would improve and enhance social functioning.

6.2 Social work as an empowering profession

Empowerment is the “process of increasing personal, inter-personal or political power so that individuals, families and communities can take action to improve their situations” (Gutierrez, 1994:202). Du Bois and Miley (2008:24) state that as an outcome empowerment defines the end state of achieving power. It also refers to a “state of mind” such as feeling worthy and competent or perceiving power and control. Empowerment-oriented social workers work collaboratively with their clients by focusing on their strength and adaptive skills, as well as competencies and potential. According to Zastrow (2010:52), the “strengths perspective is closely related to the concept of empowerment”.

Becker (2005:111) defines empowerment as the process of helping individuals, families, groups and communities increase their personal, socio-economic, and political strength, and to develop influence so that they can improve their circumstances. People affected by HIV and AIDS are stigmatized and this results in feelings of disempowerment

(Wilson & Fairall, 2008:487-489). Social work as a profession focuses on helping these people by facilitating the process of reclaiming their own power. This could be done through teaching people knowledge and skills, and by helping them believe in their own abilities to achieve the best social functioning that they can.

Muluccio, as cited in Du Bois and Miley (2005:26) says that social work adopts the view that suggests that humans are “shriving, active organisms who are capable of organizing their lives and developing their potentialities as long as they have appropriate environment support”.

6.3 Social work methods

A social work method is “a professionally recognized procedure of a social worker supported by academic education and professional training and research to achieve the objectives of social work” (New Dictionary of Social Work, 1995:61). Skidmore et al. (1994:48-122) distinguish between the three primary methods of social work, namely casework, group work and community work. According to Lombard (1991:11), each method has a place in achieving better social functioning, and one method is not more important than the other, nor can one method replace another.

Du Bois and Miley (2005:76) point out that casework was the predominant method of social work up to the 1960's. This method focused on the individual and also the individual as part of a family, and dealt with the pathology as the individual in the context of their families. Group work was introduced in the 1930's and groups were used to facilitate change and promote growth (Toseland & Rivas, 2009:45-46). As a social work method, group work is an empowerment-oriented strategy for working collaboratively for change with individuals by promoting problem solving, social reform and change in the community (Toseland & Rivas, 2009: 20-44). Corey (2012:30) states that group counselling “is especially suited for adolescents because it gives them a place to express conflicting feelings, to explore self-doubts, and to come to the realization that they share these concerns with their peers”. For this study, the researcher decided on the social group work method to empower orphan adolescents in foster care affected by HIV and AIDS.

7. RESEARCH RESULTS

The empirical data was organized in accordance with the questionnaires completed by the social workers, as well as interviews completed by the research with the adolescents and the results are subsequently discussed.

7.1 Identifying particulars of social workers

Of the 85 social workers who responded, 77 (90, 58%) were females and only 8 (9, 42%) were males.

7.1.1 Experience as social worker

TABLE 2.1: SOCIAL WORK EXPERIENCE

Experience in years	f	%
1-5 years	35	41,18
6-10 years	18	21,18
11-15 years	13	15,29
16-20 years	10	11,77
21-25 years	2	2,35
26-30 years	2	2,35
31 or more years	5	5,88
N	85	100

According to the table above, the largest number of social workers (41,18%) fall into the group with 1 to 5 years' experience and the group with 6 to 10 years of experience (21,18%). This situation of a work force with a majority of practicing social workers with little experience is a growing concern, not only in the North-West province, but also in other provinces in South Africa.

Social workers leave the social work profession for many reasons such as better paid jobs or emotionally less restricted working conditions. In research conducted by Schenk (2004:158), 87% of social workers who deliver services in rural communities mentioned

HIV and AIDS as one of the problems they experienced in practice. According to this research one of the problems social workers experience is “the many orphans in the community that need to be placed or taken care of by other relatives or grandparents”. In research conducted by Herbst and Strydom (2008:280), social workers in beginner practices mentioned HIV and AIDS as well as all the statutory work as some of the problems they experience. According to Skidmore (1995-193) and Calitz (2007:72), social workers often suffer from burnout.

Qualification of social workers

TABLE 2.2: HIGHEST QUALIFICATION

	f	%
Diploma in Social Work	4	4,72
BA Social Work	34	40,00
Honn Social Work	29	34,11
MA Social Work	8	9,42
PhD Social Work	1	1,17
Other qualifications	9	10,58
N	85	100

Most social workers 34 (40%) have a BA (SW) 4 year degree or an honours degree (29 - 34,11%). There are also 9 (10,58%) social workers that completed and obtained other qualifications, such as an MA in Forensic Social Work Practice, as well as a Damelin Diploma in Advanced Project Management.

7.1.3 Position in the organization

TABLE 2.3: POSITION OF THE SOCIAL WORKERS

Position	f	%
Social worker	50	58,83
Senior social worker	14	16,49
Chief social worker	6	7,05
Program manager	4	4,70
Office Head	2	2,35

Other	9	10,58
N	85	100

Most of the respondents, 50 (58.83%), fill the position of a social worker at this stage. The remaining number is in manager positions and in program management or are canalization officers. However, all the respondents who are in managerial positions had been doing field work in the years before they were promoted, and that is why they were able to complete the questionnaire.

7.2 Social work services

When the 30 participants were asked if they receive any services from a social worker, 27 (90%) said “yes” and 3 (10%) were uncertain. According to the 27 (90%) adolescents, they receive the following services:

TABLE 2.4: SERVICES FROM THE SOCIAL WORKER ACCORDING TO THE ADOLESCENTS

	Yes	%	No	%	N	%	Missing
1. Definition of foster care	23	85,19	4	4,71	27	100	0
2. The court procedures	19	73,07	7	26,93	26	100	1
3. The foster grant	22	84,62	4	15,38	26	100	1
4. How to spend the foster grant	19	76,00	6	24,00	25	100	2
5. My rights as foster child	21	77,77	6	22,23	27	100	0
6. The role of the social worker	19	76,00	6	24,00	25	100	2
7. My relationship with my foster parent.	22	81,48	5	18,52	27	100	0
8. My relationship with my biological parent(s)	24	96,00	1	4,00	25	100	2
9. My performance in school	25	92,59	2	7,41	27	100	0
10. Individual therapy	12	52,17	11	47,83	23	100	4
11. Group therapy	14	58,33	10	42,67	24	100	3
12. Other services	8	44,44	10	55,56	18	100	9

The other services were additional services that the foster adolescents have received such as medical care and transport.

These results indicate that group- and individual therapy do not get much attention, and one can come to the conclusion that there is a definite need for a group work program to enhance the social functioning of the adolescent orphans in foster care.

Other services that the adolescents felt they need were:

- ❖ “What can I do if someone bullies me?”
- ❖ “I want to know how other children live”.
- ❖ “What can I do if the people I live with do not want me to succeed in life?”
- ❖ “I want a bursary for university”.
- ❖ “How to perform better at school”.
- ❖ “I need assistance with schoolwork”.
- ❖ “How to become a doctor after I left school”.
- ❖ “How to make my dreams come true”.

There are a few of the adolescents who want access to more money because they know that the grant is not enough for the foster parent to cope financially and to fulfil in their needs. There is also a need for clothes and food, which clearly shows that some of the foster parents are struggling financially and that there is a need for better living circumstances. In research conducted by Van Rensburg and Green (2006:330) in Kayamandi with kinship foster grandmothers, all received foster care grants. In five households the grandmother and grandfather both received an old age pension and five grandmothers also a disability grant. The high unemployment rate results in pressure on the foster parents. These incomes are not sufficient to support all the family members.

In an assessment of child poverty in South Africa, Dieden and Gustafson (2003:337) came to the conclusion that two thirds of South Africa’s poorest children live in households lacking a regular wage, and that the probability of being poor increases if the household head is a female.

When asked what the purpose of contact with the orphaned adolescent in foster care is, the social workers gave the following answers:

TABLE 2.5: SERVICES TO THE ORPHANED ADOLESCENT FROM THE SOCIAL WORKER

Services	F	%	F	%	N	%
	Yes		No			
○ To evaluate the general circumstances	67	78,82	18	21,28	85	100
○ To evaluate the adaptation of the adolescent	52	61,17	33	38,83	85	100
○ To give support to the adolescent	58	68,23	27	31,87	85	100
○ To give support to the foster parent(s)	58	68,23	27	31,87	85	100
○ To investigate behavioural problems that occur	59	69,41	26	30,69	85	100
○ To get information for the report	65	76,47	20	23,53	85	100

Services that need much more attention from the social worker include explaining the court procedure in a more understandable manner to the adolescent, and more individual and group therapy. Individual and group therapy in foster care did not receive much attention because of the high case loads of social workers. This fact is also mentioned by Delpont (2007:99) and Roux et al. (2010:44-56).

The social workers were asked “What is the best method in social work to use in foster care services with adolescent orphans affected by HIV and AIDS?” and 66 (77,65%) answered group work, 4 (4,70%) said community work and 11 (12,95%) clinical work/case work. Most social workers therefore view group work is the best method to use. Toseland and Rivas (2005:12) describe group work as a goal-directed activity with small treatment and task groups aimed at meeting social-emotional needs and at accomplishing tasks. Herbst (2002:18-19) defines group work as a process during which individual and group objectives are realized within the group context by purposefully applying the group work process.

Support groups, according to Capuzzi et al. (2010:558), extend to family members and friends of people infected and affected by HIV and AIDS. It gives them “the opportunity to vent their anger, frustration, and sorrows regarding the illness and its effects on their lives in a safe, accepting environment”. In research conducted by Delpont (2007), Roux (2002) and Sito (2008) in rural areas, the role of social group work with HIV and AIDS infected and affected people were of great value in enhancing their social functioning.

The researcher chose group work as the method to be used in this study. It affords adolescents such as orphaned foster children the opportunity to relate to each other and it is time and cost effective (Strydom & Herbst, 2007:248).

Only 13 (15.29%) of the social workers in this research project use training programs for adolescent orphans in foster care. The programs these social workers use mostly relate mostly to topics such as: self-esteem; relationships; risky behaviours; preventing misbehaviour; life skills; prevention of HIV infection; anger management; prevention of alcohol and drug abuse.

The adolescent respondents were asked how often the social worker visits them. The following answers were received:

TABLE 2.6: CONTACT OF THE SOCIAL WORKER

Visits	F	%
Once per week	8	27,59
Once per month	9	31,03
Once per year	9	31,03
Other (Specify)	3	10,35
TOTAL	N=29	100

Missing=1

Three (10,35%) respondents in table 2.6 answered that the social worker visits them only once in two years.

When the social workers were asked how often they visit the adolescent orphans in foster care, the following data was received:

TABLE 2.7: CONTACT WITH ADOLESCENT

Contact	F	%
Monthly	10	12,34
Quarterly	27	33,33
Every 6 months	18	22,23
Annually	12	14,82

Every 2 years	12	14,82
Other	2	2,46
N	81	100

Missing= 4

With the answer “other”, the two social workers answered that they visit only when needed, or that they contact the adolescents only when they need to write a report for extension orders. According to tables 2.6 and 2.7, the social workers do not have as much contact with the adolescents as is needed (Bungane, 2007; Delpont, 2007; Modise, 2005).

The adolescents were also asked how often they would want the social worker to visit them, and the following answers were received:

TABLE 2.8: AMOUNT OF VISITS WANTED FROM SOCIAL WORKERS

	f	%
Once per week	9	31,03
Once per month	13	44,83
Once per year	6	20,69
Other (Specify)	1	3,45
TOTAL	N=29	100

Missing=1

According to the answers in the table above, the adolescents clearly want to have more contact with the social worker. In research conducted by Delpont (2007:98) and Modise (2005:48-51) in the North-West province, it became clear that social workers do not visit children affected by HIV and AIDS or their foster parents very often because of their high case loads. Both studies recommended much more contact with children affected by HIV and AIDS, as well as with the foster parents.

The adolescent respondents were consequently asked to what extent they feel they benefit from the services of the social worker. On this question 22 (75,86%) answered “a lot” and 7 (24,14) “somewhat”. From these results it is clear that the adolescents benefit from the services of the social worker. Social workers confront the problems, but cannot address every need or crisis because there are not enough social workers in

the field to manage the high case loads. With all the other cases that social workers have to attend to, “one can expect them not to be able to give the amount of attention they would wish to and one realizes that South Africa, according to the previous minister of Social Development, Zola Skweyiya, faces a general shortage of skilled social workers” (Roux, et al., 2010:51).

7.3 Case loads of social workers

When asked what social workers see as a manageable case load, the following data was received:

TABLE 2.9: MANAGEABLE CASE LOAD

Case load	f	%
Less than 50	20	24,09
51-100	46	55,42
101-150	13	15,67
151-200	2	2,40
251-300	1	1,21
More than 300	1	1,21
N	83	100

Missing=2

Most of the social workers, 66 (79.51%), were of the opinion that less than a 100 cases are manageable. Another question was asked as to what the size of the social workers' caseloads was during 2007 and 2008. Only 46 social workers were doing social work in 2007, and together these 46 handled 7725 cases (an average of 168 cases per social worker). During 2008, 59 social workers were working and they handled 11 998 cases (an average of 203 cases per social worker). Similar results were received from the research of Delport (2007:48). In 2007, 46 social workers finalized 3411 cases and in 2008 they finalized 3835 cases. The average backlog regarding foster care placements were 3555 during 2007 (an average of 72 per social worker) and 3361 during 2008 (an average of 57 per social worker).

The above information shows that the practical constraints regarding foster care investigations and placements are very serious in the North-West province. Social workers are hampered by heavy caseloads that make it difficult to fulfil in every orphan

child's needs. Family is traditionally the fundamental unit for caring and fostering, but the structure is already eroded and that places enormous stress on the welfare system. This research in North-West is necessary in order to establish a knowledge base in order to plan programs to improve conditions that affect the functioning of clients, and especially the lives of orphan adolescents in foster care.

The reasons the social workers gave for the backlogs were:

TABLE 2.10: REASONS FOR THE BACKLOGS

Reason	Yes f	%	NO f	%	N=	%
Too many applications	55	64,70	30	35,30	85	100
High work load	56	65,89	29	34,11	85	100
Incorrect birth certificate	16	18,82	69	81,13	85	100
Unregistered children	27	31,77	58	68,23	85	100
Shifting of social workers	34	40,00	51	60,00	85	100

High work load (65.89%) is the reason most social workers give as to why they have these high backlogs. The second reason is too many applications (64,70%). Another reason is that social workers do not stay at one organization (40%) long and this means that children's court cases take longer to finalize. Most of their time goes into statutory work, the placement of the child in foster care, as well as all the administration that accompanies the foster placement (Schenck, 2004:161). HIV and AIDS are seen to be the foremost contemporary global health concern. According to Stine (2007:287), one in seven new infections on the African Continent occurs in South Africa. That is approximately 2000 infections per day, and 10% or 200, are new born babies.

The "increasing number of children being orphaned by HIV/AIDS and the associated demand for foster grants caused a huge backlog in the already over-stretched administrative procedures and children's court inquiries, which considerably increased the demand for social workers" (September, 2007:97). In many of the applications for foster placements the documents are not in order and the proposed foster parents have to be sent back more than once.

Incorrect birth certificates or children who are not yet registered also take up unnecessary time. Another factor is that due to the high percentage of applications social workers have to wait long periods for a court date. The welfare system is overloaded and it takes so long to process applications. People are starving while they wait for grants, and the psychological well-being of the orphan foster children is challenged above all.

In reaction to the question “What is the ratio in the social workers caseloads according to orphan and non-orphan foster care placements?” the following data was received:

TABLE 2.11: ORPHAN AND NON-ORPHAN PLACEMENTS

	Orphans		Non orphans	
	f	%	f	%
0-20%	6	7,59	26	41,94
21-40	5	6,33	12	19,34
41-60%	11	13,93	10	16,13
61-80%	23	29,12	9	14,52
81-100%	34	43,03	5	8,07
N	79	100	62	100
Missing	6		23	2

The placement of orphans 81-100% (43,03%) is much higher than non-orphans 81-100% (8,07%). The placement of orphans in foster care by social workers makes out the highest percentage of children’s court cases. This specific problem causes a crisis in the North-West province and is an enormous challenge. In research conducted by Schenck (2004:161), approximately 91% of the social workers said that they did not deal with people with HIV/AIDS as such, but with the results of the illness, such as orphans of the deceased mother or father or unknown father and the children who have to be placed in foster care.

When asked “What is the ratio in the social workers’ case loads regarding adolescent (13-17 years) in foster care?”, the following data was received:

TABLE 2.12: RATIO IN CASE LOADS OF ADOLESCENTS 13-17 YEARS

	Orphans		Non orphans	
	f	%	F	%
0-20%	6	7,59	26	43,34
21-40%	12	15,19	13	21,67
41-60%	27	34,18	12	20,00
61-80%	19	24,06	5	8,33
81-100%	15	18,98	4	6,66
N	79	100	60	100
Missing	6	7.1	25	29.4

According to the table above the ratio in social workers' caseloads lean more towards orphaned adolescents than to non-orphan adolescents

7.4 The role of the social worker

The social workers were asked to describe the role of the social worker in foster care services to the orphaned adolescent, and the following answers were received.

TABLE 2.13: ROLE OF THE SOCIAL WORKER

Role	f	N	%
Support	76	85	89.41
Educator	48	85	56.47
Problem solver	54	85	63.52
Counsellor/Therapist	62	85	72.94
Advisor	60	85	70.58
Enabler	48	85	56.47
Role model	45	85	52.94
Other	11	85	12.94

In working with individuals, groups, families, organizations and communities, “a social worker is expected to be knowledgeable and skilful in a variety of roles” (Zastrow,

2010:70). Other roles that social workers have to fulfil are less applicable in this regard, such as a broker, mediator, negotiator and coordinator (Zastrow, 2010:70-72). The role of support (89,41%), therapist (72,94%) and advisor (70,58%) are according to the respondents the most important roles. According to table 2.13, social workers give support and advice, but therapy either by means of group work or clinical work does not receive much attention. According to research conducted by Roux (2002:3), social workers have a responsibility towards their communities to render better quality services to people infected and affected by HIV and AIDS. The services of the social worker can help to build systems of care and support. The orphan adolescents see the social worker as someone who can fulfil their needs and who are a support system in their lives.

Social workers were asked to motivate why they think social workers have those roles to play with orphan adolescents in foster care? They gave the following reasons:

- ❖ “Adolescents need support from the social worker and foster parents”.
- ❖ “Adolescents need guidance and someone they can identify with”.
- ❖ “Social workers are important to foster children and are sometimes their only support system”.
- ❖ “The duty of social workers is to support, motivate and nurture and to always be there for them”.
- ❖ “Social workers need to guide and shape adolescents and give more support”.
- ❖ “Social workers must only advise and support – the child must solve own problem”.
- ❖ “Support means to be there for the child and problem solver means to assist with all problems”.
- ❖ “Feel that social workers have the ability to play all 8 roles in services, but don’t have time because of statutory work”.
- ❖ “Social Workers cannot be all because of time constraints, high case loads and financial limitations”.

- ❖ “The roles of the social worker to the children help them how to relate to foster parents, other children and teachers at school”.
- ❖ “The social worker is responsible to fulfil all the roles”.
- ❖ “Social workers should only play certain roles and leave others to other professionals like educators”.

8. CONCLUSION

The problem of HIV and AIDS in South Africa and the devastation it causes is a reality in the everyday work of a social worker. The specific problem causes an orphan crisis in the North-West province.

It is clear that the social workers who participated in the research, experience abnormal high case loads, which makes it difficult for them to manage their work load. To address the needs of all the foster children more social workers are needed and the need for more social workers was already identified by the previous Minister of Social Development (De Lange, 2006:4). Social workers also need more assistance from other professionals who can help to relieve their needs. A support system is very important to the adolescent.

It is clear that the orphan adolescents need the services of social workers, but so much time elapses between visits that problems arise. The orphan adolescents have different needs and it also seems as if their needs are not being met. Social workers need to guide the orphan foster children in the right direction regarding their journey to find their correct place in life. Social group work can play an important role in service delivery to foster parents and foster children precisely because of the high case loads of social workers. According to Roux (2002:187) and Toseland and Rivas (2005:17), there are many advantages of social group work, especially for families affected by HIV and AIDS and definitely for the adolescent orphan in foster care affected by HIV and AIDS. Some advantages are:

- Empathy from other people.
- Feedback by group members.
- Support and help from other members and the social worker.

- Opportunities to learn different skills. The group serves as a support system (Roux, 2002:187; Toseland & Rivas, 2005:17).

9. RECOMMENDATIONS

- The Department of Social Development has to look into the need for more social workers not only in the Department, but especially in the non-Governmental sector.
- Better salaries and working conditions are needed to keep social workers in the profession.
- More qualified auxiliary workers are needed to help with the demand of foster care placements.
- The study indicates that children have different experiences as far as HIV and AIDS is concerned. Little help has been provided to address the needs of these children.
- Although the majority of respondents indicated that they receive the services of a social worker, the research indicates that the adolescent orphans in foster care need to be provided with counselling services that will help to address their psychological as well as emotional trauma caused by the effects of HIV and AIDS.

The social group work programme will be discussed in Article 3. The design and implementation of a social group work program for orphaned adolescents can be recommended for all social workers in South-Africa.

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ARTICLE 3

A SOCIAL GROUP WORK PROGRAMME FOR ADOLESCENT ORPHANS IN FOSTER CARE AFFECTED BY HIV AND AIDS

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OPSOMMING

Die doel met hierdie artikel is om die rol van maatskaplike groepwerk te bepaal met betrekking tot die doeltreffende funksionering van adolessente wat in pleegsorg is omdat hulle wees gelaat is as gevolg van MIV en VIGS. Roux (1997:8) wys daarop dat die algemene doelstelling van maatskaplike groepwerk dieselfde is as die algemene doelstelling van maatskaplike werk, naamlik, om die maatskaplike funksionering van mense te bevorder.

In die Noordwes Provinsie is gevind dat infektering met die MI-virus nie net 'n invloed op die gesondheid van die pasiënt het nie, maar ook op die gesin, familie en gemeenskap. Die adolessent in pleegsorg is een van die persone wat baie geraak word deur die afsterwe van ouers as gevolg van MIV en VIGS. Om in al die behoeftes van die adolessent te voorsien, word maatskaplike groepwerk beskou as een van die mees doeltreffende metodes waardeur hulpverlening gebied kan word aan hierdie groep individue. In hierdie navorsing is daar na afloop van 'n behoeftebepaling by 30 adolessente pleegkinders en 85 maatskaplike werkers, 'n program saamgestel wat tydens 12 byeenkomste aandag geskenk het aan die behoeftes van die wees adolessente in pleegsorg.

INTRODUCTION

The HIV and AIDS epidemic in sub-Saharan African has already orphaned a generation of children. Orphaning is not the only way that children are affected. Other effects

include extreme poverty, conflict, exploitation and discrimination (Andrew et al., 2003:269). Children whose parents are living with HIV often experience many negative changes in their lives and they may start to suffer neglect, including emotional neglect, long before they are orphaned. Eventually, they suffer the death of their parent(s) and the emotional trauma that results. They may then have to adjust to a new situation with little or no support, and may suffer exploitation and abuse (Stein, 2003)

Shetty and Powell (2003:25-27) warn about the possibility that these children could evolve into a large sub-culture of dysfunctional and disaffected adults with the potential for further destabilizing societies that are already weakened and impoverished by HIV/AIDS. This possibility increases the urgency of finding a proportionate and effective solution to the orphan crisis.

PROBLEM STATEMENT

HIV and AIDS remains a central issue in South Africa and it creates serious problems. Strydom (2002:59) views HIV and AIDS as by far the largest current crisis in South Africa. The socio-economic impact of HIV and AIDS serves to create a vicious cycle of poverty and disease. As adult members of the household become ill and are forced to give up their jobs, the income of the household drops and food expenditure comes under pressure. Malnutrition often ensues while access to other basic needs such as health care, housing and sanitation may also come under threat (Booyesen, 2004:46).

As with other diseases, people infected and affected by HIV and ADS experience problems with regard to their psychological, social and religious functioning (Roux, 2002; Roux, et al., 2001:33). Young people like adolescents occupy a place of central concern in society. Risk-taking behaviour such as substance abuse, certain kinds of sexual behaviour, crime, violence and delinquency are important issues that continue to affect their lives (Malaka, 2001:268).

The researcher has therefore designed a social group work programme that focuses on the prevention of high-risk behaviour with the view to enhance the orphan adolescent's knowledge and skills to deal effectively with the demands of his or her everyday life. According to Anderson (1997:2), social group work is a method to empowerment group

members to improve the quality of their lives. Becker (2005:16) feels that group work has a great deal to offer in South Africa today. When people work together in small, medium-sized or large groups, they can enhance the quality of life of the nation in a number of ways: group work can be used as a treatment modality to support and treat individuals in a group; and, in a broader context, as a task modality, it can be an instrument for community action. Argyle (1991:247) says the following: "In many ways human nature is co-operative. We are more like ants and wolves than like cats. We readily join groups and form attachments and receive powerful biological and emotional rewards for doing so". In research conducted by Delport (2007), Roux (2002) and Sito (2008) in rural areas with HIV-infected and affected people such as foster parents, the role social group work has in the enhancement of their social functioning, can't be ignored. According to Sito (2008:176), social group work has played a crucial role in social work in these times of an HIV and AIDS pandemic.

From the above the question can be asked "*What needs to be the content of a social group work programme for adolescent orphans in foster care affected by HIV and AIDS in order to enhance their social functioning*"?

AIM AND OBJECTIVE

The **aim** of this study is to explore the impact of a social group work programme to enhance the social functioning of adolescent orphans in foster care affected by HIV and AIDS in the North-West province.

One of the **objectives** of the study and the aim of this article is:

- To develop and present a social group work programme for adolescent orphans in foster care affected by HIV and AIDS in the North-West province.

THE RESEARCH METHODOLOGY

The method of research was a literature study and empirical research. The intervention research models were used (Strydom, 2000:76). According to Babbie (2010:363) the aim of evaluation research is to determine the impact of a particular programme such as

the social group work programme at solving a social problem such as the impact of HIV and AIDS on the adolescent orphans in foster care. Authors like De Vos and Strydom (2011:473) see intervention research “as an applied action undertaken by a social worker or other helping agent, usually in concert with a client or other affected party, to enhance or maintain the functioning and well-being of an individual, family, group, community or population” such as the adolescent affected by HIV and AIDS in foster care.

This research was conducted in two phases. Phase one was a needs assessment among 85 social workers and 30 adolescent orphans in foster care affected by HIV and AIDS. After the needs assessment, a social group work programme was constructed and implemented in phase 2 of the research.

The programme that comprises part 2 of the research was implemented in the North-West province. On implementation the expectation is that this programme will to a great extent enhance the social functioning of these adolescents.

- **Design**

The nature of this study is experimental research. According to Fouché et al. (2011:145); “an experiment, in social science research, is that two comparison groups are set up”. For the purpose of this research two groups were formed; an experimental group with 10 adolescent orphans in foster care, and a comparison group of 10 adolescents in foster care affected by HIV and AIDS. The single-system design was used, denoting the study of a single subject on a repetitive basis (Strydom, 2000:144).

- **Participants**

All 30 adolescents who took part in the needs assessment wanted to be part of the social group work programme, and for this reason the researcher used the purposive sampling method (Strydom, 2005a:202). Twenty participants who can read and speak English and stay in the Jouberton area were selected to form part of the experimental and control groups.

The research group consisted of 10 adolescent orphans in foster care affected by HIV and AIDS between the ages 13 to 17. The comparison group also consisted of 10 adolescent orphans affected by HIV and AIDS between the ages 13 to 17.

- **Measuring Instruments**

Three scales developed by Perspective Training College were used to measure the general contentment of the adolescents, their self-esteem and their relationships with their foster parents, namely The Generalized Contentment Scale (GCS), Personal Self-esteem Profile (PSP) and Index of Family Relations (IPA) (Addendums 7, 8 and 9). The word parent in the Index of Family Relations scale was changed to “foster parent” with the permission of Mr. Bertie Hanekom of Perspective Training College.

A self-structured questionnaire with open and closed-ended questions was also used to evaluate the success of the group work programme (**Annexure 9**).

- **Programme**

A group work programme was developed. The information used for this programme was obtained from the schedules completed with the orphan adolescents in foster care affected by HIV and AIDS and the questionnaires completed by the social workers.

- **Procedure**

- ❖ Before the first session of the social group work programme, both foster parents of the adolescents and the adolescents of the experimental and the comparison groups signed a form of consent (**Annexure 2 and 3**).
- ❖ Before the first group session took place the experimental and comparison group members completed the measuring scales of Perspective Training College. The same measurement was repeated on both groups during the middle phase after the fourth session, as well as after the last group session. The evaluation of these measuring scales was done by Perspective Training College.
- ❖ The social group work programme was implemented and evaluated by means of a self-administered questionnaire with open and closed-ended questions by the group members in the experimental group.

- **Ethical aspects**

Ethical permission was obtained from the Ethical Committee of the North-West University, Potchefstroom Campus and the ethical number is: **NW-0023-08-S1 (Annexure 1)**. According to Strydom (2005b: 57), “ethics is a set of moral principles which is suggested by an individual or group, is subsequently widely accepted, and which offers rules and behavioural expectations about the most correct conduct towards

experimental subjects and respondents, employers, sponsors, other researcher, assistants and students”. Grasso and Epstein (1992:118) define ethical guidelines within the context of social work as principles that are intended to define the rights and responsibilities of social work researchers as well as practitioners in their relationships with one another and other parties such as employers, research subjects and clients.

Ethical issues are discussed by different authors such as Mitchell and Jolley (2001:138-139) and Strydom (2005b: 57-67). The following ethical measures were taken during this research:

- ❖ The questionnaires and schedules were completed anonymously and conditions of privacy and confidentiality were maintained (Rubin & Babbie, 2005:78). Strydom (2005b:63) is of the opinion that “many matters in the social sciences, if not most, could never have been researched if the privacy of subjects was not encroached upon to some degree. Therefore I feel that in all cases this must be negotiated with the respondents, their cooperation respectfully requested and its importance carefully explained: but if refused, this must be accepted and respected.
- ❖ Precautions were taken to make sure that the findings do not impact negatively on the adolescents. Strydom (2005b:58-59) points out that subjects can be harmed in a physical and/or emotional manner. One can accept that harm to respondents in the social sciences will mainly be of an emotional nature. The researcher is ethically obliged to change the nature of his research rather than to expose his respondents to the faintest possibility of emotional harm of which the researcher may be aware.
- ❖ Informed consent and assent was obtained from the adolescents and their parents and all the aspects of the research were explained before participation (Rubin & Babbie, 2005:77). Strydom (2005b:59) suggests that all possible and adequate information must be communicated to the subjects of the research, including the goal, the procedures, advantages, disadvantages, dangers and the credibility of the researcher. The adolescents in this research were well informed about the goal of the study and that the information provided during the interview is private.

- ❖ Debriefing was made available to all the participants after the interviews by the researcher.
- ❖ Participants may decide to participate for various reasons. In this research it was evident that the orphan adolescents wanted to be involved in this research. All they were interested in was that the group work programme must be to their advantage. They trusted the social worker completely with their information because they knew she was acting in their best interest. They were highly motivated, committed and wanted to be part of the group work project. They wanted the social worker to listen to their needs and to increase their knowledge and skills. These children experienced various losses throughout the illness and with the death of their parents.

THE ROLE OF SOCIAL GROUP WORK WITH ADOLESCENT ORPHANS AFFECTED BY HIV AND AIDS

In the needs assessment with the 85 social workers in the North-West province, 66 (77,65%) of them recommended social group work as the best method in social work to use in foster care services with the adolescent orphan. According to Corey and Corey (2002:314), the adolescent period is a time of searching for an identity and developing a system of values that will influence the course of their lives. Corey and Corey (2002:314) point out that of the most important needs of this period “is to experience successes that will lead to a sense of self-confidence and self-respect”. From the researcher’s experience with adolescents in her case load, she decided to implement social group work as the method. A social group work programme was developed according to the needs of the adolescents based on the results of the interviews with the adolescents and questionnaires of the social workers.

5.1 Advantages of group work

According to Corey and Corey, (2002:92-93), Becker (2007:17), Drower (2007:107), Toseland and Rivas (2009:16-17), Yalom (1995) and Zastrow (2010:76-81), social group work has many advantages. It even sometimes has several advantages when compared to one-to-one therapy. The following are advantages of social group work:

- ❖ The experience of commonality, where similar interests and goals can be shared in a group.
- ❖ The problem-solving potential of groups, where there can be an exchange of ideas, and the development of new approaches to a problem or issue.
- ❖ Potent small-group forces can be utilized for achieving social and individual change.
- ❖ Group therapy provides help and mutual support for group members and is therapeutic because members share their experiences and knowledge.
- ❖ The convenience, efficiency and cost-effectiveness of groups are other advantages.
- ❖ Groups with social action are important vehicles in facilitating the empowerment of individual group members.
- ❖ The group increases the members' self-esteem, social integration and sense of control.
- ❖ The group can develop and strengthen community networks in the face of the HIV and AIDS epidemic.
- ❖ The group can develop and strengthen community networks in the face of the HIV and AIDS epidemic.
- ❖ The group dynamics help people to discover and enhance their strengths.

In working with group members such as the adolescent orphans affected by HIV and AIDS, the social worker focuses on each individual's strengths and resources to help them resolve the difficulties they experience in their daily lives and in their foster care placements. The social worker should identify the strengths of group members in order to utilize such strengths effectively (Saleeby, 2002: 5:7; Zastrow, 2010:52). According to Barker (1999:468), the strength perspective is an "orientation in social work and other professional practices that emphasises the clients' resources, capabilities, support systems, and motivation to meet challenges and overcome adversity. This approach does not ignore the existence of social problems, individual disease, or family

dysfunction; it emphasises the client's assets that are used to achieve and maintain individual and social well-being”

Drower (2005:111) points out that in the empowerment practice, the “helper” does not “hand over” power but facilitates people to claim their own power, either through their medical status or by association. People affected by HIV and AIDS are members of a stigmatized group and that fact dis-empowers, excludes and controls them. According to Barker, (1999:153), empowerment is a “process of helping individuals, families, groups and communities increase their personal, interpersonal, socio-economic, and political strength and develop influence toward improving their circumstance”. Building capacity and human resource development was part of a vision for a new welfare system in 1997 to build a better life for people. Social workers must identify strengths and resources, share knowledge, co-ordinate activities and link people with resources (Ministry for Welfare and Population Development, 1977:15).

With all the above in mind the researcher compiled a group work programme for ten adolescent orphans in foster care affected by HIV and AIDS as part of the experimental group. Ten adolescent orphans also in foster care and affected by HIV and AIDS were the control group of this research. The programme the researcher compiled was also presented to the control group after the finalization of the research.

5.2 Selecting a programme

Programme activities “provide a medium through which the functioning of members can be assessed in areas such as interpersonal skills, ability to perform daily activities, motor coordination, attention span and ability to work cooperatively” (Toseland & Rivas, 2009:255). According to Brander and Roman (1999:165), the nature of the programme must be geared to the cultural, developmental and environmental needs and common problems that bring the participants together. Most importantly, however, the choice of a programme and its successful implementation is determined by the worker's capacity for inspiration, imagination and improvisation, and by his/her skills. In groups with adolescents, activities such as a party, a meal, a sport activity, music, dancing and role play can be used by the social worker to assess the functioning of the group members (Toseland & Rivas, 2009: 227).

The main motivation for developing and designing a group work empowerment programme for adolescent orphans in foster care affected by HIV and AIDS, was the belief that the adolescents of today, and especially the orphans, are subjected to the high demands in society and it is expected of them to function accordingly. They are not sufficiently equipped for the task and therefore need to be guided with a life skills programme to be able to function optimally.

In designing a group work programme, certain procedures have to be taken into account. The procedures presented in figure one are the ones that the researcher followed when designing the group work programme for the adolescent orphans in foster care.

FIGURE 3.1: PROCEDURE FOR SELECTING A PROGRAM

1.	Specify program activities that are consistent with group purposes and goals.
2.	Specify the objectives of the program activity.
3.	Specify program activities that can be done given available facilities, resources and the time available.
4.	List potentially relevant program activities based on members' <ul style="list-style-type: none"> a. Interests and motivation b. Age c. Skill Level d. Physical and mental state e. Attention Span
5.	Classify program activities according to: <ul style="list-style-type: none"> a. Characteristics of the activity, e.g., length, structure, etc. b. Physical requirements of the activity, e.g. fine motor coordination, and strength. c. Social requirements of the activity, e.g. interactional, verbal and social skills. d. Psychological, requirements of the activity, e.g. expression of feelings, thoughts and motives. e. Cognitive requirements of the activity, e.g. orientation to time, place and

person.
6. Select the program activity that is best suited to achieve the objective specified.

(Toseland & Rivas, 2009:256)

5.3 The content of the social group work programme for adolescent orphans in foster care

The social group work programme was implemented in 12 sessions, and the full programme is presented below in Table 3.1.

TABLE 3.1: SOCIAL GROUP WORK PROGRAMME

Session No	Topic	Programme activities
1	Orientation/Contract	<ul style="list-style-type: none"> • Measuring scale • Ice-breaker • Goal formulation • Group discussion • Contracting • Evaluation
2	Roles, responsibilities, needs and feelings of adolescents	<ul style="list-style-type: none"> • Music • Poster • Group discussion • Evaluation
3	Dangers of substance abuse	<ul style="list-style-type: none"> • Ice-breaker • Music • Posters • Guest speaker from SANPARK Rehabilitation centre for alcohol and drugs. • Group discussion • Evaluation
4	Coping with death, loss and bereavement.	<ul style="list-style-type: none"> • Ice-breaker • Drawing pictures

		<ul style="list-style-type: none"> • Guest speaker/Reverend • Group discussion • Measuring scale • Evaluation
5	Self-concept and self-esteem	<ul style="list-style-type: none"> • Music • Posters • Questionnaires on self-esteem • Role play • Group discussion • Evaluation
6	How to fulfil my dreams and career choices	<ul style="list-style-type: none"> • Music • Posters • Guest speaker/Teacher from high school • Group discussion • Evaluation
7	Communication and listening skills	<ul style="list-style-type: none"> • Ice-breaker • Games (such as musical chairs, telephone play) • Poster • Group discussion • Evaluation
8	Assertiveness in communicating	<ul style="list-style-type: none"> • Music • Collage • Group discussion • Evaluation
9	Healthy Living and choices for the future	<ul style="list-style-type: none"> • Music • Posters • Group discussion • Evaluation
10	Decision making, problem solving and conflict handling	<ul style="list-style-type: none"> • Music • Role play

		<ul style="list-style-type: none"> • Group discussion • Evaluation
11	Conclusion and evaluation	<ul style="list-style-type: none"> • Music and dance • Evaluation
12	Termination	<ul style="list-style-type: none"> • Music • Refreshments • Group discussion • Evaluation • Measuring scale from Perspective College

5.4 Discussion of the social group work programme

Pharaoh (2008:149-158) mentions that the illness and death of caregivers as a result of AIDS may reduce the well-being of children in several ways. It is vital that mechanisms be put in place to support these children, families and communities. The social worker is one of the professional team members that can give support to these people and communities. The aim of the social group work programme with the adolescent orphans in foster care affected by HIV and AIDS was to empower these adolescents to cope with their circumstances in foster care and to enhance their social functioning.

5.4.1 Session 1: Orientation and contracting

- **Objectives**

- ❖ To help members work together in a co-operative and productive way.
- ❖ To make sure members know each other.
- ❖ To outline and clarify the purpose of the group.
- ❖ To create an atmosphere of warmth, acceptance, humour and enjoyment.
- ❖ To establish goals and ground rules.
- ❖ To compile a contract for the group members.
- ❖ To complete the measuring scales.

- **Programme activities**

The researcher did not need to introduce herself to the group because she is well-known to all of them. The group members had the opportunity to introduce themselves to each other. The introduction provides members with a starting point for interaction because it will bring out the commonalities between them. This process helps members to feel at ease with one another. It also helps to develop group cohesion and demonstrates to members that they are not alone with their problems and concerns (Toseland & Rivas, 2009:74-75).

The next step was to outline and clarify the purpose of the group, after which the contents and structure were explained. An ice-breaker was used to set a welcome and positive atmosphere of warmth and acceptance. According to van der Westhuizen (2006:65), the facilitator (researcher), has the responsibility to create an atmosphere in which the adolescents feel comfortable. At this stage the group was laughing and communicating with each other.

Ground rules for the group were set in this session. The rules were about showing up on time and regularly, to respect each other and the confidentiality of the contents of the group meetings. A contract was compiled to let them know and understand what was expected from them and from the researcher. Cournoyer (2008:295) refers to the word “contracting ‘as being’ an interaction between worker and client that leads to a more or less formal agreement concerning the nature, scope and focus of the service provided.”

- **Discussion**

The purpose of their participation as part of a PhD research project in the North-West province was once again explained to the adolescents. The reason why they would be completing measuring scales and questionnaires, as well as the value of these activities were also explained to them. The confidentiality of the measuring instruments was once again highlighted. The researcher explained how the results obtained from their participation will be part of a valuable and much needed body of information that will result in a manuscript. The manuscript will be used by social workers to enhance the living standard of all the orphaned foster children in South Africa.

- **Summary**

The session was completed with satisfaction and could be seen as very positive and successful. The three measuring scales of Perspective Training College were completed after the researcher explained to the adolescents how they have to complete the scales.

5.4.2 Session 2: Roles, responsibilities, needs and feelings of the foster child

- **Objectives**

- ❖ To assist the adolescent in understanding the value of good relations with the foster parent.
- ❖ To teach the adolescents the importance of their role regarding rights and responsibilities in a household.
- ❖ To help them bond with and attached to the foster parent.

- **Programme activities**

Popular music was played when the adolescents arrived to create a warm and welcome atmosphere. Posters and pictures were posted to indicate the rights of a child and the responsibilities that go with the rights. The value of the adolescent's relationship with the foster parents was discussed, and the group was informed about their role and rights in the household. In addition to this, the adolescents were given pointers on how to bond with and attach to the foster parent. Group discussions took place and questionnaires to evaluate the session were completed.

- **Discussion**

The UN Convention on the Rights of the Child 1989 (SA, 1995) was used to explain that the government must make sure that every child has the necessary rights. The 42 articles were explained to the adolescents. During the group discussion, the group discussed what they thought their rights are and also what they think about the responsibilities that go with rights. The group still has much to learn and to understand, because like any normal teenager they believe more in having rights than the responsibilities that go with it.

The group discussed their emotional needs and feelings. They learned that they have choices that they can make about being happy or sad or depressed. However, there are certain things in life that you do not have control over, like loss, death and accidents. Every child has the right to a quality life, but they have the responsibility to also love and care for the foster parents and to accept the support and financial restraints that exist in every family. According to Vermaas (2005:73), interpersonal relationships are the most important part of living for humans.

After the discussion of their emotions it seemed clear that there are unfulfilled needs in every group member's life. Teenagers are very concerned about the material things in life, like money, clothes, food and having a cell phone. The researcher explained that their physical needs are important, but in their circumstances money is almost always a problem because they stay with families who struggle financially. The social worker discussed the fact that HIV and AIDS impact in many ways on the functioning of both the infected and affected parties (Modise, 2005:2; Roux, 2002:61). Van Der Westhuizen (2006:24) found in her research that the percentage of foster parents is domestic workers, and that there is also a high percentage that is unemployed.

In an assessment of child poverty in South Africa (Dieden & Gustafson, 2003:337), the conclusion was drawn that two-thirds of South Africa's poorest children live in households lacking a regular wage, and that the possibility of being poor increases if the household head is female. The foster children did not want to understand that the financial income, even when there are salaries or a foster care grant, is usually not enough to survive or to fulfill in their needs. This incomprehension translates into relationship problems. This problem was discussed at length because it is important that the group members understand that they will have to adjust to their circumstances, will have to avoid conflict and work together to provide harmony.

The matter of bonding and attachment (Blunden, 2005) was discussed with them, but it seems not to be a major problem in these adolescent orphans' lives. Most of the children were born while staying in the home of the foster parent because the mother was still staying with her parents because she was unemployed or could not afford her

own accommodation. The group members were able to express their love and caring for the foster parents, but the fact that there are also relationship problems present is very clear.

- **Summary**

The objectives of the session were reached. The group members realized that there are also responsibilities where there are rights. They understand the value of relationships and that every member of the household must work together for peace and harmony. They understand more about the socio-economic situation and responsibility that the foster parents carry in the process of taking care of them.

5.4.3 Session 3: Dangers of substance abuse

- **Objectives**

- ❖ To define substance abuse.
- ❖ To learn about the different drugs and their effect on one's life.
- ❖ To teach them the 12 ways to say no to drugs.
- ❖ To educate them about addiction to alcohol, drugs, and cigarettes.
- ❖ To provide insight into the ways in which drugs damages one's physical and emotional functioning.

- **Programme Activities**

The researcher made use of an ice-breaker and music to create a relaxed atmosphere in the group. The guest speaker of the SANPARK alcohol rehabilitation centre showed them different photos of drug users and discussed the different drugs and the impact on the physical, emotional and social functioning of a person.

- **Discussion**

The children are used to seeing people use alcohol and drugs every day, and they also see and experience the problems it causes. They are not aware of how easy it is to get addicted. The physical and psychological dependence was explained to them, including how to get help when addicted and to say no to tricky situations.

The group learned the following about drugs and their effects.

a. What are drugs and addiction?

- ✓ Any substance that brings about a change in a person's thoughts, body and emotions.

b. An addict is a person that loses control (at times, but not always) over his intake of a substance because of:

- ✓ A high tolerance.
- ✓ Withdrawal symptoms.
- ✓ Not being able to function normally without the substance.

c. Process of abuse

d. Defence mechanism

- ✓ Denial.
- ✓ Projection.
- ✓ Regression.
- ✓ Minimizing.
- ✓ Intellectualization.
 - * Rationalization.
 - * Euphoric recall.

e. Reasons for drugs

- ✓ Availability.
- ✓ Emotional disruption.
- ✓ Group pressure.
- ✓ Self-image.
- ✓ Need for fun and enjoyment.
- ✓ Curiosity.

f. Classification and information

- ✓ Stimulant (Pick-me-ups) Uppers.
- ✓ Depressant (Suppressing effects) Downers.
- ✓ Socially acceptable drugs.
 - * Alcohol.
 - * Cigarettes (Nicotine).

- * Coffee/Tea (Caffeine).
- Illegal drugs
 - * Dagga/ Marijuana.
 - * Heroin.
 - * Nyaope.
 - * Opium.
 - * Cocaine.
 - * LSD.
 - * Tick.
- Over the counter drugs
 - * Pain killers.
 - * Cough Mixtures.
 - * Appetite suppressants (Amphetamines).
 - * Prescription drugs.
 - * Pain Killers (Morphine).
 - * Sleeping tablets (Barbiturates).
 - * Anti-depressants/tranquillizers (Valium.)
- Inhalants
 - * Petrol.
 - * Glue.
 - * Benzene.

g. How to help – Do's and Don'ts

- Do's
 - * Be prepared regarding one's own emotions, answer to excuses, aggression.
 - * Show and give hope.
 - * Show acceptance.
 - * Show care.
 - * Be firm.
 - * Stick to facts only.
- Don'ts

- * Don't argue.
- * Don't decide for addict.
- * Never give up.
- * No sympathy.
- * Don't allow interruption.
- * Don't intervene when addict is under influence.

h. Twelve ways to say no if you are offered drugs

TABLE 3.2: WAYS TO SAY NO TO DRUGS

	OFFER	ANSWER
GIVE A REASON OR EXCUSE	How about some of these?	"No thanks, I don't".
BE LIKE A BROKEN RECORD – REPEAT THE SAME PHRASE OVER AND OVER.	Would you like some? Come on? Come, have some!	"No thanks!" "No thanks!" "No thanks!"
NO THANKS	Would you like some of these?	"No thanks!" NO should be your first words.
WALK AWAY	Would you like some of this?	JUST IGNORE THE PERSON AND WALK AWAY.
AVOIDING THE SITUATION	If you see or know of places where people often use drugs...	...stay away from these people or go another way.
COLD SHOULDER	Hey, how about some of this?	JUST IGNORE THE PERSON.
CHANGE THE SUBJECT, START TALKING ABOUT SOMETHING ELSE.	Do you want to try some of this with me?	"HEY, LOOK WHAT'S GOING ON OVER THERE!"
REVERSE PRESSURE: PUTTING THE PRESSURE BACK ON THE PERSON OFFERING YOU DRUGS	Do you want to try some of this with me?	"NO THANKS – I THOUGHT YOU WERE MY FRIEND?!"
STRENGTH IN NUMBERS		HANG OUT WITH NON-USERS, ESPECIALLY

		WHERE DRUG USE IS EXPECTED.
NAME THE TROUBLE AND NAME THE CONSEQUENCES	Using alcohol Smoking dagga	Alcohol is bad for your health. Smoking dagga is dangerous.
SUGGEST AN ALTERNATIVE		Let's rather watch movies / go and buy pizza.
STAY CALM		Say the person's name: Sandy...and continue the conversation from where you have been interrupted.

According to Visser (2006:101) the use and abuse of alcohol and drugs is a problem that affects us all, irrespective of age, social status, race or creed. Substance abuse and use is recognized as one of the most significant health and social issues in our community.

- **Summary**

The information gave the adolescents insight into the problems caused by drug abuse. They were not aware of the dangers and how easy it is to become addicted and influenced by friends. The session was very successful and the objectives were reached. The group participated eagerly in a lively discussion session.

5.4.4 Session 4: Coping with death, loss and bereavement

Objectives

To educate them on the meaning of death, loss and bereavement.

- ❖ To have the awareness of the concept of grief and bereavement and how loss could affect you on a mental, emotional and behavioural level.
- ❖ How to deal with the pain associated with loss.
- ❖ Suggestions that will assist adolescents during the grieving process.

- **Programme Activities**

Since the beginning of the HIV and AIDS pandemic millions of people in the world have died of related illnesses. These deaths are “associated with trauma in households and communities” (Pretorius & Ross, 2010:469). Children and adolescents whose parents have died as a result of the HIV and AIDS pandemic are likely to suffer loss and grief. They “experience loss and deterioration in terms of their well-being long before the death of the parents” (Pretorius & Ross, 2010: 471). This session was facilitated by a co-presenter who is a young reverend that immediately bonded with the adolescent orphans. The respondents were encouraged to share their thoughts and feelings. Seager and Spencer (1996:58) explain that by allowing adolescents to express their feelings concerning the death of a significant person in a safe and non-judgmental atmosphere can prevent unresolved grief later on in adult life.

The reverend and the researcher talked about the meaning of loss, death and bereavement and how it affects people. The question was asked about the reasons for death – who do you blame? – reality of life and your support system. The mourning process was also discussed.

Bedford (2006:215) describes loss as a pain so overwhelming and painful that you want to stop right in front of the “desert” of pain and find another way around it. You might want to avoid the pain associated with your loss.

Death is a certainty in life. The route will be unique. The speed you travel and the tools you use will depend on your personality, circumstances, beliefs, culture and attitude. There is no map with specific destinations, landmarks and kilometres that indicate how far you are.

- **Discussion**

The discussion was very emotional and each member talked about the different people that they have lost to death. The group decided that it is necessary to mourn and experience grief, that you can take your time and that you will deal with it in the end. Throughout this session the members were provided with support. The reverend talked about religion and the role of God in a person’s life and the things that one experience.

The group members also participated in the discussion and their love and faith in God was obvious.

Some of the respondents cried when they talked about their loved ones. Counselling was done and individuals were given support. Most of them were open about their feelings and experiences. The children were asked to draw and describe their feelings about death and the results were discussed (**Annexure 9**).

- **Summary**

This was a very successful session. To some degree this was a very emotional experience for some of the group members. They were empowered during this session. They expressed and discussed the role religion and their relationship with God play in their ability to deal with pain and loss.

5.4.5 Session 5: Self-Concept and Self-esteem

- **Objectives**

- ❖ To provide an opportunity for the adolescents to evaluate their self-concept and self-esteem.
- ❖ To define self-esteem and self-concept.
- ❖ To assist the adolescents with discovering their positive qualities, talents and potential.
- ❖ To help them develop confidence and a good self-esteem to be able to improve their quality of life.

- **Programme Activities**

Music was played and the adolescents who wanted started to dance while the music was playing. The impact of dance in reducing stress and promoting physical and mental well-being can't be ignored (Kasiram et al., 2010:224).

- **Discussion**

In this session the researcher educated the group regarding the topic of self-concept and self-esteem. According to Dacey et al. (2004:174), the term self-concept answers the question "Who am I?" and self-esteem answers the question "How do I feel about

who I am?” Self-esteem is related to self-concept. A well-defined self-concept leads to high self-esteem, which in turn leads to successful behaviour. Persons with a high self-esteem like and accept themselves.

It is very important for any person to know who they are and what they want from life. It is only when you know yourself that you know what is important to you, what your values in life are and what your needs are (Le Roux & De Klerk, 2001:70). According to van Heerden (2005:61), self-esteem is the belief that you are a worthwhile individual. Related concepts are self-efficacy, which means seeing yourself as capable of accomplishing what you set out to do, and self-respect, which means that you approve morally of the way you are living your life. The discrimination and stigmatization caused by HIV and AIDS in many cases has an impact on the self-esteem of the adolescent affected by HIV and AIDS and it is therefore important to develop the self-esteem of these adolescents (Page et al., 2006:70).

Different games and activities were used to teach the group about their feelings and to show them how to grow from a negative to positive self-concept. A good self-esteem is very important to the orphaned foster children to help them cope with the effect that HIV and AIDS has on them and their families (Roux, 2002:223).

Smith (2006:62) explains that one good way of developing self-esteem and self-efficacy is to succeed at something. You must set goals for yourself and if you succeed you will experience a sense of accomplishment. You must, however, be realistic and know that some things take longer to achieve.

A beautiful poem was read to the group. They loved it so much that they wanted to hear it more than once.

*If you can't climb a mountain,
Then climb a hill
That's much better than standing still
There's a way if you're got the will*

And little by little you're there...

*Every rose was once a bud
Once small raindrop starts a flood
A corn planted in the mud
Will grow, you know!*

*If you can't walk a mile,
Take one long stride
Move ahead with sense and pride
Step by step till you're satisfied
And little by little you're there*

(Van Heerden 2006:62)

At the end of the session the measuring scales of Perspective College was completed.

- **Summary**

This was a very successful session and the group expressed their satisfaction. They all learned how to have a better self-esteem that will help them cope better in school and in their relationships with people.

5.4.6 Session 6: How to fulfil my dreams

- **Objectives**

- ❖ To teach them the importance of getting the most out of your studies and be successful.
- ❖ To them the importance of summarizing and memorizing.
- ❖ To teach the adolescents to be able to set specific goals in a certain time frame.

- ❖ To teach them to manage time effectively.
- ❖ To teach them the importance of positive relations with educators through respect.

- **Programme Activities**

Music was played to create a warm and welcome atmosphere. Posters and pictures were used for this session to indicate the right motivation for studies and how to manage time effectively. According to van Heerden (2006:5) planning your future and setting goals is like planning a trip. You must make a number of extremely important decisions like:

- ❖ Destination: Where do I want to go?
- ❖ Route and steps to be taken: How will I get there?
- ❖ Implementation: Realistically – what do my time and finances allow?
- ❖ That means that you must set goals for you studies.

Discussion

The adolescents were taught about the importance of making notes and keeping records. According to Ramapela (2006:144), note-taking involves making a permanent written record of main points and supporting details to which you may refer later.

Effective listening skills are a part of good learning skills. Chwue (2006:154) describes the difference between hearing and listening. Listening is an active process during which a person should communicate actively. If you listen to your educators effectively and concentrate, it will enhance your study skills.

Time management was the next important topic. According to Morulane (2006:15), effective time management depends on the ability to organize and plan effectively and involves a set of related common-sense skills that help you to use your time in the most productive way possible. A timetable was given to the group to complete. They had to include their time factors for a week. The result was monitored and evaluated.

The last topic of the session dealt with positive relationships with educators at school. The group discussed their feelings and the topic about rights and responsibilities was also mentioned again. A questionnaire was completed about this topic.

- **Summary**

The group enjoyed the session and the discussions were lively. They understood the value of good and effective time management. The group also understood that they had to concentrate in the class and take notes. They also learned the importance of how to maintain good relationships with the educators and how to show respect in order to receive respect.

5.4.7 Session 7: Communication and listening skills

- **Objectives**

- ❖ To explain the effectiveness of good verbal and non-verbal communication.
- ❖ To explain the different patterns of communication.
- ❖ To define the process that takes place whenever people share ideas, thoughts and feelings.

- **Programme Activities**

The session started with an ice breaker that consisted of play to create a friendly and warm atmosphere. The first game was the “telephone game” where a lengthy statement was chosen by the researcher and then whispered into the ear of the first group member. The group members then whispered what they had heard from one to the next, and the last one told the group what he or she heard. The outcome was totally wrong and they learned that a message could change along the way because people do not communicate properly.

Each adolescent created a poster by taking a picture from a magazine that was provided. The picture had to relate to some kind of communication. They pasted the picture on a sheet and then created a story around the picture.

- **Discussion**

The group discussion began with an explanation of verbal and non-verbal communication. According to Coughlin (1981:303-305) language is symbolic, and meaning often resides more in people than in the words themselves. Moreover, each word in any language can be interpreted in a variety of ways, which often leads to misunderstanding. In 1945, a word was misunderstood and it led to the dropping of an atomic bomb that killed thousands of people needlessly. According to Zastrow (2001:130) the process of communication is when you translate your thoughts and feelings into symbols, usually spoken words, which others can understand. What each person says in a conversation should be connected in some way to what the other person has said (Egan, 2010:129).

Non-verbal communication is slightly more difficult to understand. It is the things or feelings you usually try to hide from other people. Zastrow (2001:154-157) lists the following elements of non-verbal expressions and behaviour: eye contact, gestures such as facial expressions and touching, which convey a variety of messages, clothing, which also conveys several different messages, personal boundaries, territoriality, voice, physical appearance and environment.

Zastrow (2001:139-140) also points out that individuals use their beliefs, values and attitudes to select, interpret, and organize information. Sometimes beliefs have a major impact on perception and they sometimes lead to inaccurate interpretations of a message. If thoughts and feelings are not shared, an individual is not accurately communicating what he/she is really thinking and feeling and will not be fully understood.

Listening skills were also discussed. "Active listening entails listening to the content, voice, and body language of the person speaking" (Mason et al., 2012:148). Useful listening exercises can be given to group members (Mason et al., 2012:253-254).

- **Summary**

The objectives of the session were reached. The group members realized that communication is important and that they need knowledge to improve their day-to-day

communication skills because problem solving in their foster placements is “most effective when communication is constructive rather than defence provoking” (Capuzzi et al., 2010:387).

5.4.8 Session 8: Assertiveness in communicating your needs

- **Objectives**

- ❖ To teach the adolescents to manage assertive behaviour.
- ❖ To assist the adolescents in identifying different needs they experience every day.

- **Programme Activities**

During the previous group session a questionnaire was handed out to the adolescents for them to complete and bring back. The aim of the questionnaire was to evaluate the adolescent's assertiveness.

For most adolescents it is difficult to be assertive because of their lack of self-confidence. As part of the training the group learned alternative assertive approaches that will help them to act with more confidence. According to van Heerden (2005:65), assertiveness means standing up for yourself and what you believe is right. Learning to be assertive is a continuing process and the joy and pride obtained from being able to fully express oneself assertively is nearly unequalled. For a young person like the adolescent, assertiveness often means choosing to stay sober when your friends want you to drink alcohol with them. It is sticking to a resolution to abstain from sex until you are married. According to Zastrow (2001:353), the members should practice their chosen strategy until they feel ready to use it when problematic situations occur again.

The group used magazines, scissors and glue to create a collage about their idea of an assertive person.

- **Discussion**

The group members were encouraged to discuss their answers in the group. They shared their feelings and many emotions were expressed. From their discussion of their collages it became clear that their ideas of a happy family are:

- ❖ To have a mother and a father.

- ❖ To receive love and care.
- ❖ To get support from your family.
- ❖ To receive the opportunity to be educated.
- ❖ To have clothes.
- ❖ To stay in a home without violence and where everyone is treated equally.

It is obvious that the members of the group are not always happy in their homes and environment. Their emotional needs are not always fulfilled. In research conducted by Pretorius and Ross (2010:480), it was found that despite the fact that the foster children's basic needs in terms of food, clothes and shelter were met, they nevertheless found it difficult to deal with their losses, something that affects their adjustment. According to Vermaas (2007:79), people have to take responsibility for their own emotional well-being and to do that they must be aware of their own needs. In order for someone else in your life to know what you need so that such a person can make you happy, you must know yourself. People tend to forget that everything in life is a choice. Although people do not have control over the things that happen to them (like the loss of loved ones), they do have control over their emotions. The group was encouraged to identify their needs as they have in previous sessions and to communicate these needs to the people living with them, such as their foster parents.

- **Summary**

The group understands the content of the session and why it is important to identify your needs and to communicate your feelings to your foster parents. The group was again very emotional and sometimes angry, but they talked freely and were able to express their feelings. The group session was very successful because talking about your feelings relieves stress and makes you feel better.

5.4.9 Session 9: Healthy living and choices for the future

- **Objectives**

- ❖ To help adolescent define a healthy lifestyle within the context of their physical needs.
- ❖ To educate them on the choices that enhances healthy living.
- ❖ To enhance awareness regarding HIV and AIDS.

- ❖ To provide guidelines for making healthy choices to prevent infection with HIV and AIDS.
- ❖ To discuss the benefits of a healthy lifestyle as part of the foster care household affected by HIV and AIDS.
- ❖ To help them change their behaviour and to encourage them to keep themselves healthy.

- **Programme Activities**

Music was played because it creates a nice warm atmosphere. A poster dealing with HIV and AIDS was presented. The group found the pictures interesting and a lively discussion took place before the presentation of the programme.

Visser (2006:87) said that healthy living depends to a large extent on the decisions you make about the following:

- ❖ What would you like to achieve in your lifetime?
- ❖ How do you care for yourself?
- ❖ How do you schedule your day?
- ❖ Who do you want to be friends with you?
- ❖ How do you deal with intimate relations?

In the previous session about death, loss and bereavement the reason why the group were foster children and orphans was discussed, namely the fact that their mothers are deceased because they were infected with HIV. The researcher explained to them the vulnerability of women to infection with the HI-virus (Evian, 2006; Gouws, 2008:72-73).

- **Discussion**

The researcher firstly gave information about HIV and AIDS. It was explained to the group that HIV destroys part of the immune system, specifically the white blood cells, which are called CD4 cells. These cells fight off all germs and diseases in the human body. The HI-Virus affects human immunity and ultimately one experiences opportunistic disease (Evian, 2006, 13-24; Roux 2002, 193-202, Sito 2008, 14-15). Once the HI-Virus has entered the body, it attacks the CD4 cells and destroys them inside. Once inside, the virus takes over the CD4 completely and multiply so much that the CD4 cells can no longer fight any infections (Evian, 2006:9).

Visser (2006:92-93) explains how one can get the virus:

- ❖ Having sex with an infected person without using a condom as protection.
- ❖ When infected blood gets into your body through an open wound, injection, body piercing or blood transfusion.
- ❖ From mother to baby during pregnancy.

A person can also keep healthy through a healthy life style. Research conducted by Roux (2002) indicated the role of healthy food and exercise in helping HIV-infected people to enhance their physical wellbeing. The adolescents were advised to take part in sport activities and to walk and run for exercise.

Research shows that people recently diagnosed with HIV have high levels of stress and anxiety. It is a life—shattering experience. Later they start dealing with the issues such as death and change in life expectancy. According to Anderson (2000:269-271) and The White Paper for Welfare (SA, 1997:89), people infected with the HI-virus experience considerable psychological stress, which is aggravated by the social stigma and by discrimination. In research done in the North-West province in 137 households (Olivier & Strydom, 2010:417), less than half of the children were informed of the anticipated death of their parent or parents. This must be because of the stigma and discrimination of infected and affected people. In cases where adolescents were informed of the cause of the death of the parents, there was an unexpected openness regarding AIDS.

Social support from family and friends enhances positive coping behaviour (Roux, 2002; Sito, 2008; Visser 2006:96). The group discussed the information and the love and support that they give to dying parents and how they cope with their death. They also discuss the support they receive from their relatives in that time of grieving. They shared feelings of being overwhelmed and how their worlds were shattered. The group also talked about the healing process that they went through and how some of them were confronted with more death in the family.

- **Summary**

By the end of the session they understood that they must make choices about their lifestyle. They are responsible for their lives and a healthy lifestyle is important. They have knowledge about the serious effects of HIV and AIDS and know how to avoid becoming infected.

The group session was very successful, and like the sessions on loss, death and bereavement, many of them got some more grief out of their systems. It was also clear that they receive much love and support from their foster parents.

5.4.10 Session 10: Decision making, problem solving and conflict handling

- **Objectives**

- ❖ To promote self-direction and enhance personal strength.
- ❖ To define conflict and provide and explain attitudes related to conflict handling.
- ❖ To provide guidelines for constructive conflict management.
- ❖ To discuss different ways to solve problems.
- ❖ To teach them how to make the right decisions.
- ❖ To teach them about choices you make and to take responsibility for that.

- **Programme Activities**

The researcher begins the group with an ice breaker that the group enjoyed, and a very warm atmosphere was created. Music was played and this contributed to a warm atmosphere.

- **Discussion**

In this session the researcher educated the group on the topic of conflict and focused on life skills that should help them to manage and solve conflict. According to van Heerden (2005:46) conflict arises when two or more values, perspectives and opinions are contradictory in nature and have not yet been aligned or agreed on. Conflict itself is not necessarily a bad thing. It is when we do not manage it well that we give it power. Rooth (1997:100) maintains that conflict is a reality of life. In itself it can provide healthy

opportunities for learning and growth. However, if we do not know how to deal with it, conflict may become counterproductive.

At this point a role play demonstration took place and all the members of the group participated. A role play from Rooth (1997:107) was used, entitled "Mouldy Samosa". One person is a care owner who has to act according to his feelings as he interacts with the other role players. Three of the adolescents were provided with a hand-out describing his or her role. One must be "Assertive", one "Aggressive" and one "Non-Assertive". The scenario is that they are hungry and when they buy and eat a samosa they find it mouldy and crawling with green and blue flies. Each character then goes back to the owner and acts according to the role they have been given.

The group then discussed the behaviour of each role player. After that each gets a chance to play out a personal conflict situation with a group mate. The group then analyses what they need to do to resolve conflicts and to have "win-win" situation.

The group used the ideas that were prescribed, but were also able to use their own and to improvise. They were very spontaneous and claimed that they learned to act. The strategies recommended by Rooth (1997:110) were used for role play. The ideas of Brokensha (2006:46) were also used and these ideas taught the adolescents that conflict could have a positive or a negative impact.

Zastrow (2001:175) points out that conflict is not only a natural part of any relationship within a group; it is also desirable because, when handled effectively, it has a number of pay-offs, such as producing lively discussions, defining issues more sharply, leading to personal growth and encouraging creativity.

The next topic of discussion was problem solving and decision making (Brokensha, 2006, 54-58). Every day of our lives we are faced with some kind of decision to make. With problem solving you have to decide if there is a problem, and whether it is manageable, or short or solvable.

We first have to define the problem with certain questions and then we have to create certain approaches to the questions and formulate possibilities of solving the problem. Brokesha (2006:46) says about decision making “never regret a decision. It was the right thing to do at that time”. She then names logical rational arguments for and against each choice a person makes.

According to Liraz (2003) there are 19 important quick tips for decision making. The group found this interesting and found the facts valuable:

- **Quick tips**

- ❖ Do not make decisions that are not yours to make.
- ❖ When making a decision you are simply choosing from among alternatives. You are not making a choice between right and wrong.
- ❖ Avoid impulsive decisions.
- ❖ Choosing the right alternative at the wrong time is no better than the wrong alternative at the right time, so make the decision while you still have time.
- ❖ Do your decision making on paper. Make notes and keep your ideas visible so you can consider all the relevant information in making this decision.
- ❖ Be sure to choose based on what is right, not who is right.
- ❖ Write down the advantages and disadvantages of a decision. It clarifies your thinking and makes for a better decision.
- ❖ Make decisions as you go along. Do not let them accumulate; a backlog of many little decisions could be harder to deal with than one big and complex decision.
- ❖ Consider those affected by your decision.
- ❖ Recognize that you cannot know with 100 per cent certainty that your decision is correct because the actions to implement it will take place in the future. So make it and don't worry about it.
- ❖ Remember that not making a decision is a decision not to take action.

- ❖ Trust yourself to make a decision and then to be able to deal with the consequences appropriately.
- ❖ Don't waste your time making decisions that do not have to be made.
- ❖ Before implementing what appears to be the best choice, assess the risk by asking: What can I think of that might go wrong with this alternative?
- ❖ As part of your decision-making process, always consider how the decision will be implemented.
- ❖ Once the decision has been made, don't look back. Be aware of how it is currently affecting you and focus on your next move. Never regret a decision. It was the right thing to do at the time. Now focus on what is right at this time.
- ❖ Brainstorming alternative solutions with others will give you fresh ideas.
- ❖ Discontinue prolonged deliberation about your decision. Make it and carry it through.
- ❖ Once you have made the decision and have started what you are going to do, put the 'what if's' aside and do it with commitment.

- **Summary**

The group was very interested in the role play and found it enjoyable. They learn how to cope with conflict and will use it in their everyday interaction with people. The other two topics of problem solving and decision making were also interesting and valuable according to the group. The goal was reached.

5.4.11 Session 11: Conclusion and Evaluation

- **Objectives**

- ❖ To prepare the adolescents for the termination of the group.

- **Programme Activities**

Music was played to create a warm and welcome atmosphere. The group asked permission to close the programme with a dance show by one of the members who competes in hip-hop shows. The show changed the depressed moods of the members.

- **Discussion**

The group had the opportunity to talk about their feelings. The researcher took the opportunity to state the importance of a good and respectful relationship with their foster parents because it was still obvious that there are relationship problems between some of the adolescents and their foster parents.

The researcher discussed the social group work programme and explained to them that the group work programme is not a quick fix, and although they learned much about different subjects and explored their feelings, there is still much more to define, explore, learn and experience.

- **Summary**

The group enjoyed the session that began with music and dance, but they ended with a feeling that they wanted more and was not totally satisfied to end the programme. The group asked to be part of another group session as soon as possible and felt that there are still unsolved problems and many things that they can learn. They also loved the group's togetherness because they share the same circumstances of being orphans and the loss of parents that they would have liked to grow up with.

5.4.12 Session 12: Termination and evaluation

- **Objectives**

- ❖ To consolidate what the group members have learned during the group sessions.
- ❖ To discuss each session by giving information.
- ❖ To complete the measuring scales of Perspective College on;
 - General contentment scale
 - Self-esteem
 - Family relationships
- ❖ To complete the self-designed questionnaire to assess the outcome and to evaluate the success of the group work programme.

- **Programme Activities**

At this session the group was terminated, and the members experienced sadness.

Rooth (1997:161) maintains that termination is usually difficult, and fraught with emotion. The reason for this is that the participants work closely together over an extended period of time in a safe environment and develop strong bonds. Termination may also mean ending and affirming a beneficial experience, and then to return to the harsh realities of problematic relationships and challenging environments.

The group completed the measuring scales and self-constructed questionnaire and after the completion, the group discussed each of the activities that took place and what they thought about the information received. They shared feelings, and the bond that formed between them during the past months was obvious.

During this session the group gave the following description of their strengths and weaknesses:

TABLE 3.3: STRENGTHS AND WEAKNESSES

STRENGTHS	WEAKNESSES
I can solve my own problems	I do what I want
I can work hard	I get angry when people gossip about someone I liked
I can cook for my family	I have a bad temper
I can share my problems with my foster parents	I think that I am a loser sometimes
I can be proud of my family	I get sad when people talk bad things about me
I can pray to my God	I get hurt and unhappy easily
I have a good heart	I am short-tempered
I get along with people	I fight when someone makes me mad
I am a patient person	I cry easily
I can forgive people who hurt me	I sometimes get jealous of my friends
I have a talent of singing	I can't always respect people
I am good at sports	Sometimes I want something better than what I have
I am intelligent and perform good academically	I don't always like school

I am kind and like to help people	Sometimes I get sad easily and cry
I am ambitious	I can't easily say that I am sorry when I did or said something that is wrong
I am passionate about life	I do not always listen to other people
I can listen to people and help them	I do not always cope with things that my age group do.
I am dedicated to what I do	
I am a good listener	
I never give up	
I am happy	
I treat people well	
I pay attention to what I do and focus hard to achieve what I want	
I love people	

When considering the new insights of the group members regarding their strengths and weaknesses, one can come to the conclusion that social group work empower people with insight about who they are. The presence of others gives group members an opportunity to learn from their experience of peers, to get feedback from peers and to have role models and practice partners who can help with efforts to change (Toseland and Rivas, 2009:16).

The comparison group also completed the measuring scales after the experimental group left.

- **Summary**

Although this session was emotional, the group also experienced a feeling of success and empowerment. They promised to use the information received and to work hard to make a success of their schoolwork and relationships with foster parents. The researcher thanked them for their positive and valuable contribution and the part they played in each session. The project was completed satisfactorily.

6. OBSERVATION BY THE RESEARCHER

The group shared their feelings with each other. All of them were very cooperative during the sessions and enjoyed working together. They understood that they lack knowledge and liked to learn more about the different topics in each session. As the sessions proceeded they opened up more towards each other and loved to laugh and play together. The group also shared their need for better financial circumstances with each other. The researcher had to explain the grandparents' and the foster parents' financial constraints and had to assure the adolescents that adults understand their frustration about the need to have certain things or to live a certain lifestyle not being able to afford it. The researcher empathized with them and made them understand that death affects everyone and every family, encouraged them to avoid being infected with an illness like HIV/AIDS.

One of the sessions that resulted in much emotion is the one about relationships and what their rights and responsibilities are. It was clear that there are many unsolved feelings and that they need to talk about it. The group saw the researcher as the person who is the one to solve those problems and trusted her to do so. They were advised to try and adjust to their circumstances, to avoid conflict in the home and live together in love and harmony.

CONCLUSION

- ❖ The goal of this research study was to develop a social group work programme for adolescents who were orphaned by AIDS and placed in foster care. This goal was achieved.
- ❖ The research participants who took part in the group programme wanted the social worker to listen to their needs and to increase their knowledge and skills. These children have all experienced various losses due to the illness and death of parents. The African welfare system is unable to adequately meet the basic needs of all the children affected by HIV and AIDS, but social workers can help these children on their caseloads to cope with their loss and emotional problems.

- ❖ A social group work empowerment programme can provide in the needs of adolescents affected by HIV and AIDS and empower them to cope with the illness. Every group is unique regarding its needs (Getzel & Mahony, 1993:28-30, Roux, 2002).
- ❖ The topics that were discussed were very helpful and they welcomed all the information.
- ❖ It has also been found that small groups are effective.

RECOMMENDATIONS

- ❖ Social group work programmes for adolescent orphans in foster care affected by HIV and AIDS should be priority in Social Work in South Africa. Participation and interaction in the group help the adolescents to feel that they have a stake in their empowerment.
- ❖ Social workers have to work in collaboration with other professionals where different service providers complement one another, like psychologists, religious leaders and educators.
- ❖ Because the family is the heart of society and cardinal for the survival of the orphan adolescents, they must be empowered through support, therapy and educational groups.
- ❖ More research must be done because there is a need for well-managed, coordinated, creative projects regarding orphan foster children in the North-West province.

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The evaluation of the social group work programme will be discussed in article 4.

ARTICLE 4

AN EVALUATION OF A SOCIAL GROUP WORK PROGRAMME FOR ADOLESCENT ORPHANS IN FOSTER CARE AFFECTED BY HIV AND AIDS.

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OPSOMMING

Die doel van hierdie artikel is om deur middel van 3 skale die tevredenheid en houding te bepaal van die adolessent in pleegsorg wat wees gelaat is as gevolg van MIV/VIGS. Daar is gebruikgemaak van die "Generalized Contentment Scale" (GCS), "Index of Self Esteem Scale" (SES) en die "Family Relation Scale" (FRS) van Perspektief Opleidingskollege (2000).

Hierdie skale is tydens 3 geleenthede gebruik vir meting van die 10 adolessente in die eksperimentele groep wat aan die maatskaplike groepwerkprogram deelgeneem het, asook die 10 adolessente in die kontrolegroep. Die eerste meting het plaasgevind voor die aanvang van die eerste groepsessie van die maatskaplike groepwerkprogram. Die tweede meting het plaasgevind in die middel van die program na afloop van die vierde sessie en voor die aanvang van die groepbyeenkoms oor selfbeeld. Die derde meting het aan die einde van die program plaasgevind.

Daar is ook gebruik gemaak van 'n selfopgestelde vraelys wat aan die einde van die program deur die tien adolessente in die eksperimentele groep voltooi is, om sodoende aan die groeplede 'n geleentheid te bied om die waarde van die program te bepaal. Die program is na afloop van die navorsing ook aan die adolessente in die kontrolegroep aangebied.

In hierdie artikel word die resultate van die metings bespreek.

1. PROBLEM STATEMENT

According to authors such as Modise (2005), Roux and Strydom (2011), Sito (2008), Uys and Cameron (2004), and Van Dyk (2005), the impact of HIV and AIDS upon households is enormous and it is a disease that is threatening to destroy society because it is changing the rules by which we live.

In working with individuals, families and the community, it is important to note that HIV and AIDS have an impact on both the social functioning of the infected and affected (Modise, 2005:2; Roux, 2002:61). According to Kaseke and Dhema (2007:85), the HIV/AIDS pandemic impacts negatively on the quality of life of children such as the adolescent orphans in foster care. Neither words nor statistics can adequately capture the human tragedy of children grieving for dying or dead parents, stigmatized by society through their association with HIV and AIDS, plunged into economic crises and insecurity by their parent's death and struggling without services and support systems in impoverished communities (UNICEF, 1999).

According to Delport (2007:192-193), social group work as a method of social work can empower foster parents and children, but also children affected by HIV and AIDS. The person living with HIV and AIDS as well as the person affected by HIV and AIDS might lose "the support of family, friends and community members through discrimination and stigma" (Blom & Bremridge, 2005:81). The support in a group such as a social work group is embraced as a valuable space where people such as the foster child and foster parents come together to talk and develop ideas about the nature, impact of, and ways of dealing with this disease in their lives. The sharing of meaning and purpose in a group can create emotional closeness and cohesion (Blom & Bremridge, 2005:85). According to Drower (2005:108), group work has a particular contribution to make in addressing the various challenges presented by HIV and AIDS.

During this study a social group work programme was developed and evaluated to test the effectiveness and success of enhancing the social functioning of adolescent orphans in foster care. The research question asked in this research was: Can a social group work programme enhance the social functioning of adolescent orphans in foster care affected by HIV and AIDS?

2. AIM OF THE RESEARCH

The **aim** of this research was to explore the impact of a social group work programme to enhance the social functioning of adolescent orphans in foster care affected by HIV and AIDS in the North-West province.

One of the **objectives** of the research and the aim of this article was to evaluate the social group work programme for adolescent orphans in foster care affected by HIV and AIDS in the North-West province.

3. RESEARCH METHODOLOGY

The method of research was a literature study and empirical research. The intervention research model was used (Strydom, 2000:76). According to Babbie (2010:363) the aim of evaluation research is to determine the impact of a particular programme such as the social group work programme on solving a social problem such as the impact of HIV and AIDS on the adolescent orphans in foster care. Authors like De Vos and Strydom (2011:437) see intervention research “*as an applied action undertaken by a social worker or other helping agent, usually in concert with a client or other affected party, to enhance or maintain the functioning and wellbeing of an individual, family, group, community or population*”, such as the adolescent in foster care affected by HIV and AIDS.

3.1 Research design

In this research the single-subject research design was used. According to authors such as Royse (2004:71) and Strydom (2011:159-160), the term single-system/subject design is the genus term denoting the study of a single subject on a repetitive basis and linking research to practice. This subject can be an individual, a family, a group, an organization or a community (Barker, 2003:399; Strydom, 2000 140; Thyer, 1993:95). The social group work programme with the adolescent orphans in foster care affected by HIV and AIDS was the subject of this research.

3.2 Participants

Because all 30 adolescents in phase one wanted to be part of the group work programme, the researcher used the purposive sampling method (Strydom, 2005a:202). Twenty adolescents in foster care affected by HIV and AIDS of between 13 and 17 years old, who could read, write and speak English and stay in the Jouberton area formed part of the research and control group.

The experimental group consisted of 10 adolescent orphans between the ages of 13 and 17 in foster care and affected by HIV and AIDS. The comparison group also consisted of 10 adolescent orphans affected by HIV and AIDS between the ages of 13 and 17.

3.3 Measuring instruments

Three standardized scales of the Perspective Training College were used.

The three scales used were:

- ❖ The Generalized Contentment scale(**Annexure 7**)
- ❖ The Index of Family Relations(**Annexure 8**)
- ❖ Personal Self-esteem Profile(**Annexure 9**)

These measuring scales were used on 3 different occasions with the experimental and comparison groups. The experimental group and the comparison group completed the measuring scales before the first group session started, in the middle(before the programme on self-esteem began) and at the end of the last session. After the measuring scales were completed, the members of the comparison group went home.

A self-constructed questionnaire with open and closed-ended questions was also given to the experimental group for evaluation of the success of the social group work programme.

3.4 Programme

A social group work programme was developed and designed. The information used for this programme was obtained from data obtained from the schedules completed with the 30 adolescent orphans in foster care affected by HIV and AIDS and the 85 questionnaires completed by the social workers. The respondents of the comparison group received the same social group work programme after the last session with the experimental group. The social group work programme was implemented over twelve sessions. The social group work programme is the one presented in table 1.

TABLE 4.1: SOCIAL GROUP WORK PROGRAMME

Session No	Topic	Programme activities
1	Orientation/Contract	<ul style="list-style-type: none"> ❖ Measuring scale ❖ Ice-breaker ❖ Goal formulation ❖ Group discussion ❖ Contracting ❖ Evaluation
2	Roles and responsibilities	<ul style="list-style-type: none"> ❖ Music ❖ Poster ❖ Group discussion ❖ Evaluation
3	Dangers of substance abuse	<ul style="list-style-type: none"> ❖ Ice-breaker ❖ Music ❖ Posters ❖ Guest speaker from SANPARK rehabilitation centre for alcohol and drugs. ❖ Group discussion ❖ Evaluation
4	Coping with death, loss and bereavement	<ul style="list-style-type: none"> ❖ Ice-breaker ❖ Drawing pictures

		<ul style="list-style-type: none"> ❖ Guest speaker/Reverend ❖ Group discussion ❖ Evaluation ❖ Measuring scale
5	Self-concept and self-esteem	<ul style="list-style-type: none"> ❖ Music ❖ Posters ❖ Questionnaires on self-esteem ❖ Role play ❖ Group discussion ❖ Evaluation
6	Importance of studying and being successful	<ul style="list-style-type: none"> ❖ Music ❖ Posters ❖ Guest speaker/Teacher from high school ❖ Group discussion ❖ Evaluation
7	Communication skills	<ul style="list-style-type: none"> ❖ Ice-breaker ❖ Games (e.g. musical chairs, telephone play) ❖ Poster ❖ Group discussion ❖ Evaluation
8	Assertiveness in communicating needs	<ul style="list-style-type: none"> ❖ Music ❖ Collage ❖ Group discussion ❖ Evaluation
9	Healthy living and choices	<ul style="list-style-type: none"> ❖ Music ❖ Posters ❖ Group discussion ❖ Evaluation
10	Decision making, problem solving and dealing with conflict	<ul style="list-style-type: none"> ❖ Music ❖ Role play

		<ul style="list-style-type: none"> ❖ Group discussion ❖ Evaluation
11	Conclusion and evaluation	<ul style="list-style-type: none"> ❖ Measuring scale from perspective ❖ Music and dance ❖ Evaluation
12	Termination and valuation	<ul style="list-style-type: none"> ❖ Music ❖ Refreshments ❖ Group discussion ❖ Evaluation

3.5 Procedure

- ❖ Before the first session of the group work programme, both foster parents of the adolescents and the adolescents from the experimental and comparison groups signed a form of consent. **(Annexure 3 and 4).**
- ❖ Before the first group session took place, the experimental and comparison group members completed the measuring scales of the Perspective Training College. The same measurement was repeated during the middle phase, after the fourth session with the experimental and comparison groups, as well as after the last group session as discussed before. The evaluation of these measuring scales was done by Perspective Training College.
- ❖ The social group work programme was implemented and evaluated by means of a self-administered questionnaire with open and closed ended questions given to the group members in the experimental group.

3.6 Ethical aspects

Ethical permission was obtained from the Ethical Committee of the North-West University, Potchefstroom Campus, and the number **NW-0023-08-S1** was allocated **(Annexure 1).**

Ethical issues are discussed by different authors such as Mitchell and Jolley (2001:138-139) and Strydom (2005b:57-67). The following ethical measures were followed during this research:

- ❖ The questionnaires and schedules were completed anonymously and conditions of privacy and confidentiality were maintained (Rubin & Babbie, 2005:78). According to Strydom (2005b:63), “*many matters in the social sciences, if not most, could never have been researched if the privacy of subjects was not encroached upon to some degree*”. In all cases during a research project, this must be negotiated with the respondent. Their cooperation must be respectfully requested and its importance carefully explained; but if respondents refuse, this must be accepted and respected.
- ❖ It was ensured that the findings did not impact negatively on the adolescents. According to Strydom (2005b:58-59) subjects can be harmed in a physical and/or emotional manner. One can accept that harm to respondents in the social sciences would mainly be of an emotional nature.
- ❖ The researcher is a registered social worker with the South African Council for Social Service Professions and is obligated to change the nature of the research rather than expose the respondents to the faintest possibility of emotional harm that she may be aware of.
- ❖ Informed consent and assent was obtained from the adolescents and their foster parents and all the aspects of the research were explained before participation (Rubin & Babbie, 2005:77). According to Strydom (2005b:59) all possible and adequate information must be given such as the goal, the procedures, advantages, disadvantages, dangers and the credibility of the researcher. The adolescents in this research were well informed about the goal of the study and that the data given during the interview was confidential.
- ❖ Debriefing was made available to all participants after the interviews and group sessions.
- ❖ Participants may decide to participate for various reasons. In this research it was evident that the adolescent orphans wanted to be involved in this research. All they were interested in was that the social group work programme must be to their advantage. They trusted the social worker completely with their information because they knew that she was acting in their best interest. They were highly

motivated, committed and wanted to be part of the social group work project. They wanted the social worker to listen to their needs and to increase their knowledge and skills. These children experienced various losses due to the illness and death of their parents. The South African welfare system is unable to adequately meet the basic needs of all children affected by HIV and AIDS, but social workers can help the children in their caseloads to cope with their losses and emotional problems.

4. RELIABILITY AND VALIDITY OF MEASURING SCALES

Delport (2005:160) states that, if you want to obtain valid and reliable data, you must ensure, before implementing the study, that the measurement procedures and the measurement instruments to be used have acceptable levels of reliability and validity.

The three standardised scales, GCS, SES and FRS were completed by the group 3 times. According to Bloom et al. (1999:217), “*one of the encouraging innovations in measurement for the single-system evaluation in clinical practice has been the development of a set of standardized scales by Hudson and his co-workers – the WALMYR Assessment Scales (WAS)*”. Most of these scales were designed specifically for single-system evaluation to monitor and evaluate the magnitude (extent, degree, intensity) of a client’s problem through periodic administration of the same questionnaires to the client.

Poggenpoel (2001:349) states that true value asked whether the researcher had established confidence in the truth of the findings for the subjects or informants and the context in which the study was undertaken. Delport (2005:162) describes “trustworthy” as follows: “The reliability of a measurement procedure is the stability or consistency of the measurement. That means that if a measurement is trustworthy the same results will be gain every time. In measuring feelings and needs of people there will always be a small variation. Strydom (2005:146) points out that you must also strive for the highest possible measure of reliability.

Hudson and Faul (1997:60, 61) find the GCS, SES and FRS to be very reliable: “All the dimensional scales have reliabilities of 90 or higher and good content, construct and

discriminate validity". The three scales (GCS, SES and FRS) used in this research switches between 0 and 100.

0 10 20 30 40 50 60 70 80 90 100

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A score of more than 35% shows need for improvement.

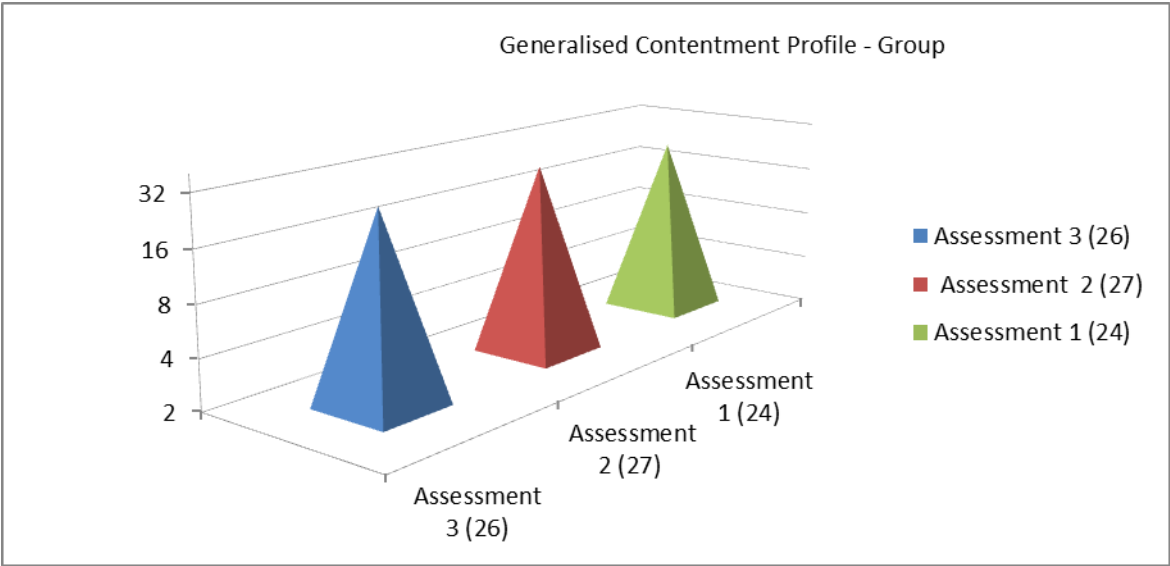
A score between 25% and 35% indicates a warning area that needs attention.

A score below 25% is in the recommended range.

5. RESULTS OF THE EXPERIMENTAL GROUP MEASUREMENT

The first measurement took place before the first meeting of the social group work programme. There were 20 respondents at this meeting who completed the scale. The 10 respondents who were part of the comparison group did not attend the social group work programme. The results of the group will first be discussed.

FIGURE 4.1: GENERAL CONTENTMENT PROFILE

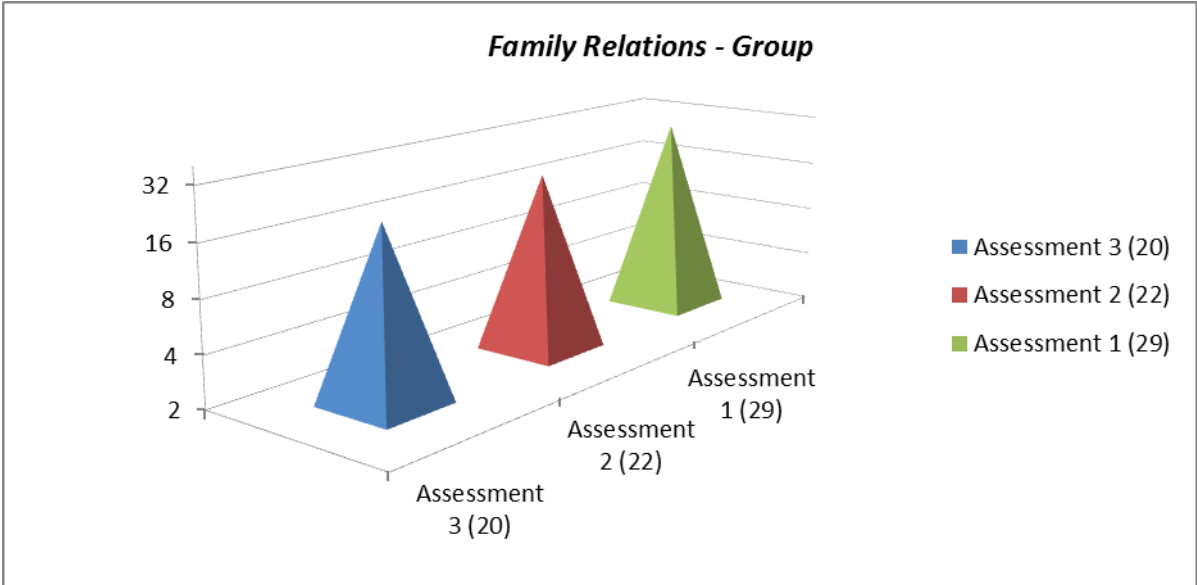


The Generalized Contentment Scale measures the way people feel about their living circumstances. The total score of the first assessment was 24, the score for the second assessment 27, and for the third, 26.

The first score indicates a slight problem. The second score of 27 was also high and indicated that the group was not happy and content in all matters of their lives. It could also indicate that, during the time of the group sessions, certain interactions took place between the adolescents and the foster parents. These could have been perfectly natural occurrences that affected the measurement due to the nature of the scale.

Although the 1% improvement from the second assessment to the third was small, it could still lead to the conclusion that the social group work programme did enhance the group members' feelings about their general contentment a little bit. It is also a reality that their lives will never be 100% ideal and that there will always be unfulfilled needs.

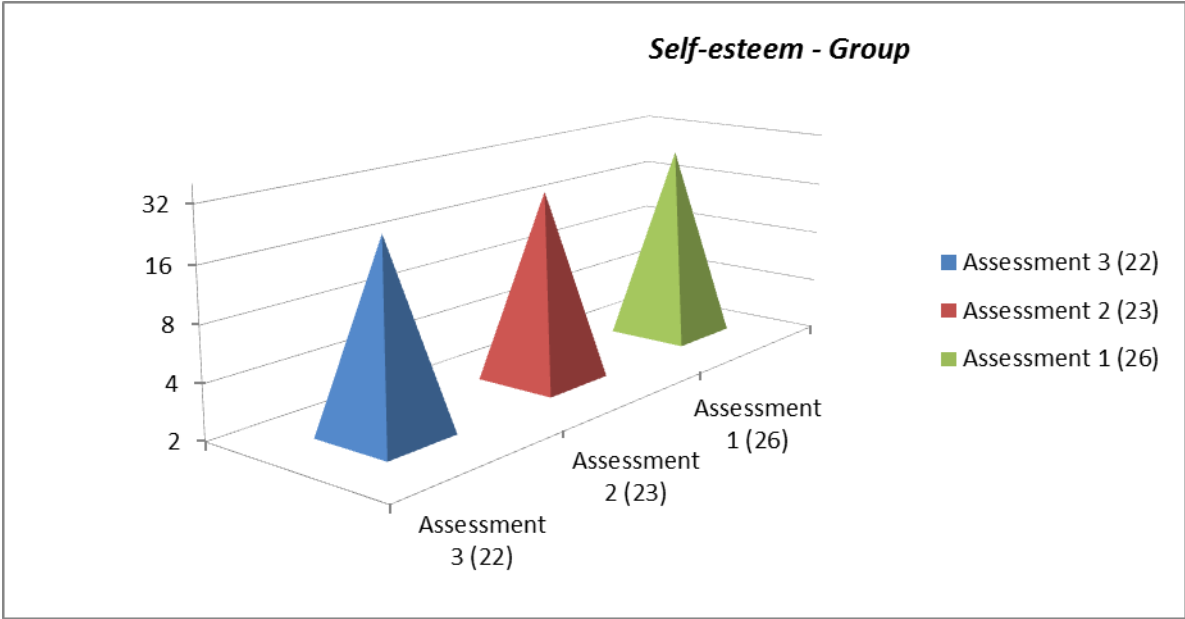
FIGURE 4.2: FAMILY RELATIONS PROFILE



The Family Relations Scale measures the relations between family members. This scale measures the degree of contentment parents experience in their relationships with their child/children, and in this research, the contentment the adolescents experience towards their parents. The word “child” in the questions was replaced with the word “parent” and this was with the permission of Perspective College. The first assessment score was 29, the middle score 22, and the last assessment 20. According to these results the improvement was visible between the first and final sessions.

It was obvious from the information received that the relationships between the adolescents and their families had improved. They were good to one another and there was a lot of love and care in their family relationships.

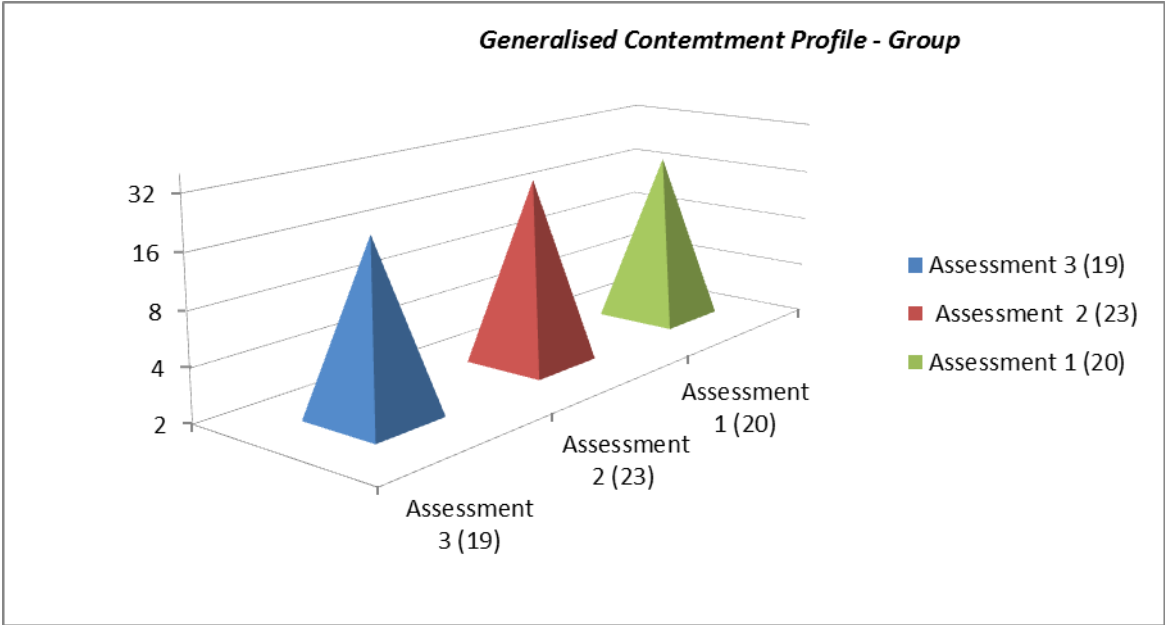
FIGURE 4.3: SELF-ESTEEM PROFILE



The Self-esteem Profile measures the adolescent’s self-concept and confidence. The score in the first assessment was 26, the middle score 23, and the last score 22. The results above indicate that the group members’ self-esteem improved from the first to the final sessions. The improvement was visible and it shows that the intervention of the social group work programme created positive results. One can thus say that the group sessions empowered the group to feel better about themselves.

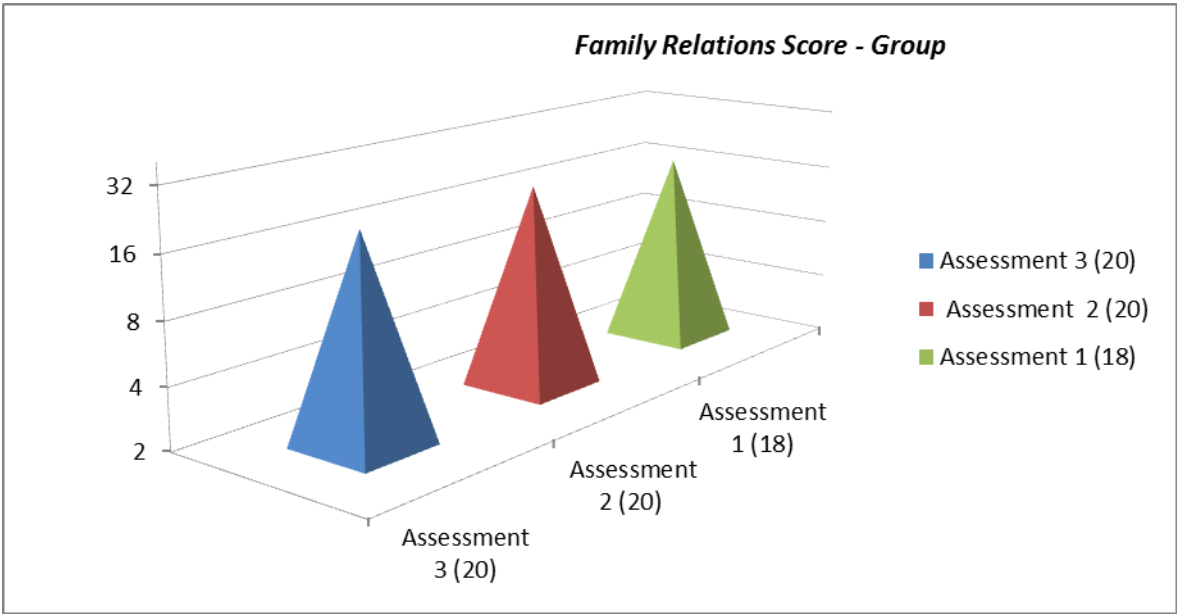
6. RESULTS OF COMPARISON GROUP

FIGURE 4.4: GENERALISED CONTENTMENT PROFILE (GCP)



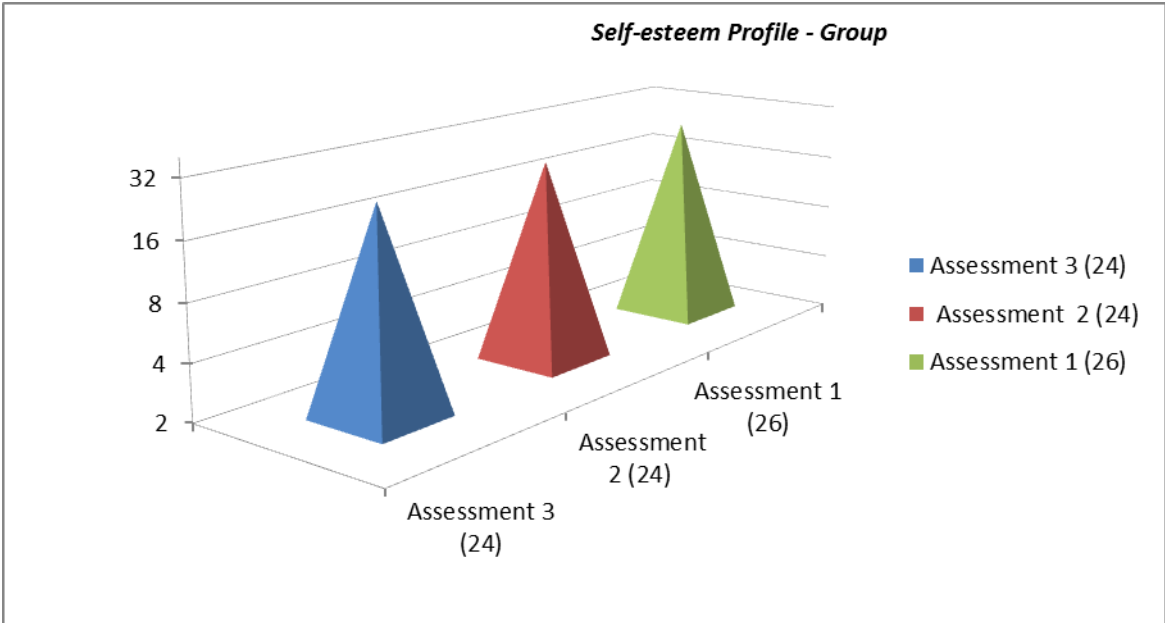
According to these results there was no significant improvement in how the control group felt about their lives between the first, the middle, and the third and final measurement. These results were more or less the same as that of the experimental group. We may draw the conclusion that the adolescent's feelings about the generalised contentment of their lives are good. Their lives have a better chance of improving if they were part of a social group work intervention programme. We know that they want to improve and will make use of any information and knowledge they receive. It is necessary that empowerment programmes must be initiated by social workers if they want to improve the feelings adolescents have about their general living circumstances.

FIGURE 4.5: FAMILY RELATIONS SCORE



These results show no improvement between the measurements. Their feelings about family relations actually became less positive between measurements. If you compare these results with that of the experimental group it is obvious that a social group work programme is helpful in improving family relations. It is essential that these families form part of social group work programmes. It is also necessary, and the responsibility of social workers, to provide families with information about the available programmes and the improvement it could bring to their relationships with each other.

FIGURE 4.6: SELF-ESTEEM PROFILE

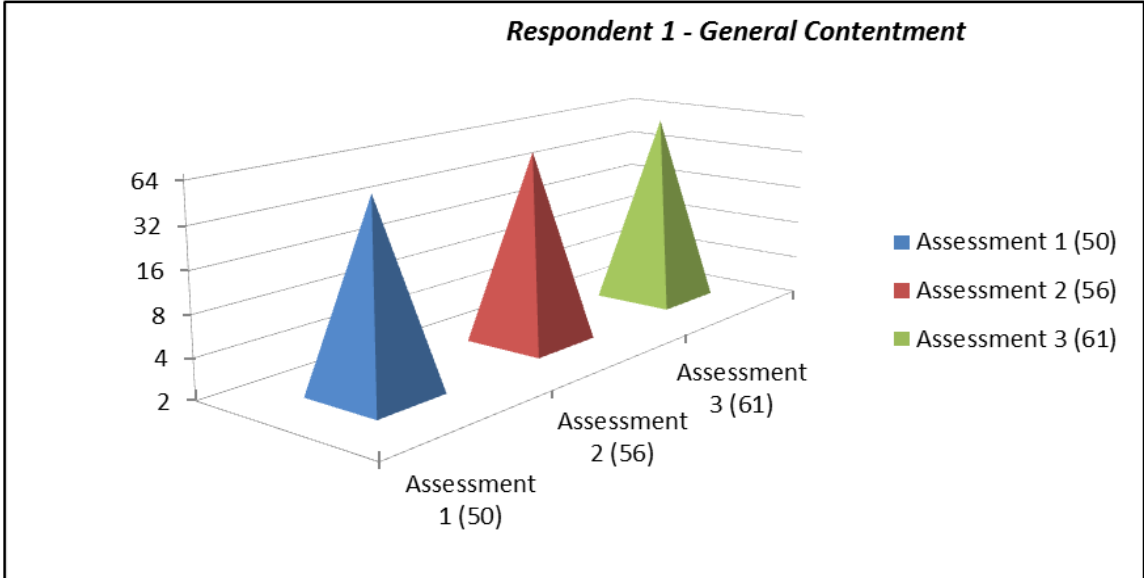


The results above indicate that the self-esteem of the control group did not change during the time that the programme was implemented in the experimental group. There was no improvement visible in the self-esteems of the control group. This once again proves that orphan foster children need special programmes to enhance their self-esteem.

7. RESULTS OF RESPONDENTS IN THE EXPERIMENTAL GROUP

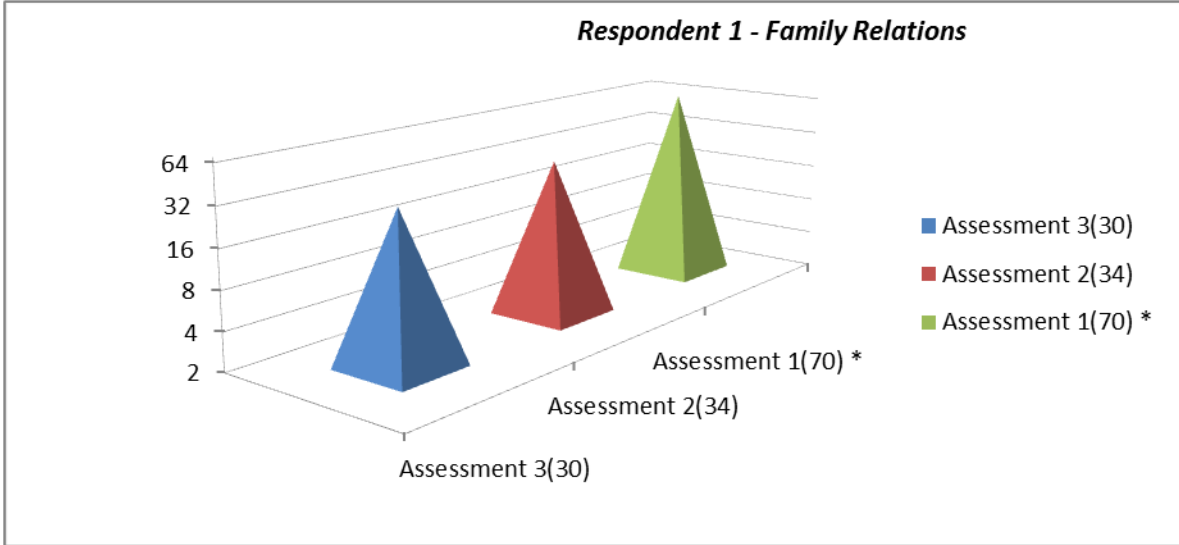
FIGURE 4.7: RESULTS OF RESPONDENT 1

Generalised Contentment Profile



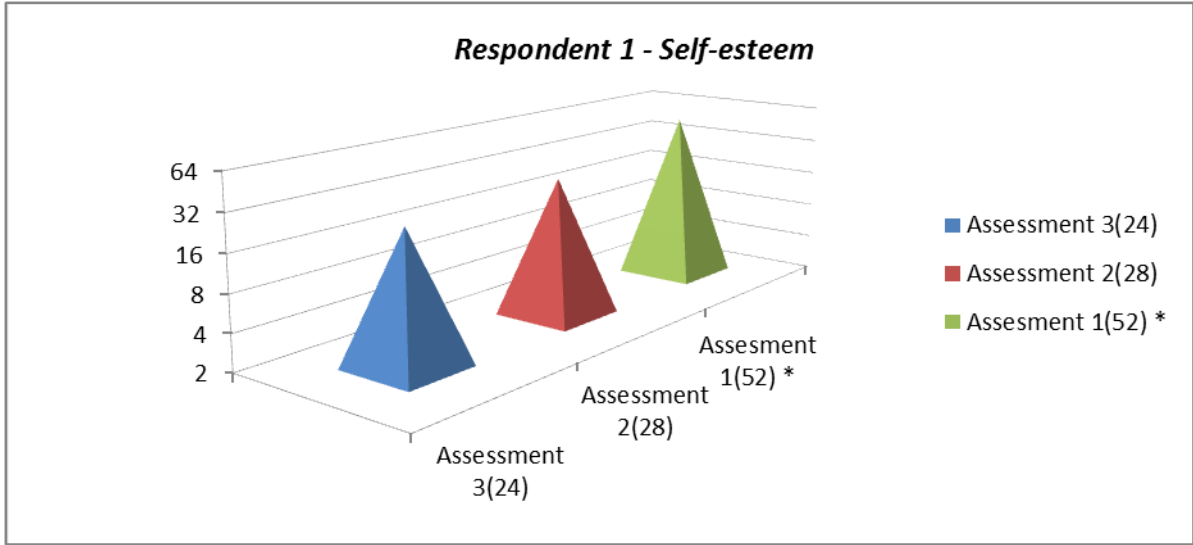
The results above indicate that the group member’s feeling of general contentment improved from the first meeting to the third meeting. The second measurement already showed an improvement of 5%. The last score of 50 displayed an improvement of 11% from the first assessment. It is obvious that the respondent’s feelings about her general circumstances had lifted, but that there were still a lot of problems to be solved. In the first measurement the respondent expressed the following feelings: “*I sometimes feel powerless to do anything about my life*”; “*I sometimes have crying spells and feel blue*”; “*I sometimes get very depressed and have a hard time getting started on things I need to do*”.

FIGURE 4.8: FAMILY RELATIONS PROFILE: RESPONDENT 1



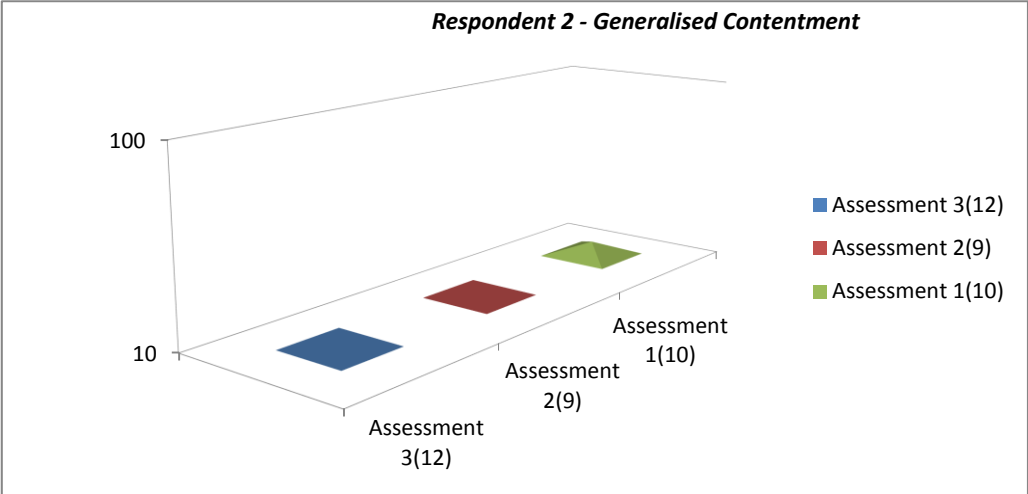
The results above indicate and improvement from the first measurement of 70% to the second measurement of 34% and the last measurement of 30%. It shows that the programme did have a positive influence. In the first session the respondent learned about her responsibility towards mutually maintaining relationships with her foster family, who is also her grandparents. They also learned about rights and responsibilities in their lives and in their foster homes.

FIGURE 4.9: SELF-ESTEEM PROFILE OF RESPONDENT 1



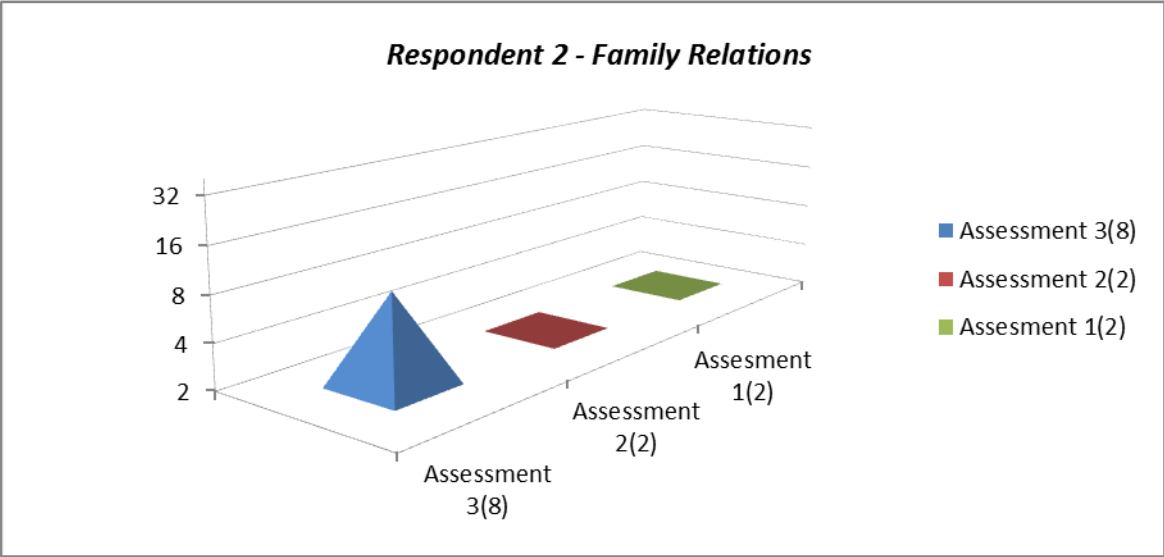
The group discussions were a success for this respondent because she needed the support from the group and the information on improving her self-esteem. The results above indicate a positive improvement from the first to the second measurement. It is a good sign of how the programme created a positive change in her self-esteem: “I think my friends find me interesting, I am a nice person and my friends think highly of me.”

FIGURE 4.10: GENERALISED CONTENTMENT: RESPONDENT 2



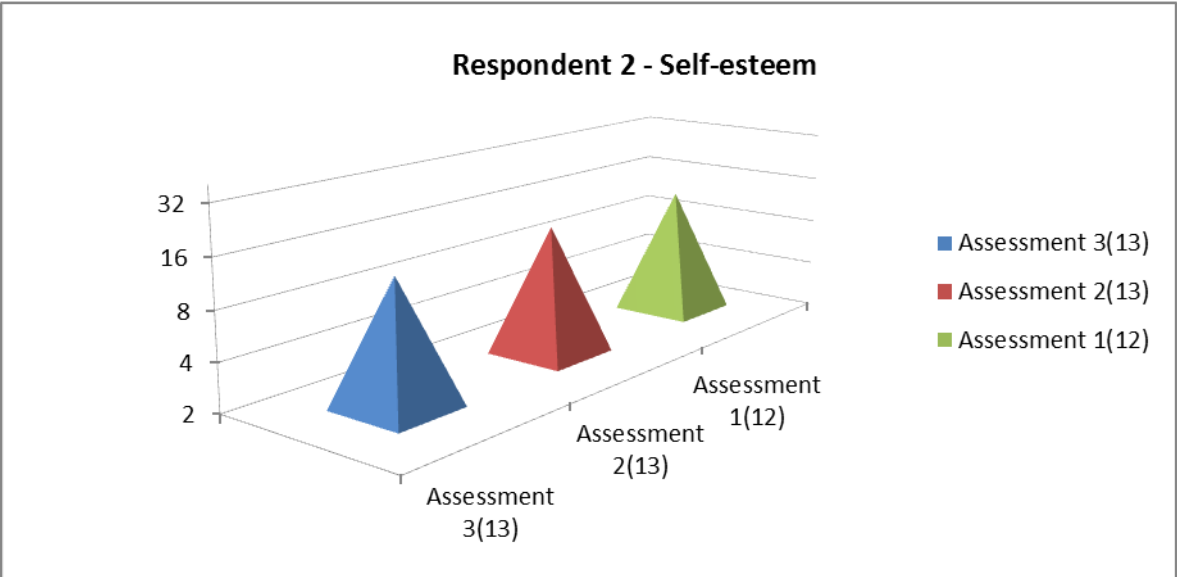
The results above indicate that respondent two is a happy person who receives the love and care he needs. He enjoys life and felt appreciated and that he has a full life. He experienced the programme as very positive and was an active member who was also able to give support to other members.

FIGURE 4.11: FAMILY RELATIONS PROFILE: RESPONDENT 2



The results obtained from the Family Relations Scale show that there are no serious problems present in this family. They care about each other and are a real source of comfort to each other. The programme is, however, necessary to every orphaned foster child because they learn what is important and what responsibilities each member of a family has towards each other.

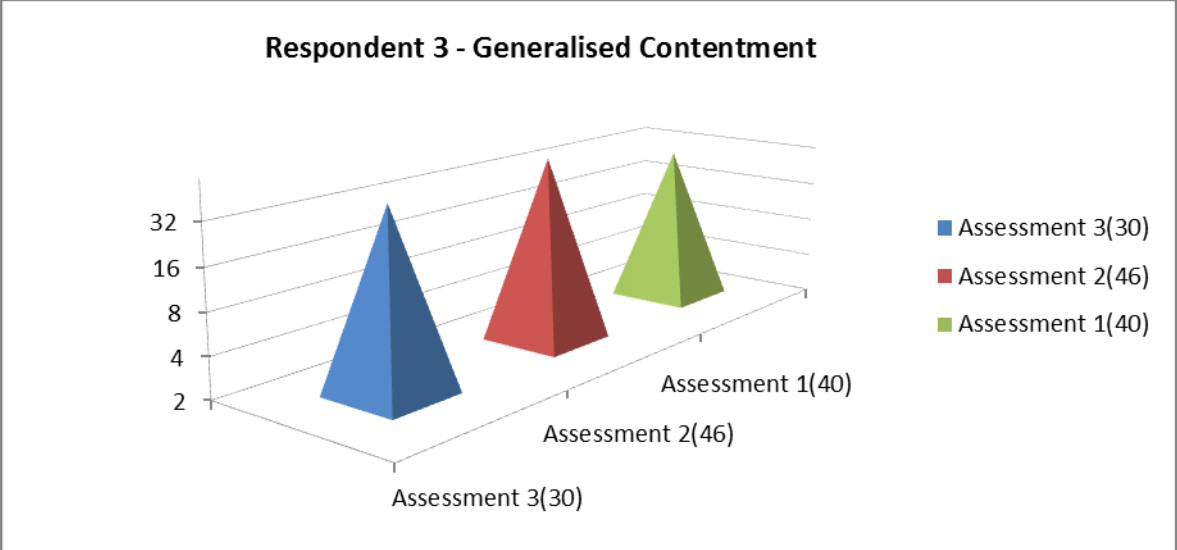
FIGURE 4.12: SELF-ESTEEM PROFILE RESPONDENT 2



It is also obvious that this respondent has a good self-esteem and gets along well with other people. However, the results further indicated that the respondent was not yet

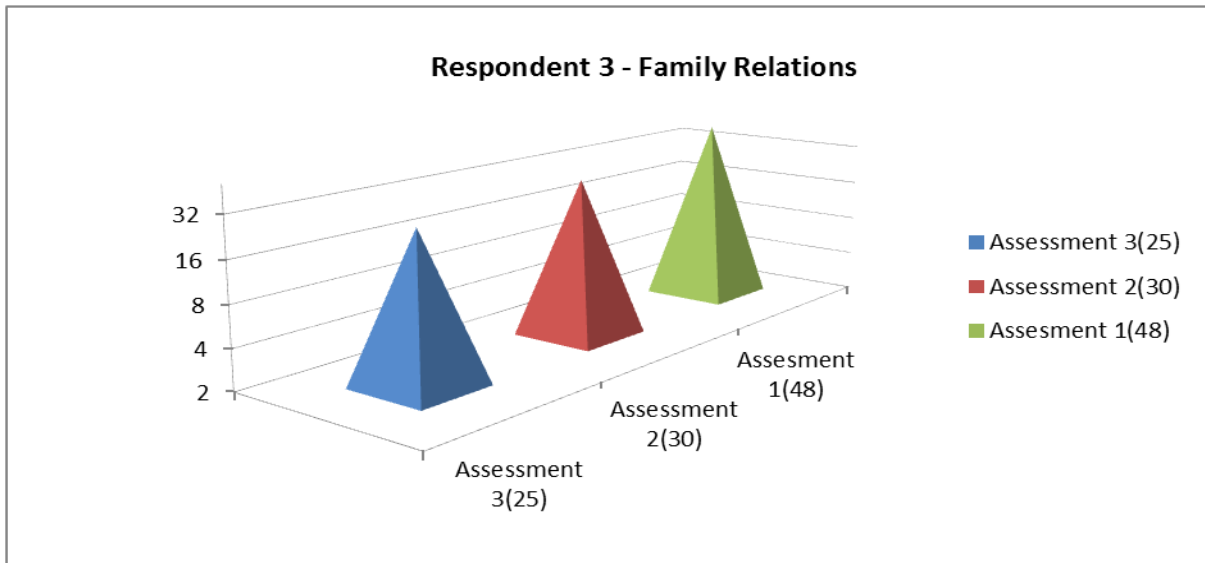
comfortable with strangers and felt a bit nervous when he had to interact with strangers. At this age there is still much to learn about being self-confident and the programme helped initiate it.

FIGURE 4.13: GENERALISED CONTENTMENT PROFILE: RESPONDENT 3



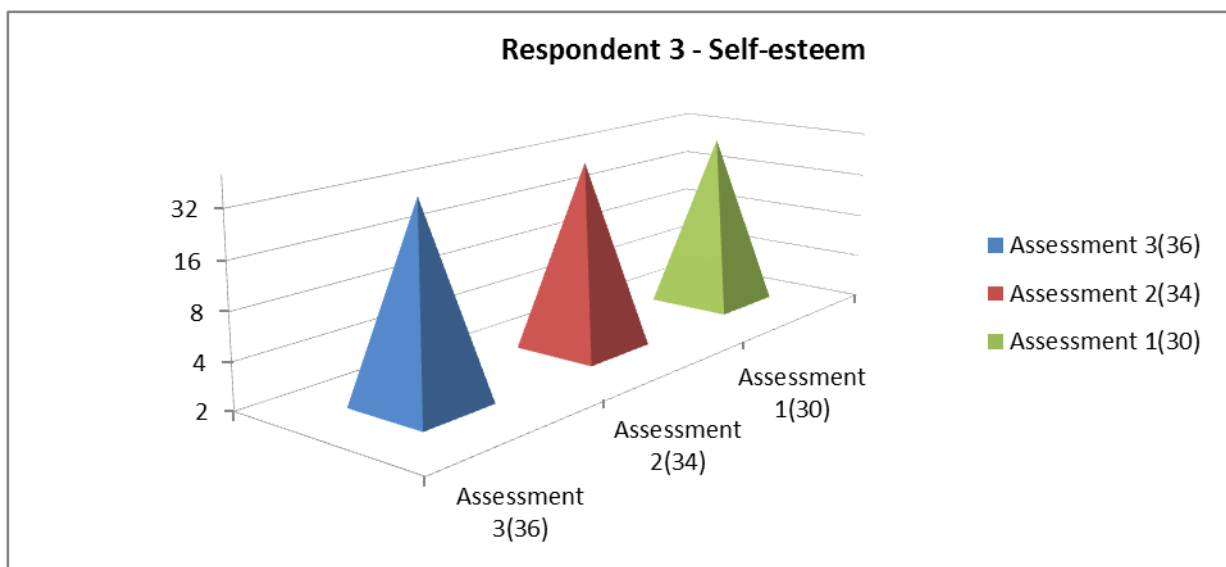
This respondent had recently lost her grandmother. It was therefore understandable that she was still in mourning and that her feelings were sometimes unstable. She experienced feelings like depression, had crying spells, felt blue, and had a hard time getting started on things she needed to do. What is positive about this third result is that there was improvement at the end of the programme. However, the respondent still needs more love and support from her grandfather.

FIGURE 4.14: FAMILY RELATIONS PROFILE: RESPONDENT 3



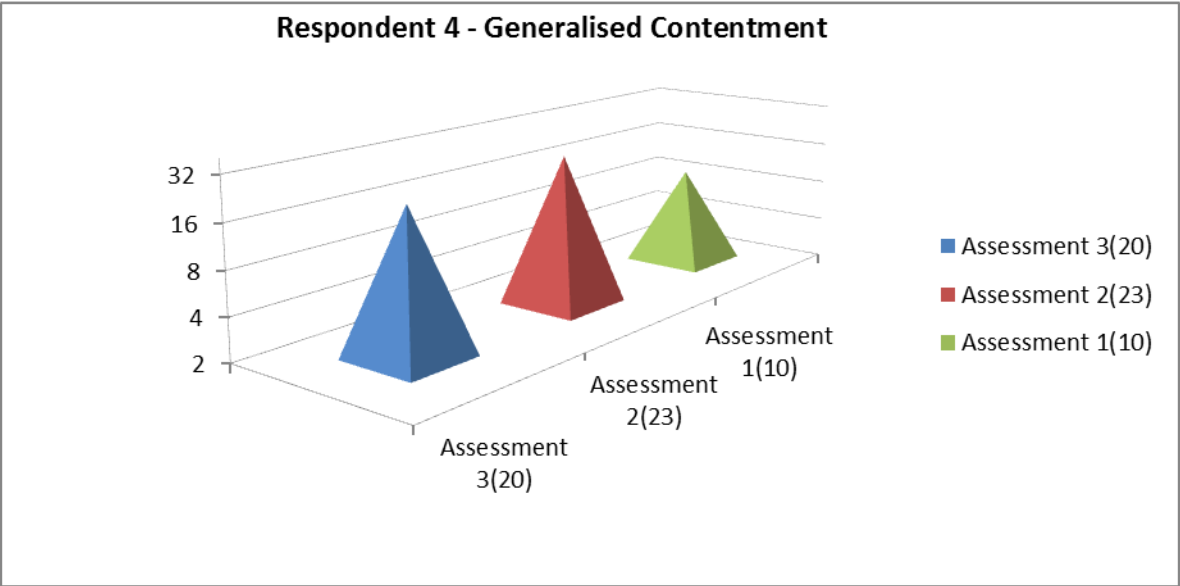
The result above indicates a significant improvement from the first to the last measurement. During the months that the programme was implemented there were also services delivered to the family. The results show that there was positive improvement and that the respondent experienced love despite of some negative feelings. Family members are good to each other and are also a source of comfort.

FIGURE 4.15: SELF-ESTEEM PROFILE: RESPONDENT 3



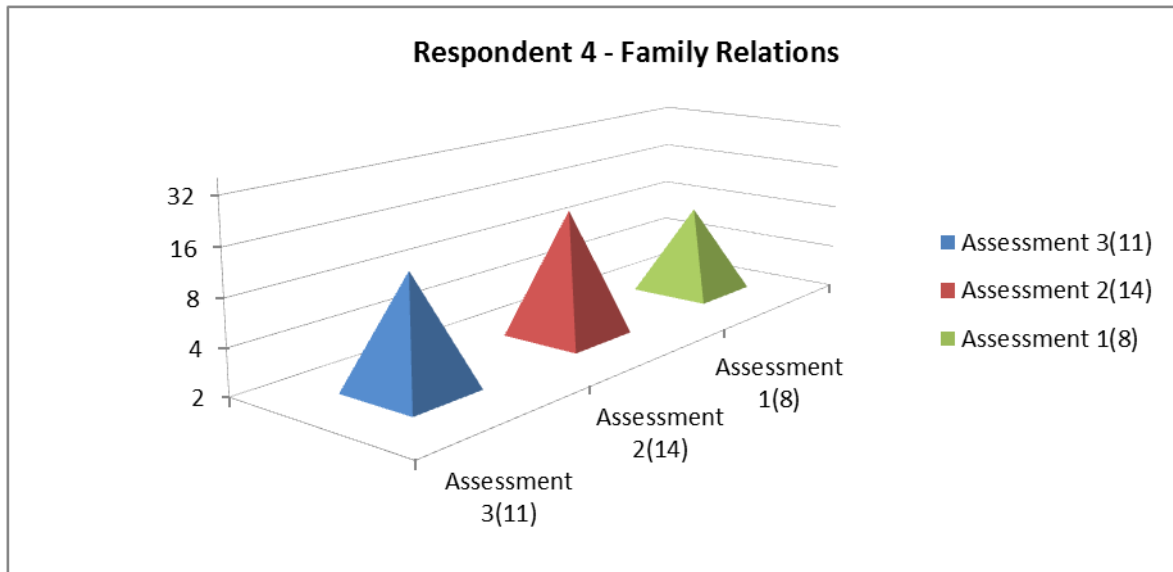
This respondent had experienced a lot of neglect and emotional abuse in her previous foster home and needed to recover from that. Some of the feelings she expressed were: “...self-conscious when I am with strangers and I sometimes feel that people do not enjoy my company”; “I sometimes feel I get pushed around more than others”; “I sometimes feel that if I could be more like other people I would have it made”. Although the score is high there are improvements in certain areas that can be ascribed to the fact that she was part of the social group work programme. There was a lot of love and support between the respondent and other group members.

FIGURE 4.16: GENERALISED CONTENTMENT PROFILE: RESPONDENT 4



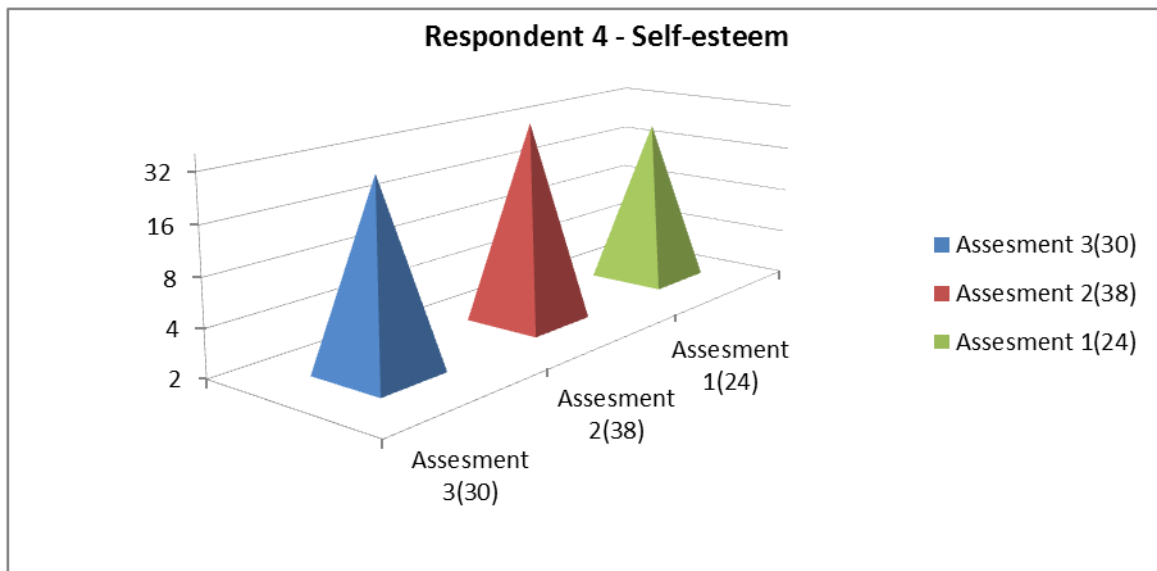
The results above indicate that the respondent was very happy with her general circumstances during the first assessment. The second measurement was negative, but it improved slightly in the last measurement. The score was still in the recommended area and that was positive. Negatively emotions experienced here are normal for a teenager, as is the fact that life is not always perfect. This respondent receives love and care and her general circumstances are good. The social work programme yielded good results and was positively experienced by this respondent.

FIGURE 4.17: FAMILY RELATIONS PROFILE RESPONDENT 4



The result above indicates that the respondent experiences a happy family life and that the relationship between them is very good. The family members get along well and are a comfort to each other.

FIGURE 4.18: SELF-ESTEEM PROFILE: RESPONDENT 4

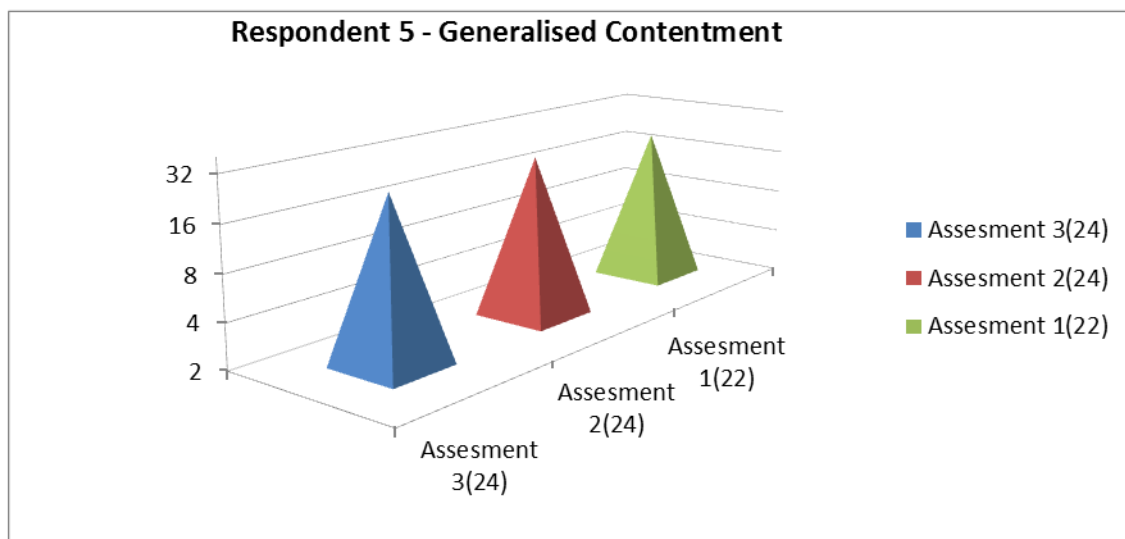


The respondent had learned a lot about her feelings and relations with friends and that was a positive improvement: *"I think my friends find me interesting and that I am rather a nice person. My friends think very highly of me and that I feel that people have a good*

time when they are with me. (Sometimes I may experience myself less positively.)”A negative result was reflected after the respondent had gone through the first part of the programme, but it improved in the third assessment.

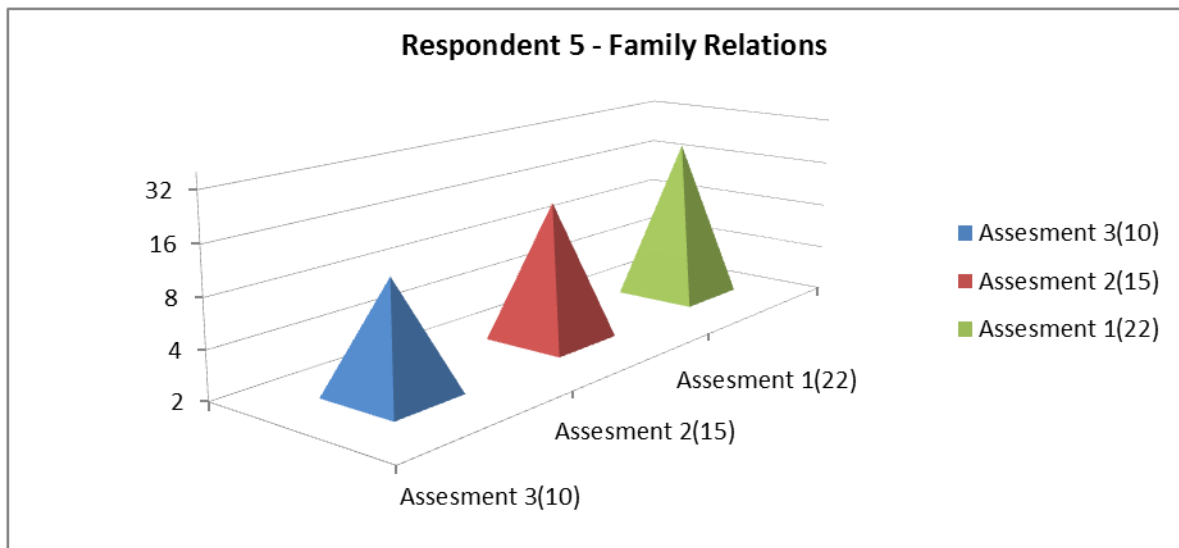
If you look at the questions asked and the answers given, this respondent enjoys the respect of friends and believes that she is competent and has enough self-confidence. It is believed that the programme has a positive influence on the respondent and that she could go on to improve her self-concept.

FIGURE 4.19: GENERALISED CONTENTMENT PROFILE: RESPONDENT 5



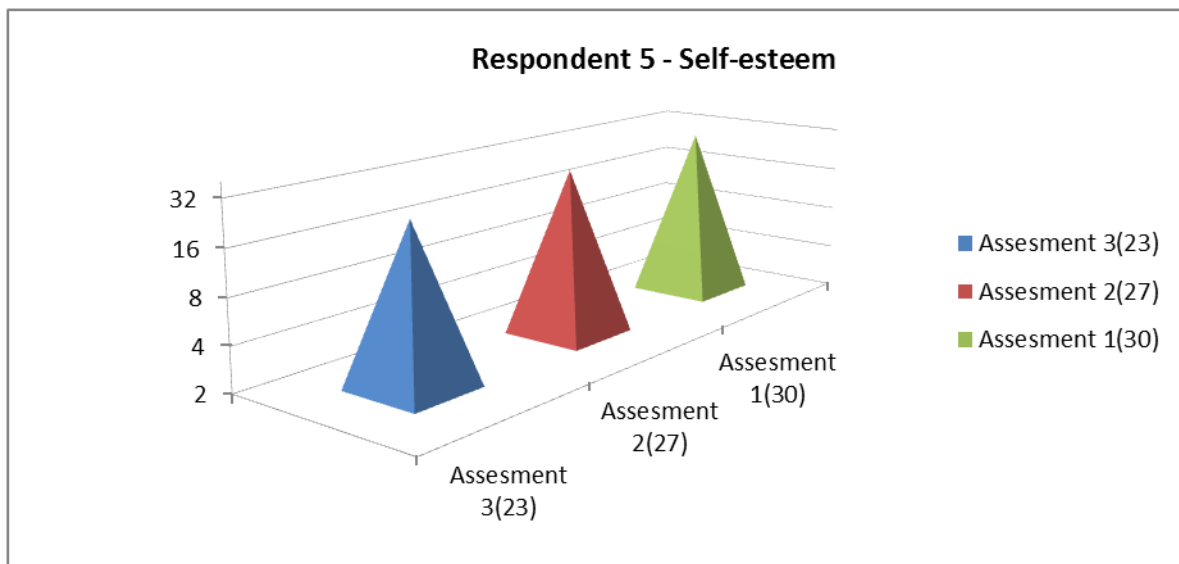
The score shows that this respondent generally found his life and circumstances to be favourable. The group sessions had a positive influence on the respondent and he interacted positively at every session. The only problem the respondent experienced was that he sometimes felt powerless to do anything about his life and that causes some depression. The respondent was just like most of the other orphaned foster children; they are happy but they know that there will always be a lack of finance and that they do not have a normal family life with all of their needs fulfilled. What they do not always know is that there are many children with parents and a so-called “normal” life that also do not have it all. The social group work programme tried to teach them what is important in life and how to cope with what you have and make the most of it.

FIGURE 4.20: FAMILY RELATIONS PROFILE: RESPONDENT 5



The respondent felt loved and secure in his family life. The family is happy and, although they get on each other's nerves sometimes, they are able to cope with it. The programme had a positive result and the respondent learned the necessary lessons that were intended.

FIGURE 4.21: SELF-ESTEEM PROFILE: RESPONDENT 5

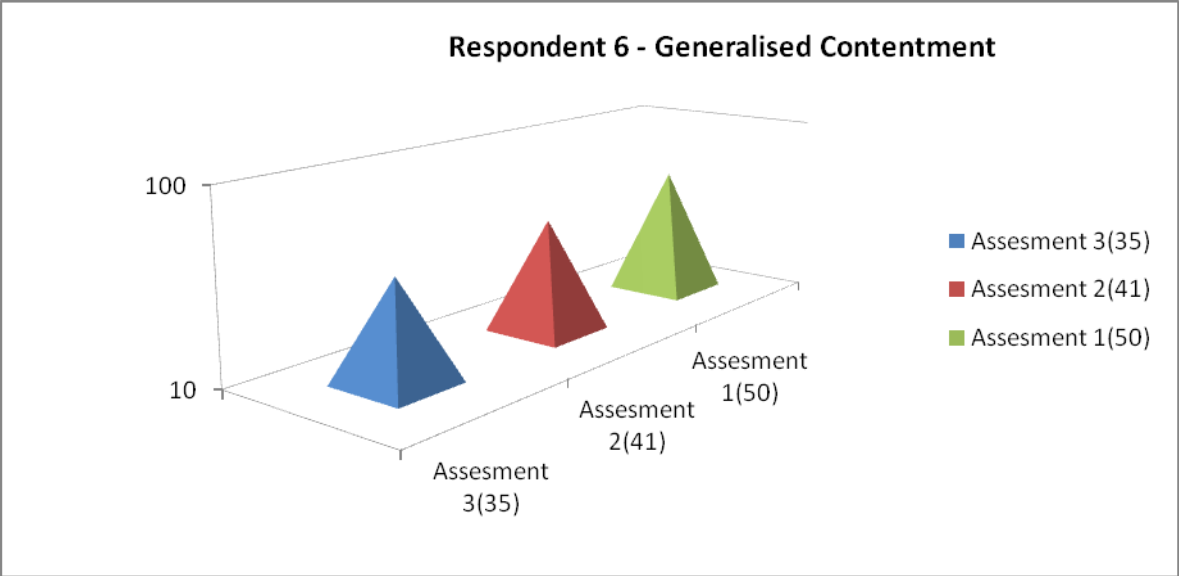


"I think my friends find me interesting and that I am rather a nice person. My friends think very highly of me and I feel that people have a good time when they are with me."

These results show that the respondent's assessment of self-esteem measured 30% in

the beginning, and then got better (23%). This displays a positive improvement and that the programme was a success for the respondent. It was also clear that the respondent needed more self-confidence and that he could improve himself in the future because he is still young. He learned that it is important to improve your self-esteem because you need to love yourself first before you can have good relations with friends and other people.

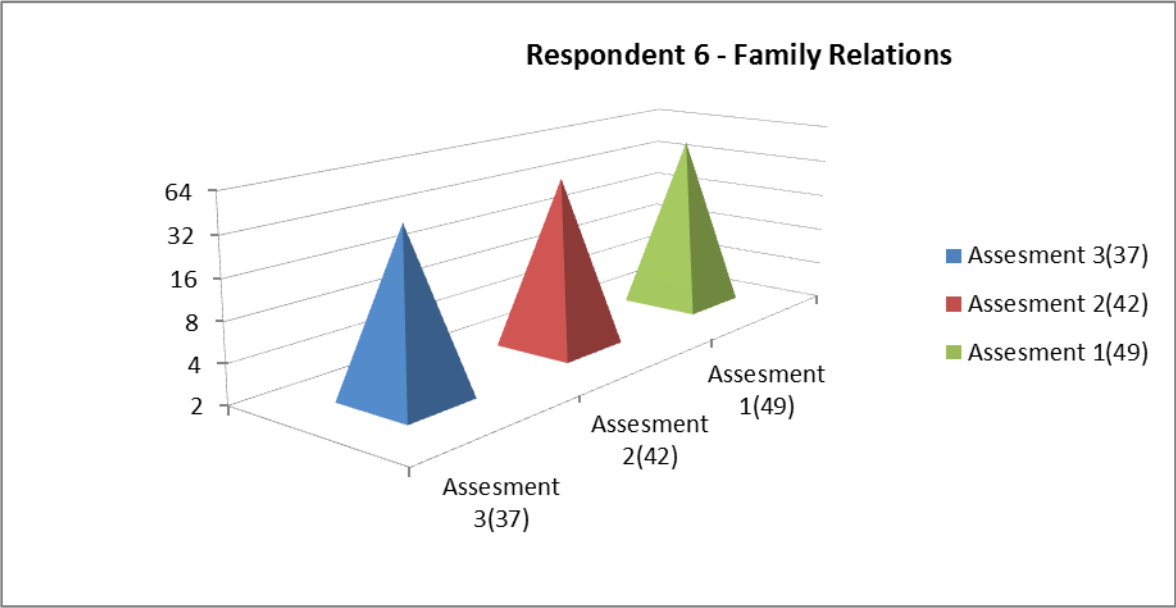
FIGURE 4.22: GENERALISED CONTENTMENT PROFILE: RESPONDENT 6



These respondent experienced feelings like: *“It is easy for me to enjoy myself. I feel there is always someone I can depend on when things get tough. I enjoy being active and busy and I feel that I am appreciated by others. (Sometimes I may experience myself less positively.)”*

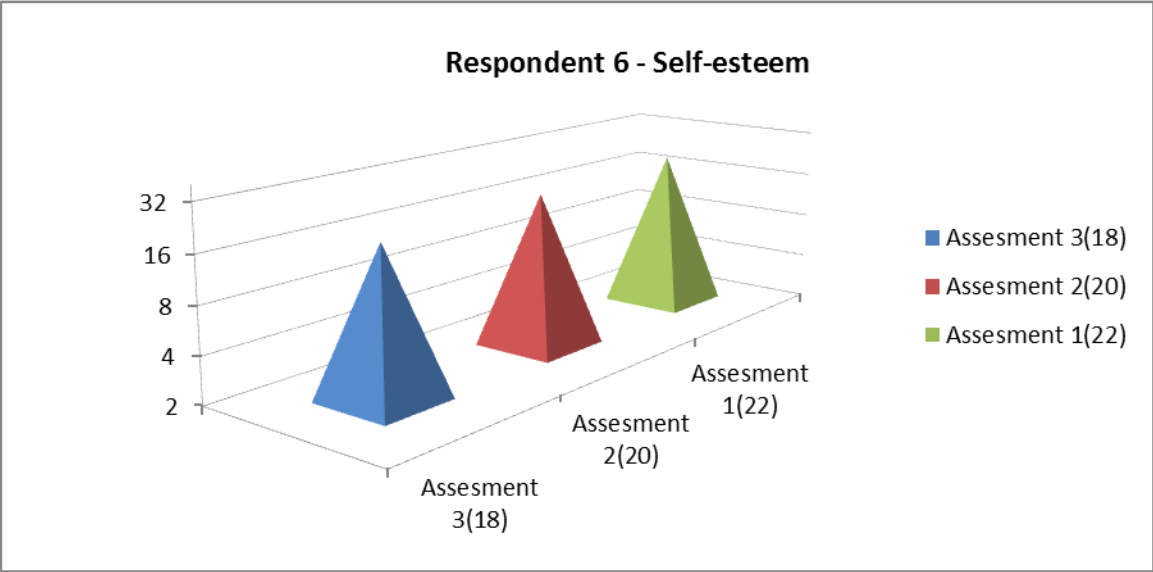
It was obvious that the respondent grew during the group work sessions, more than during the individual counselling and that the change was a positive one. The respondent is a difficult teenager who presents behavioural problems and always complains about the way she is treated. The results show that, although the respondent sometimes feels powerless to change her circumstances, she knows that there are people who care for her and that her foster parent needs her.

FIGURE 4.23: FAMILY RELATIONS PROFILE: RESPONDENT 6



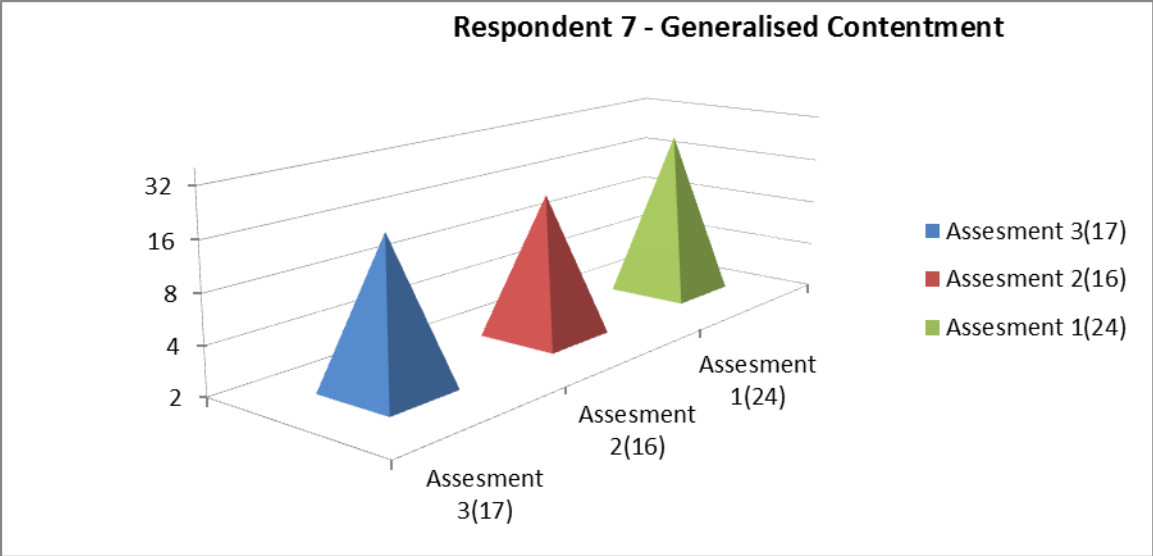
The family of the respondent went through a rough time and it is obviously during this time that the programme was implemented. This respondent had also lost her foster mother/ grandmother recently and she was not coping well with the situation. She behaved badly and made life very difficult for her family members. The respondent was active in the group and she was able to give and receive love and support in the group. The respondent improved significantly and her behaviour progressed through the intervention period of the programme.

FIGURE 4.24: SELF-ESTEEM PROFILE: RESPONDENT 6



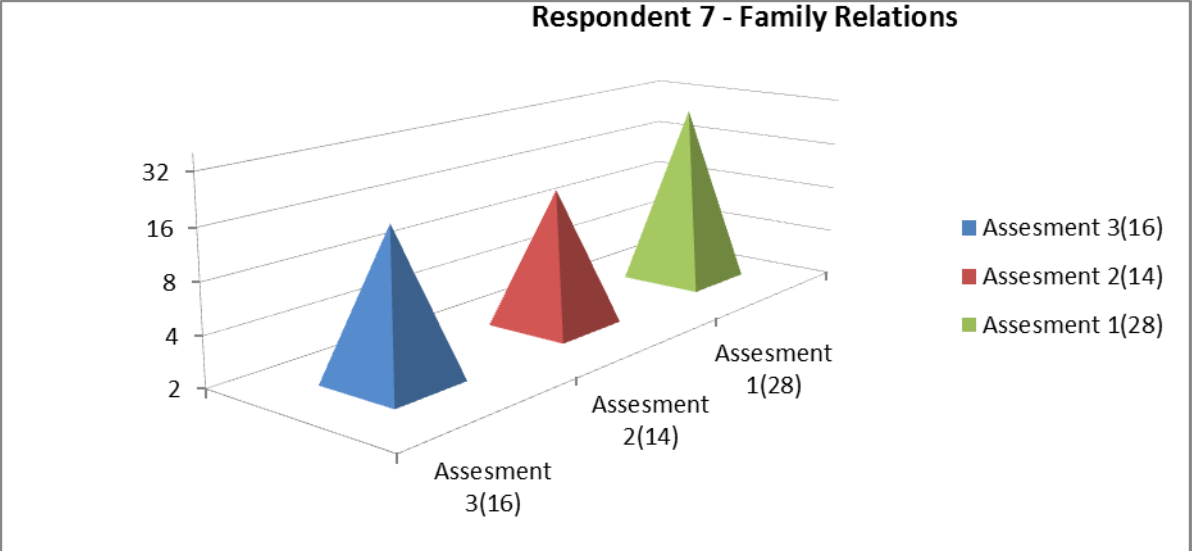
The respondent was still able to feel loved and enjoyed healthy friendships that caused positive feelings. It is obvious that the different programme sessions, one of which dealt with self-esteem, had a positive influence on the respondent. The group experienced empowerment because they supported each other and shared feelings, frustrations and also hope for the future.

FIGURE 4.25: GENERALISED CONTENTMENT PROFILE: RESPONDENT 7



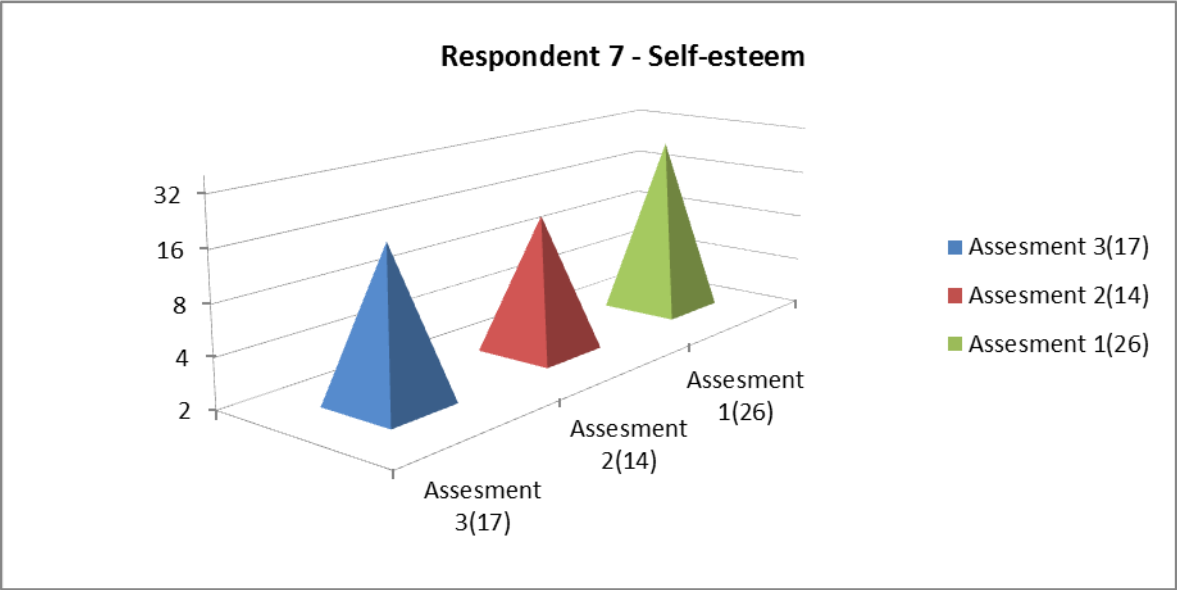
This respondent noted that: *“It is easy for me to enjoy myself. I feel there is always someone I can depend on when things get tough. I enjoy being active and busy and I feel that I am appreciated by others”*. According to the results above the first score was 24% and the last 17%. It shows that the general contentment of the respondent is good but there are some areas that need improvement. It also shows an improvement in areas that sometimes cause difficulties. This is due to the empowerment he received during the months he participated in the programme. He finds it easy to enjoy himself and enjoys being active and busy, and feeling appreciated by others.

FIGURE 4.26: FAMILY RELATIONS PROFILE: RESPONDENT 7



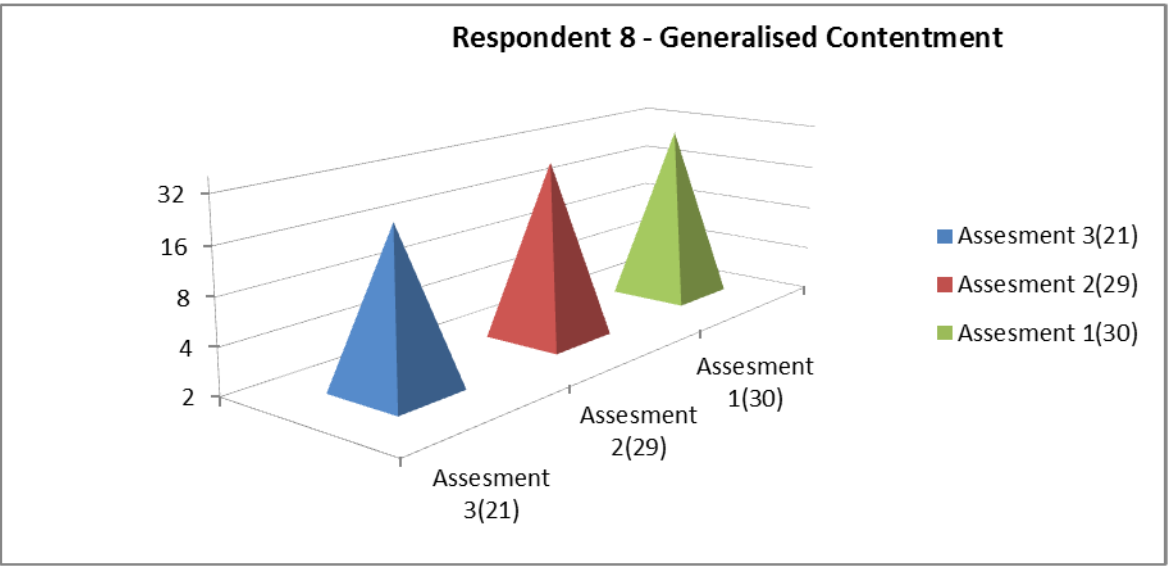
The results obtained when measuring the family relations subject shows an improvement from 28% to 16%. Although he is happy and feels that he can depend on his family, normal incidences of friction do still occur. It is obvious that the respondent learned about family relations, rights and responsibilities because there was an improvement in his feelings and behaviour. He also believed that the family members are good to one another and that there is a lot of love in the family.

FIGURE 4.27: SELF-ESTEEM PROFILE: RESPONDENT 7



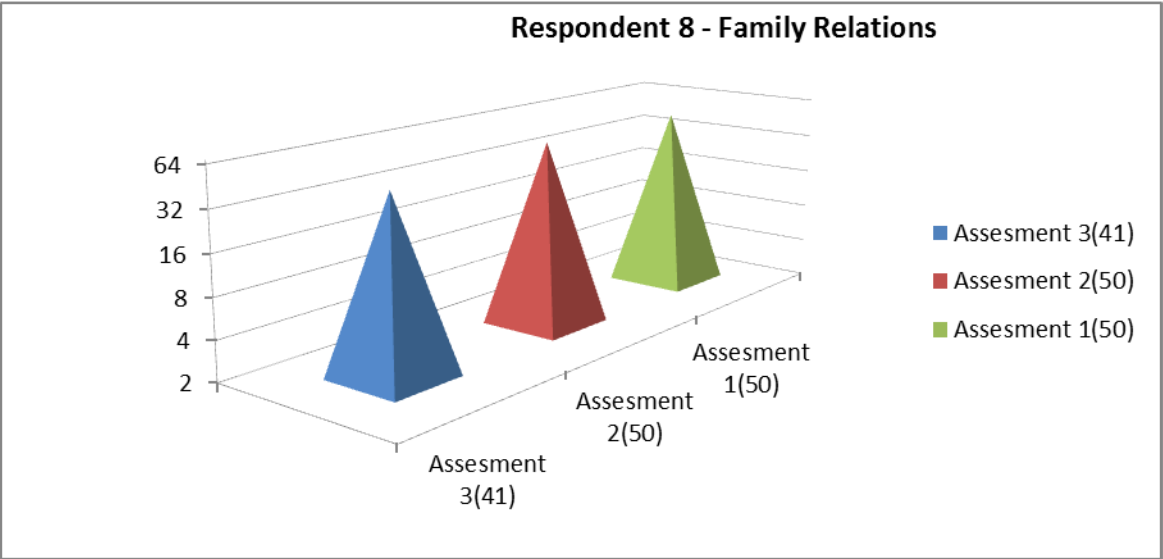
If one looks at the first measurement there were feelings of being pushed around, not being as good as others, and being sometimes perceived as dull. The programme empowered him because his self-esteem improved: he experienced friendship and that people like him. The respondent did learn that there is always room for improvement and that his self-confidence can improve more.

FIGURE 4.28: GENERALISED CONTENTMENT PROFILE: RESPONDENT 8



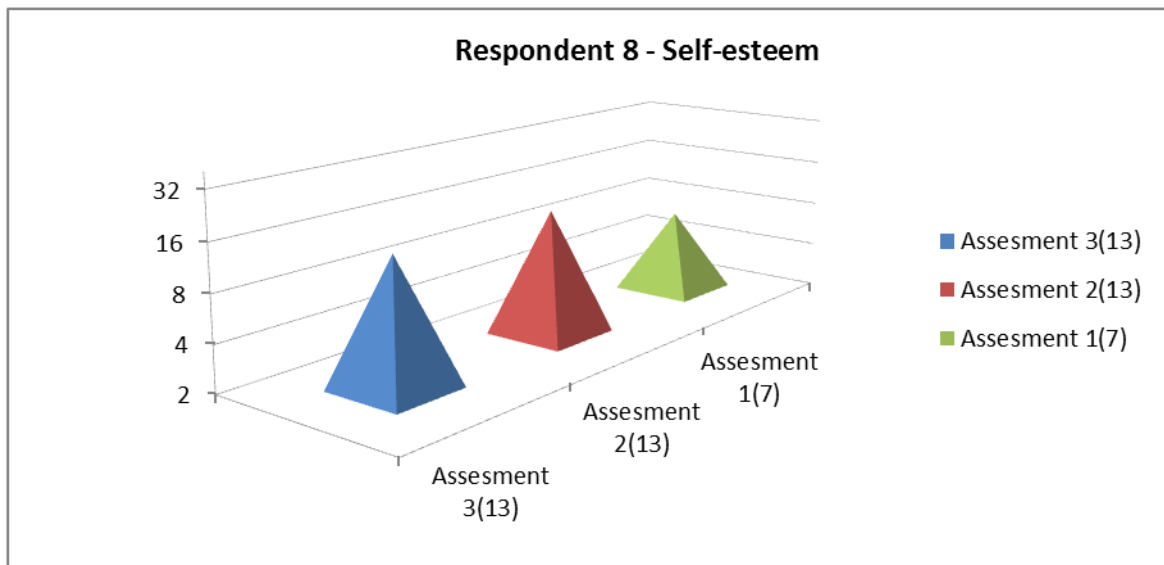
The respondent is a very talented person and his circumstances are a negative influence in his life. He sometimes feels powerless to do anything about his life; as an orphan living on government grants he feels that he can't reach his potential. The financial difficulty that the family experiences is a normal problem in the circumstances of group members. At the end of the programme he learned that there is always hope if you work hard and that there is much to be thankful for. The respondent learned that there is always someone that he can depend on when things get tough.

FIGURE 4.29: FAMILY RELATIONS PROFILE: RESPONDENT 8



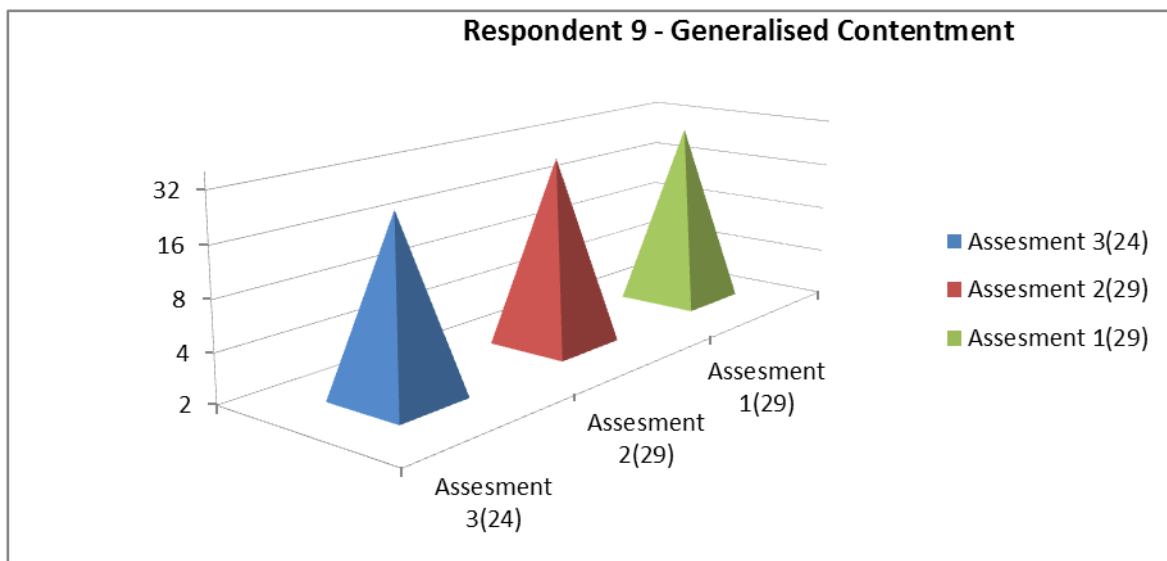
The results show the first measurement to be 50% after which it only improves to 41%: that is not a good score and indicates a problem. The problems were discussed and the general feeling was that everyone in the family would put more effort into maintaining good relations and trying to accommodate each other. The respondent felt that there is a lot of friction in his family and that makes them unhappy. The social group work programme did enhance the respondent's relationship with his family. The fact that the group shared their feelings and supported each other during sessions proved a feeling of togetherness. The respondent was empowered by the sessions because he was active, a good communicator, and willing to learn from every session.

FIGURE 4.30: SELF-ESTEEM PROFILE RESPONDENT 8



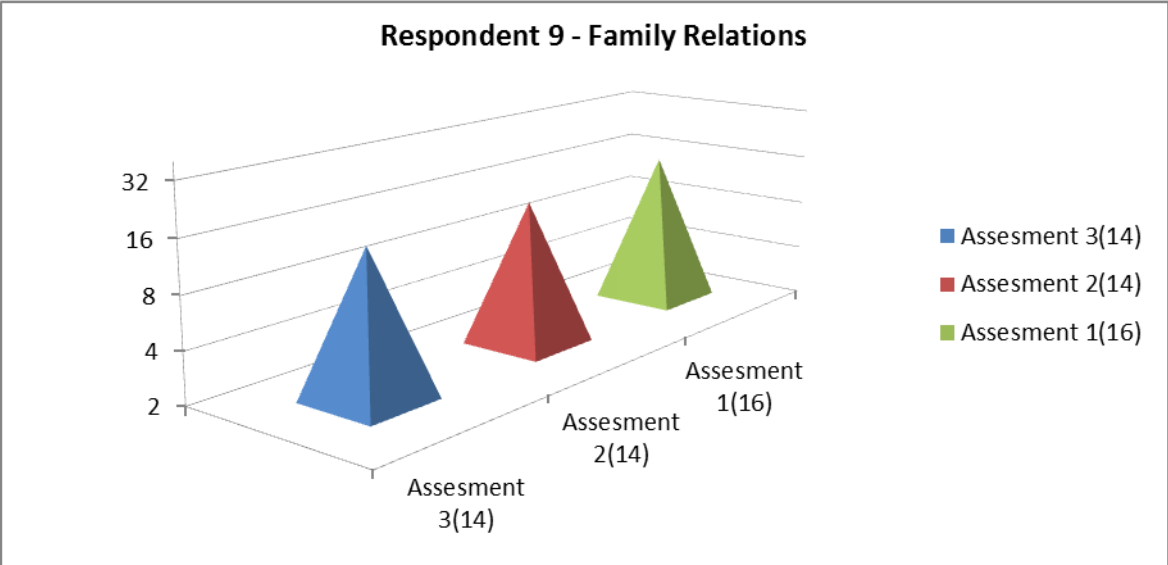
The results above indicate that the group member felt the same way between the second and last measurements. The respondent is a healthy and active person who is well liked by his friends. He receives a lot of attention because he is part of a dance group that does shows at functions. The fact that he is appreciated and has a special talent makes him feel good and boosts his self-esteem.

FIGURE 4.31: GENERALISED CONTENTMENT PROFILE RESPONDENT 9



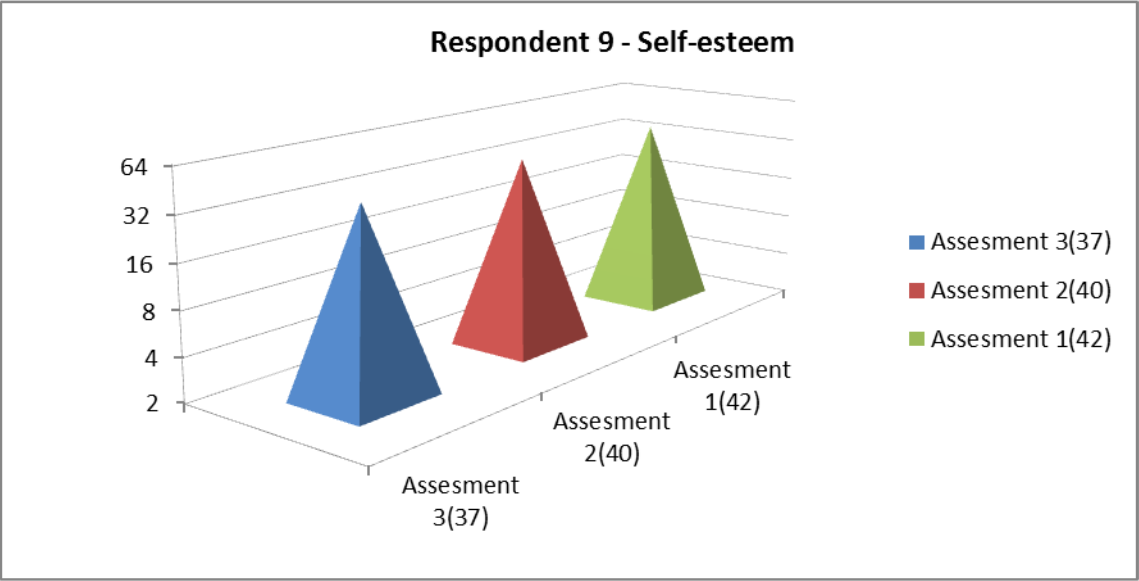
The results above indicate that the respondent's general feelings of contentment did improve from the first to the last measurement. These results indicated that the respondent felt that there is always someone she can depend on when things get tough and that she is appreciated by others. This group member and the foster mother did not have a good relationship but there are other family members that she can depend on and share her feelings with.

FIGURE 4.32: FAMILY RELATIONS PROFILE: RESPONDENT 9



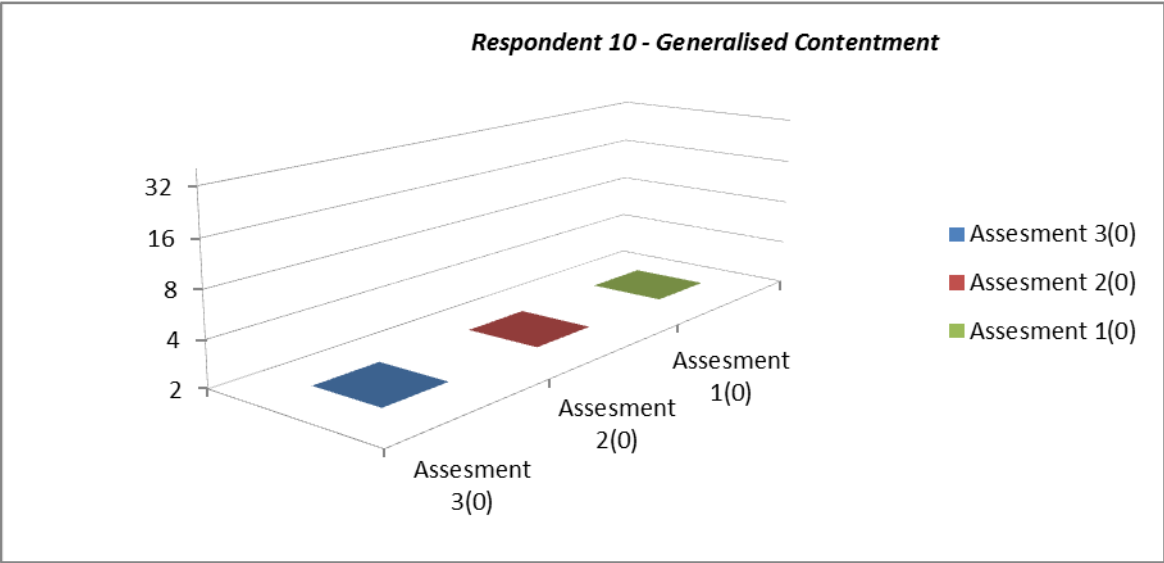
These results indicate that the respondent maintains a good relation with family members. As mentioned in the general contentment measurement, this respondent experiences problems with her foster mother. The respondent receives love and comfort from the other family members. After the social group programme was completed and it became clear that her relationship with the foster mother was not good, this adolescent was transferred from the foster mother into the care of an aunt. The results show that in a situation like this, there is always someone else that you can relate to who will be able to offer the needed stability and security. This is one of the advantages of social group work: the social worker learns much faster and much more from people's circumstances than from case work.

FIGURE 4.33: SELF-ESTEEM PROFILE: RESPONDENT 9



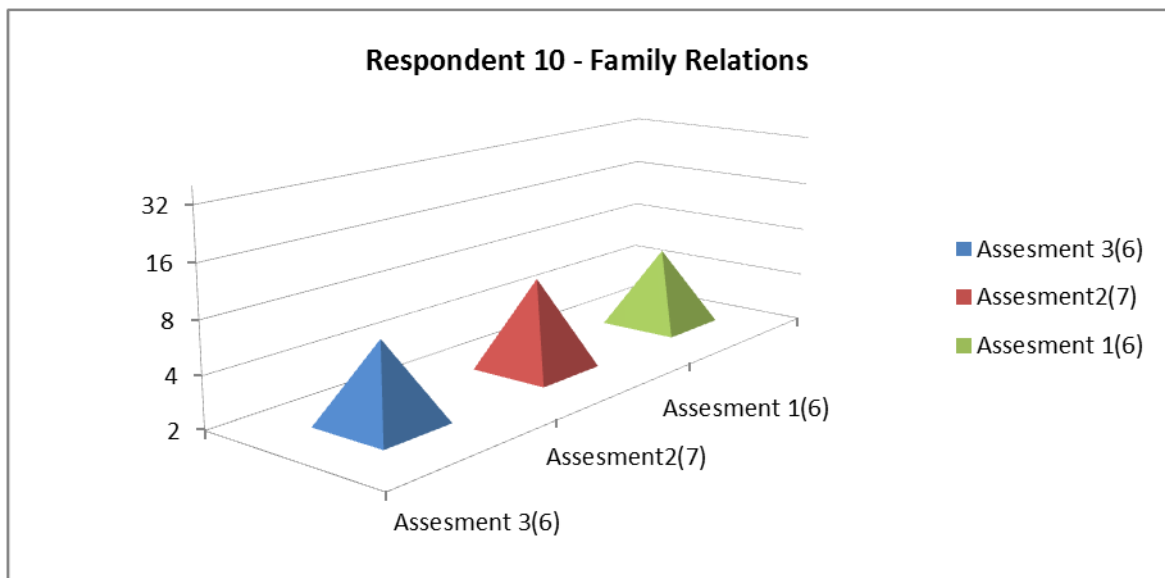
This respondent’s self-esteem improved from 42 in the first measurement to 37 in the last measurement. The respondent indicated the following: “I sometimes feel self-conscious when I am with strangers and I sometimes feel that people do not enjoy my company”; “I sometimes feel I get pushed around more than others”/“I sometimes feel that if I could be more like other people I would have it made”. She feels that she gets pushed around more than others and that people do not enjoy her company. The result shows that when there is friction between her and another person(in her case her foster mother), it influences her entire self-esteem. The programme empowered her to feel better about herself and this can be seen as a success. More effort is required from her side to be more positive. Her social worker will also offer more support in future.

FIGURE 4.34: GENERALISED CONTENTMENT PROFILE: RESPONDENT 10



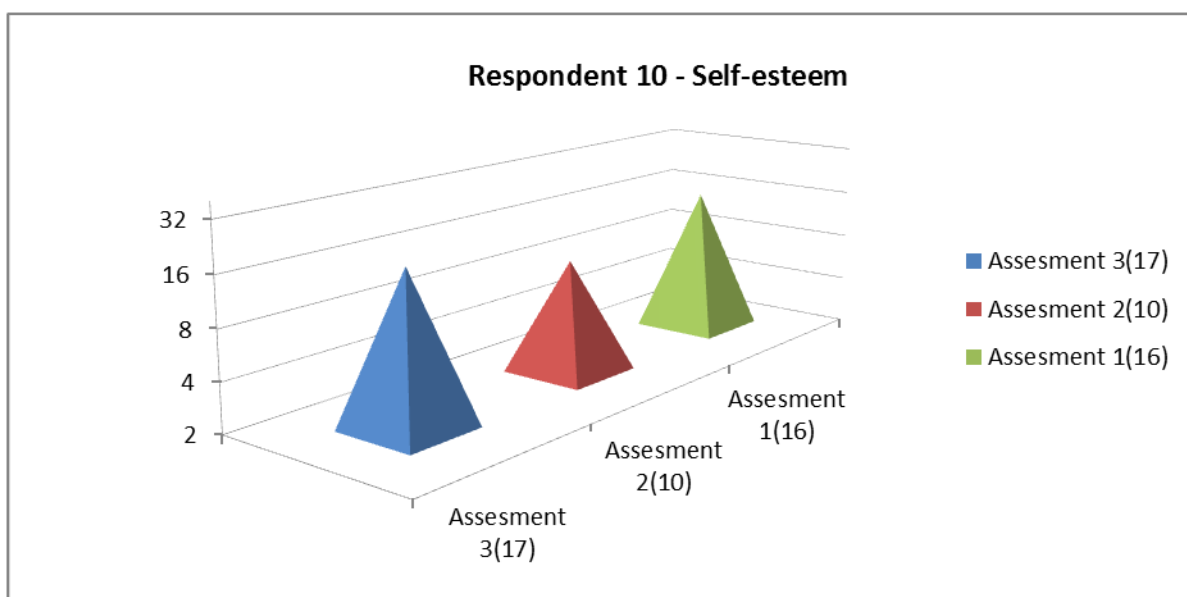
The respondent is a happy child who stays in a stable environment and is treated with love and care. He experiences his family as supportive and loving and that proves that he receives the stability and security he needs. It is also a fact that certain people cope better with their general circumstances: this respondent does not receive all the things a teenager needs, but still he has made the decision to be satisfied with his life. The social group work programme also improved his contentment and emotional health.

FIGURE 4.35: FAMILY RELATIONS PROFILE: RESPONDENT 10



The results indicated above show that the respondent is happy and feels loved in his foster home. It is obvious that the foster parents are able to provide the physical, emotional, educational and spiritual care that he needs. The programme also provided the information that he needed and taught him the rights and responsibilities that every family member should remember and live according to.

FIGURE 4.36: SELF-ESTEEM PROFILE: RESPONDENT 10



These results indicated that the group member is a happy person with a good self-esteem. The first measurement was 16% and then it changed to 10% and 17%. The results indicated an improvement between the first and second measurements. The programme taught the group member certain facts that he needed to know. The programme was positive and improvement was visible.

8. EVALUATION OF THE SOCIAL GROUP WORK PROGRAMME

A questionnaire was designed by the researcher to evaluate the effectiveness of the programme. At the last session of the social group work programme the group members were requested to complete the questionnaire.

The questionnaire was completed once by the respondents (N=10)

They had to choose between 3 results:

Completely

To a degree

Not at all

To the question of how effective the different topics of discussion were during the various group sessions that were intended to enhance their social functioning, the following results were received:

TABLE 4.2: EVALUATION OF GROUP WORK ACTIVITIES

TOPIC	1 - COMPLETELY	%	2 - TO A DEGREE	%	3 - NOT AT ALL	%
Roles and responsibilities	7	70	2	20	1	10
Dangers of drugs	6	60	3	30	1	10
Coping with death	8	80	2	20	0	0
Self-esteem	8	80	2	20	0	0
To be successful	9	90	1	10	0	0
Communication skills	7	70	2	20	1	10
Assertiveness	7	70	3	30	0	0

Healthy living	7	70	3	30	0	0
Decision making	8	80	2	20	0	0
Evaluation by means of measuring scales	7	70	3	30	0	0
Termination session	8	80	2	20	0	0

From the responses it was clear that the topics were of great value to the adolescents and that they were empowered by every session. The topic of drug abuse was the only topic that was not evaluated very high.

It was necessary to discuss drug abuse in order to prevent the abuse of drugs by these adolescents in foster care.

Open-ended questions were also posed to determine what the group and the social group work programme meant to them.

To the question, "Which session did you like the most?" the following answers were received:

Communication Skills (5)

Me and my foster parent's relationship - rights and responsibilities (3)

Substance abuse (2)

In response to the question, "In which session did you learn the most?" respondents marked more than one. The following answers were received:

Me and my foster parent's relationship (8)

Communication skills (2)

Substance abuse (2)

Decision making and problem solving (1)

Healthy living and information about HIV and AIDS (1)

On the question "Did you learn or experience something that changed your relationship with your foster parents?" 8 (80%) of the adolescents answered "yes" and 2 (20%) "no".

Their motivations for these answers were:

"It is hard for me to get used to her because we don't talk much".

“Because my foster parents do not understand me”.

Another question was: “What did you learn during the programme?”, and the adolescents gave the following answers:

“Team work goes a long way.”

“Time management and performance at school is important.”

“Communicate with others must be done properly.”

“I learn that I am not the only orphan in the world and must accept it.”

“I learn the importance of a good relationship with foster parents and about rights and responsibilities.”

“I learn about love and respect between family and others.”

“I learn how to communicate with other people especially my foster parents and why I must not take drugs.”

The question “What changes can you see in your behaviour after attending the programme?” received the following answers:

“A lot of things but the most important is that I changed my behaviour.”

“It had a positive effect on me and my foster parent relationship.”

“I am now friendlier than ever and that I must make my foster parents my best friends.”

“My behaviour changed positively and I see where I went wrong and was negatively influenced by friends.”

“The programme helped me a lot to better my relationship with my foster parents.”

“I have more patience when talking to foster parents and started having good feelings.”

“I was more understanding and I learned that you gained respect if you treat other with respect.”

“I learned how to communicate well with my foster parents.”

“It changed my relationship with my foster parents.”

“I think that we have grown closer to each other because of better communication.”

Answers received to the question “What did the group and programme mean to you?”, were:

“It means that we are a big family.”

“It meant a lot and helped me with everything that I want and need to learn.”

“It helped to work with other and respect all people.”

“It meant a lot because I was gaining knowledge”

“It meant a lot because I meet other people I don’t know and was able to speak to them.”

“To gain knowledge about myself and my behaviour and other things that I must know.”

“I enjoy the group and learned a lot.”

“I learned a lot, make new friends and notice the wrong things in my life.”

“I learned what it meant to work together in a group and how to respect other people.”

“It meant a lot to me in every way.”

The last question was: “What would you like to recommend?” The following recommendations were received from the adolescents:

“The sessions have to go on.”

“That we meet again and go through the programme.”

“Nothing – the programme was good.”

“The programme must be repeated also with other adolescents.”

“To have other session and meet other people.”

“I like to be part of a group in future because everyone has a dream.”

“The programme is good, it shows and teaches what is wrong and what is right and most importantly it helps us to do the right things.”

“I would like the group to get together again.”

“Nothing – it was good.”

“It was good and important.”

From these results obtained it is obvious that the group was a success and meaningful to all the adolescents, and that they enjoyed participating and being part of the group. From all the results achieved, it is clear that the social group work programme empowered the adolescents to gain more knowledge and to enhance their social

functioning. At the end of a programme like this, during the termination stage, members share what they have learned, how they have changed, and how they plan to use what they have learned (Jacobs et al., 2002:31).

The results also confirm the statements by Delport (2007) and Roux (2002) regarding the effect of a social group programme on the empowerment of people infected or affected by HIV/AIDS.

9. CONCLUSION

The social group work programme for orphaned adolescents in foster care is a necessary and effective tool to use for empowerment and improving living standards. It also helped the adolescents to gain the knowledge they required on certain topics to help them cope better with physical, emotional, spiritual and educational needs.

The programme also gives insight into the flaws that exist in their relationship with their foster parents and how to deal with it. It is thus obvious that a social group work empowerment programme is the best choice because it is in the best interest of the adolescent orphan in foster care and it definitely betters their standard of living.

10. RECOMMENDATIONS

It is important to design and implement social work programmes according to the proven needs of adolescent foster care orphans.

Social workers have to work in collaboration with other professionals within multidisciplinary teams where different service providers complement each other.

Social workers need to develop scales to evaluate the programme as well as making use of standardised measuring instruments.

Measuring instruments must be refined with particular bearing on the foster child and parent.

Social workers need to make use of the group work method more often, as it is accessible to more people.

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SECTION C

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

INTRODUCTION

The research was conducted to investigate the needs and circumstances of adolescent orphans in foster care who are affected by HIV and AIDS in the North-West province. The group was selected from the researcher's caseload. In this section the researcher will give a summary, conclusion and recommendations for this study.

The aim, objectives, and the central theoretical assumption will also be tested by means of the findings and conclusions.

2. SUMMARY

2.1 Aim of the research

The aim of this study was to explore the impact of a social group work conducted to enhance the social functioning of adolescent orphans in foster care affected by HIV and AIDS.

2.2 Objectives

- To identify the needs and problems of adolescent orphans in foster care affected by HIV and AIDS.
- To determine the role of social work in service delivery to adolescent orphans in foster care affected by HIV and AIDS.
- To develop an appropriate social group work programme for adolescent orphans in foster care affected by HIV and Aids in North-West province.
- To evaluate a social group work programme for adolescent orphans in foster care affected by HIV and AIDS in the North-West province.

2.3 Central theoretical statement

A social group work programme developed for adolescent orphans in foster care affected by HIV and AIDS will:

- Help these adolescents to explore and understand their circumstances.
- Enhance the social functioning of these adolescents.
- Better the relationship between the foster adolescents and their foster parents.

2.4 Research design

According to Yegidis and Weinbach (1996:89) a research design refers to “*a plan for conducting research. It is implemented to find answers to the researchers focused questions and/or to test and hypothesis of hypotheses that were formulated*”.

According to Fouché and De Vos (2005:105), the goals of research are either basic or applied. Neuman (2000:23) states that basic research provides a foundation for knowledge and understanding. Applied research, however, is aimed at solving specific policy problems or helping practitioners accomplish tasks. It is focused on solving problems in practice. The researcher used applied research because the group work programme for the HIV/AIDS adolescent orphans was designed to teach them how to deal with problems in their natural environment.

Applied research can either be descriptive or explorative. Exploratory research is conducted in order to gain insight into a situation, phenomenon, community or individual. Explorative research is used when there is a lack of information on a specific topic, as in this study (Fouché & De Vos, 2005b:134). Leary (1991:17) asserts that descriptive research describes the behaviours, thoughts or feelings of a group or subject. The researcher was able to enter the day-to-day lives of the adolescent orphans in foster care, and place herself in their shoes. Applied research is utilized with a descriptive design.

The research approach in this phase was qualitative. The reason for the choice of the quantitative approach was that it is an appropriate method to collect data through schedules that determine the specific emotional needs of the HIV and AIDS adolescent

orphan. The findings enabled the researcher to address the particular needs in the social group work programme.

The social group work programme was implemented with the experimental group. The control group was part of the first session where they completed the questionnaires of the Perspective Training College; they were completing the same questionnaires in the middle phase of the sessions and again at the final session. The three questionnaires were the General Contentment Profile, Index of Family Relations Profile and the Personal Self-esteem Profile.

2.5 Measuring instrument

A needs assessment was done with research into the existing literature on foster children and especially adolescent orphans affected by HIV and AIDS. The central focus of this study was to explore the needs and circumstances of adolescent orphans in foster care affected by HIV and AIDS, in order to develop a social group work programme by means of which their social functioning and quality of life could be improved.

Data was collected by means of a survey and in-depth interviews. According to Neuman(1997:30), gathering data for research is divided into two categories, namely qualitative and quantitative. For the purposes of this research one questionnaire with open and closed-ended questions was completed by 85 social workers in the North-West province. Thirty (30) adolescent orphans in foster care affected by HIV and AIDS and between the ages of 13 and 17 years were selected from the researcher's caseload in the township of Jouberton, Klerksdorp to form part of the research.

The child Functioning inventory – Senior Primary (CFI-SPRIM).Standardised scale of Perspective Training College was used to measure their social functioning. (**Annexure 6, 7 & 8**)

The three scales used were:

- The Generalized Contentment Scale
- The Index of Family Relations
- The Personal Self-esteem Profile.

These measuring scales were used on 3 different occasions, namely before, in the middle, and at the end of the last session with the group. A self-structured questionnaire with open and closed-ended questions was also used to evaluate the success of the group work programme (Addendum 9).

2.6 Empirical research

ARTICLE 1

The circumstances and needs of the adolescent orphan in foster care.

The first article concentrated on an investigation on the needs and circumstances of adolescent orphans in foster care. Data was collected by means of a survey and in-depth interviews. Thirty adolescent orphans in foster care from the researcher's caseload answer the questions according to the schedule in the office of the researcher. Interviewing is a predominant way of data collection in qualitative research (Greeff, 2005:287). A self-designed schedule was used by the researcher during the interview with each respondent to get the information about the needs and circumstances of these orphans.

Qualitative data was analysed, coded and categorized by the researcher herself to reduce and simplify the data whilst retaining the essential meaning (Monette et al., 2002:535). The qualitative research paradigm in its broadest sense refers to research that elicits participant accounts of meaning, experience or perceptions. It also produces descriptive data in the participant's own written or spoken works. It thus involves identifying the participant's beliefs and values and communicating the essence of what the data reveals (De Vos, 2005a:333).

ARTICLE 2

The role of the social worker during service delivery to adolescent orphans in foster care.

The questionnaire with open and closed-ended questions was completed by the Social Workers in the North-West province. A purposive sampling technique was used (Strydom, 2005a:202). This sampling method was used because it indicates characteristics or processes that are of interest for a particular study (Silverman, 2000:104). As is determined by this method, questionnaires were sent to social workers

who have experience in working with adolescent orphans affected by HIV and AIDS. The information collected from the questionnaires was used to study the role of the social worker in planning a social group work programme. According to Corey and Corey (2002:120), Garvin (1997:50) and Roux (2002:152), thorough planning of a group work project is essential for purposeful service delivery.

ARTICLE 3

A social work intervention programme for adolescent orphans in foster care.

Article three consists of the social group work programme that was designed after all the information was gathered and the data processed. The programme was implemented in 12 sessions. According to Mouton (2001:55), a research design refers to a plan or blueprint of the way a researcher intends to conduct the research. The goals of research, according to Fouchè and De Vos (2005:105), are either basic or applied. Basic research provides a foundation for knowledge and understanding (Neuman, 2000:23) and applied research is aimed at solving specific problems or helping practitioners accomplish tasks. In this study, applied research was used in the social group work programme with the adolescent orphans in foster care to empower them to deal with the problems in their daily lives.

ARTICLE 4

The evaluation of a social group work programme for adolescent orphans in foster care

The social group work programme that was implemented with 10 members affected by HIV and AIDS in the experimental group, and 10 members in the control group that did not form a part of the programme, was evaluated by means of the Child Functioning Inventory Senior Primary (CFI-SPRIM) standardized scale of Perspective Training College (2000).

The three scales that were used were:

- The Generalized contentment Scale
- The Index of Family Relations
- Personal Self-esteem Profile

The measuring scales were used on 3 different occasions, namely in a first session, in the middle phase, and at the end of the last session with the group. A self-structured questionnaire with open and closed-ended questions was also used to evaluate the success of the social group work programme.

2.7 Literature Study

The central focus of this study was on the role that a social group work programme plays in the empowerment of adolescent orphans in foster care and affected by HIV and AIDS.

A literature study aims “*at contributing towards a clearer understanding of the nature and meaning of the problem that has been identified*” (Fouché & Delport, 2005:123). According to Fink (2005:3), a literature study is “*a synthetic, explicit and reproducible method for identifying, evaluating and synthesizing the existing body of completed and recorded work produced by researchers, scholars and practitioners*”.

Evaluation of existing literature revealed that there is insufficient research on HIV and AIDS orphans, especially research pertaining to the emotions and needs of the HIV and AIDS-affected youth population in the South African context.

3. CONCLUSIONS

3.1 Aim and Objectives

The aim of the research was achieved. A social group work programme for adolescent orphans in foster care and affected by HIV and AIDS did empower them and enhanced their social functioning.

All the objectives were achieved in the following way:

The needs and circumstances of adolescent orphans in foster care were investigated and identified via the completion of questionnaires and schedules followed by the adolescent orphans and evaluated by the researcher. 85 social workers in the North-West province with experience in working with orphans in foster care, completed the questionnaire evaluating the role of the social worker in planning a social group work

programme. The data was processed and an appropriate social group work programme was designed and implemented on the selected adolescent orphans in foster care.

The social group work programme was evaluated by means of 3 scales from Perspective Training College: these scales were the General Contentment Profile that measure the way that the group members feel about their lives, the Index of Family Relations and a Personal Self-esteem Profile.

3.2 Theoretical assumption

The research confirms the fact that a social group work programme is important and necessary to empower and educate adolescent orphans in foster care. The programme should be implemented by every social worker who delivers services to orphans in foster care. The programme is essential for helping adolescents to explore and understand their circumstances, enhance their social functioning and better the relationship between themselves and their foster parents.

3.3 Literature Study

The literature study proved that adolescent orphans in foster care experience multiple psychosocial problems. These problems could include physical, psychological, financial, educational, health and relationship issues that occur in the foster home.

3.4 Survey procedure

The survey procedure that was used to gather information about the needs and circumstances of the adolescent orphans in foster care was effective and positive, because the completed questionnaires were immediately available to the researcher. The researcher was able to gain the desired information about the general life circumstances of the adolescents. The survey also revealed details about the orphans' relations with their foster parents, their rights and responsibilities, educational matters and emotional issues.

3.5 Empirical Research

In this research study the Development Research and Utilization model (DR + U-Model) was used (Grinnell, 1981:590-591; Strydom, 2000:152-153). According to Strydom (2000:151), this model has a specific intervention mission and is directed at providing more clarity and possible solutions to a practical problem.

With the information gathered from the questionnaires, the orphans formed part of the intervention programme and gained clarity and possible solutions to their problems, as Strydom mentions.

With the three scales from the Perspective Training College the adolescents' general contentment, family relations and their self-esteem were measured. It was obvious the social group work programme empowered and educated the adolescent orphans in foster care, enhanced their relations with their foster family, and improved their living circumstances.

The results of the self-designed questionnaires indicated the positive improvements in their lifestyles and the skills they obtained from the sessions.

3.6 Results of the research

3.6.1 ARTICLE 1

The circumstances and needs of the adolescent orphan in foster care:

The purpose of this article was to investigate the needs and circumstances of adolescent orphans in foster care who are affected by HIV and AIDS.

A self-structured questionnaire was designed by the researcher and processed by the Statistical Consultation services of the North-West University, Potchefstroom Campus. A self-structured questionnaire was designed for the purpose of gaining knowledge and information about the living circumstances, feelings and needs of 30 orphan foster adolescents from the researcher's own caseload in the Jouberton Township in Klerksdorp.

The results of these two questionnaires were also used to design the social group work programme because it indicate what the social workers and the adolescent orphans in foster care think what they need to be the content of this programme. This information was essential, because adolescent orphans in foster care and their lives are not normal because there is in most cased a lack of basic needs on resources. The group work programme addressed the needs identified.

Du Bois and Miley (2008:24) states that, as an outcome, empowerment defines the end state of achieving power and it also refers to a “state of mind” such as feeling worthy and competent or perceiving power and control. The aim and objectives that were set in the beginning were achieved, because the group work programme was effective and successful. It was clear that the adolescent orphans in foster care felt more worthy and competent and obtained the power to better cope with their everyday life circumstances.

3.6.2 ARTICLE 2

The role of the social worker during service delivery to adolescent orphans in foster care

The role of the social worker in service delivery to foster parents and foster children is very important. The questionnaire completed by the social workers revealed some very important information for the research.

Statistics is needed to define the service delivery of Social Worker and is useful in this study. The caseload of every worker, the backlogs of cases not yet finalized and the reasons given is important information.

The social workers answered questions about their contact with adolescent orphans in foster care, the purpose of the contact, what methods they used, and whether they used training programmes in their service delivery. In defining the role of the social worker, respondents could choose from a list of possible roles:

- Supporter
- Problem solver
- Counsellor
- Therapist

- Advisor
- Enabler
- Role model

They were also asked what they thought the content of a group work programme for adolescent orphans in foster care should be. The following were possibilities they could choose from:

- How to handle conflict?
- How to improve my self-esteem?
- How to improve my communication skills?
- How to fulfil my dreams?
- How to handle relations with friends?
- How to handle relations with my teachers?
- How to manage my time better?
- How to handle stress?
- How to handle cultural diversity?
- How to handle my emotional needs?
- How to deal with alcohol and drugs?
- How to improve my listening skills?
- How to cope with death of my parents?
- How to know what career to choose?
- Financial management.
- How to cope with HIV and AIDS?
- Other.

The research proved that an empowering social group work programme for adolescent orphans affected by HIV and AIDS could help these young people by providing knowledge and insight on how to deal with their circumstances and cope with their own physical, emotional, educational, and spiritual needs as well as their relationships with their foster parents.

Every social worker should use the method of group work for delivering services to adolescent orphans in foster care.

3.6.3 ARTICLE 3

A social group work intervention programme for adolescent orphans in foster care.

Article three focused on the social group work programme. After the needs assessment was conducted and the 2 questionnaires were designed (one for the adolescent orphan in foster care and one for the social workers who delivered services to foster children in the North-West province), the final questionnaires were designed.

The programme provided knowledge and insight to the adolescent orphans in foster care. They were also empowered to cope with physical, emotional, educational, spiritual and financial needs and circumstances. Participants attended sessions on the relationship between foster parents and children, and rights and responsibilities in the foster home. These topics provided them with valuable information and taught them skills to use in different situations. The topic of death, loss and bereavement was very informative and they received support from the researcher and the young reverend. The group was able to give support to each other after every group member shared his and her feelings about their own pain regarding the subject.

The topic on alcohol and drugs was also very informative and they learned about the danger of using any form of drug. The topic on self-esteem was successful according to the qualitative answers received; they also learned that it takes time to reach goals, like the poem by van Heerden (2005:62) illustrates:

Participants found every topic to be useful.

3.6.4 ARTICLE 4

The evaluation of a social group work programme for adolescent orphans in foster care

Standardised measuring scales of the Perspective Training College were used at the first meeting, in the middle phase, and at the end of the social group work session. As already mentioned, these scales were The Generalized Contentment scale, Family Relations Scale, and the Personal Self-esteem Scale of the Perspective Training

College. The control group that did not form part of the intervention programme was also measured on these three occasions.

Self-compiled scales were also used at every group session to evaluate the feelings and knowledge of the adolescent orphans in foster care. The life satisfaction, family relations and self-esteem was also measured in the group as well as the individual questionnaires. The three measurements showed that there was positive improvement in every measurement from the first to the last. From the results gained in the evaluation of the last measurement the answers were positive and they were empowered and gain a lot of knowledge.

Although the adolescents did not always improve in all fields, most of them did. It was obvious that their day-to-day experiences influenced their feelings and this could be seen in some of the measurements. The researcher believes that the social group work programme helped these adolescents improve their lifestyle, gain knowledge, and learn skills; in short, they were empowered.

4. RECOMMENDATIONS

4.1 Recommendations on the needs and circumstances of adolescent orphans in foster care:

- More research is needed on the needs and circumstances of orphan foster care children in the North-West province. Social workers can do more investigations and research about the relations and problems between the foster child and the foster parent.
- Research should be an on-going procedure in social work service delivery to foster children. More social workers are needed because the number of foster children becomes higher each year and it is difficult to provide in their needs because caseloads are too high.

- It is necessary that more auxiliary workers be trained to support social workers with some of the group work programmes.

4.2 Recommendations on the planning of a social group work programme:

- A needs analysis is important before the social worker can plan the programme to be appropriate for every group that is part of service delivery.
- A social group work programme must be designed for different age groups according to their needs and circumstances. A special programme for foster parents and foster children can be designed and implemented after research has been done about what they need and what specific problems they experience. It is necessary to work in collaboration with other professionals within the multi-disciplinary team because the different service providers complement each other.

4.3 Recommendations on the evaluation of a social group work programme:

- Social workers can develop their own evaluation measuring scales or make use of standardized measuring scales.
- Measuring scales should be adapted so they are easier to complete: participants to the research found the questions difficult to understand. A demand exists for a questionnaire that can measure the needs of the foster parent and foster child simultaneously.
- According to the outcome of such measurement a programme could be designed to include the foster parents and children at the same time in different groups.

4.4 General Recommendations:

More research must be conducted on the impact of HIV and AIDS on the lives of adolescent orphans in foster care, but it should also include other age groups.

- More programmes must be designed and implemented because they are useful instruments of service delivery and they enhance the quality of life of the foster parent and foster child. The orphans in foster care enjoyed the group work programmes because they received knowledge from the social worker and friendship and support from each other.
- Participants in the group realized that there were other orphans that were confronted with the same needs and circumstances that they were experiencing, and this created feelings of togetherness and shared frustration.

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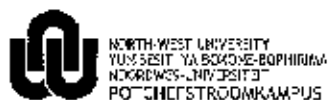
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SECTION E: ANNEXURES

ANNEXURE 1 – ETHICAL PERMISSION



NORTH-WEST UNIVERSITY
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Me. Hannakie Botha

18 Jun 2018



Gaegte Hannakie

Etlekaansoek: NWU-0023-08-S1 (A.A. Roux)

Die aansoek het laasnadigend op die opmerkings in die samevatting verslag gereageer en
elkeen goedkeuring kan verleen word.

Vriendelike groete

A handwritten signature in black ink, appearing to read 'A.A. Roux'.

Prof. H.H. Vorster

ANNEXURE 2

CONSENT FORM PARENT

ANNEXURE 2: CONSENT FORM

Consent

Title of the project: A social group work programme with adolescent orphans in foster care affected by HIV and AIDS – North-West province.

For non-therapeutic experimenting with subjects under the age of 21 years the written approval of a parent or guardian is required.

I, the undersigned.....
(Full names) parent or guardian of the subject named above, hereby give my permission that he/she may participate in this project and also indemnify the University, also any employee or student of the University, of any liability which may arise during the course of the project.

I will not submit any claims against the University regarding personal detrimental effects due to the project, due to negligence by the University, its employees or students, or any other subjects.

(Signature of the parent/ guardian)

Signed at

Date

Relationship

ANNEXURE 3

CONSENT FORM – RESPONDENTS

ANNEXURE 3: CONSENT FORM

Consent

Title of the project: A social group work programme with adolescent orphans in foster care affected by HIV and AIDS – North-West province.

I, the undersigned.....
(Full names) read/listened to the information on the information on the project in PART 1 and PART 2 of this document and I declare that I understand the information. I had the opportunity to discuss aspects of the project with the project leader and I declare that I participated in the project as a volunteer. I hereby give my consent to be a subject in this project.

I indemnify the University, also any employee or student of the University, of any liability against myself, which may arise during the course of the project.

I will not submit any claims against the University regarding personal detrimental effects due to the project, due to negligence by the University, its employees or students, or any other subjects.

(Signature of the subject)

Signed at on.....

Witnesses

1.

2.

Signed at..... on.....

ANNEXURE 4

QUESTIONNAIRE – SOCIAL WORKERS

A SOCIAL GROUP WORK PROGRAMME FOR FOSTER ORPHAN ADOLESCENTS AFFECTED BY HIV AND AIDS

Please answer the following questions as completely as possible

SECTION A: BIOGRAPHICAL DETAILS

1. Sex

Female	<input type="checkbox"/>	Male	<input type="checkbox"/>
---------------	--------------------------	-------------	--------------------------

2. For which organization do you work? (Cross only one)

Dept of Social Development	1
Ondersteuningsraad	2
NG Welsyn	3
SAVF	4
Child Welfare	5

3. Your social work experience? (Cross only one)

1-5 years	<input type="checkbox"/>
6-10 years	<input type="checkbox"/>
11-15 years	<input type="checkbox"/>
16-20 years	<input type="checkbox"/>

21-25 years	
26-30 years	
More than 31 years	

4. Your highest qualification (Cross only one)

Diploma in Social work	
BA Social Work	
Honns Social Work	
MA Social Work	
PhD (DPhil)	
Other	

5. Your position in the organization

1.Social worker	
2.Senior social worker	
3.Chief social worker	
4.Programme manager	
5. Office Head	
6. Other	

SECTION B: STATISTICS

6. What do you see as a manageable case load? (Cross only one)

Less than 50	
51-100	
101-150	
151-200	

201-250	
251-300	
More than 300	

7. What was the size of your caseload in?

2006	
2007	

8. How many foster care placements did you finalized in:

2006	
2007	

9. How many backlogs did you have of foster care placements in:

2006	
2007	

10. What was the reason(s) for the backlog? (Cross one or more)

1. Too many applications	
2. High work load	
3. Other reason (Specify)	

11. More or less, what is the ratio in your caseload according to foster care placements in the following situations? (Cross only one)

	Orphans	Non Orphans
0-20%		
21-40%		

41-60%		
61-80%		
81-100%		

12. More or less, what is the ratio in your caseload according to adolescent (13-17 years) foster care placements in the following situations? (Cross only one)

	Orphans	Non Orphans
0-20%		
21-40%		
41-60%		
61-80%		
81-100%		

SECTION C: SOCIAL WORK SERVICE DELIVERY

13. How often do you contact your foster orphan adolescents? (Cross one)

Monthly	
Quarterly	
Every 6 months	
Annually	
Every 2 years	
Other (Specify)	

Motivate your answer

.....

**14. What is the purpose of the contact with the foster orphan adolescent?
(Cross one or more)**

1.To evaluate the general circumstances	
2.To evaluate the adaptation of the adolescent	
3.To give support to the adolescent	
4.To give support to the foster parent(s)	
5.To investigate behavioral problems that occur	
6. To get information for the report	
7.Other reason(s) (Specify)	

15. Do you use a foster care training programme for orphan foster adolescents?

Yes		No	
-----	--	----	--

16. If “yes” to question 15, please provide me with the topics of this programme?

.....

.....

.....

17. What is your opinion about the best method to use in foster care with orphan adolescents? (Cross only one)

Group work	1
Community Work	2
Clinical work (case work)	3

18. Describe the role of the social worker in foster care services to the orphaned adolescent. (Cross one or more)

1.Support	
2.Educator	
3.Problem solver	
4.Councillor/Therapist	
5.Advisor	
6.Enabler	
7.Role model	
8.Other	

Motivate your answer

.....

.....

.....

19. What do you think should be the content of a group work programme for orphaned foster adolescents?

	Yes	No
How to handle conflict		
How to improve my self-esteem		
How to improve my communication skills		
How to fulfill my dreams		
How to handle relations with friends		
How to handle relations with my teachers		
How to manage my time better		
How to handle stress		
How to handle cultural diversity		
How to handle my emotional needs		

How to deal with alcohol and drugs		
How to improve my listening skills		
How to cope with the death of my parent(s)		
How to know what career to choose		
Other		

ANNEXURE 5

INTERVIEW SCHEDULE – CHILDREN

THE NEEDS OF FOSTER CARE ORPHANED ADOLESCENTS

(Adolescents between 13-18 years)

SECTION A: BIOGRAPHICAL DETAILS OF ADOLESCENT

1. Home language

English	1
Tswana	2
Xhosa	3
Sesotho	4
Other	5

2. Age in years

13 years	1
14 years	2
15 years	3
16 years	4
17 years	5
18 years	6

3. Gender

Male	1
Female	2

4. In what grade are you now? (Cross only one)

Do not attend school	1
Lower than grade 7	2
Grade 7	3
Grade 8	4
Grade 9	5
Grade 10	6
Grade 11	7
Grade 12	8

5. Who are your foster parent (s)? (Cross only one)

Grandmother	1
Grandfather	2
Both grandfather and grandmother	3
Uncle	4
Aunt	5
Brother	6
Sister	7
Other (Specify)	8

6. Who is the household head? (Cross only one)

Grandmother	1
Grandfather	2
Brother	3
Sister	4
Other	5

7. Reason why placed in foster care?

Death of mother	1
Death of father	2
Death of both	3

8. Age of foster parent in years?

Age	
-----	--

9. Since when do you live with you foster parent(s)?(One of more)

Since birth	
Since sickness of mother	
Since sickness of father	
Since death of mother	
Since death of father	
Other	

10. What type of house do you live in? (Cross only one)

Traditional hut	1
Makuku (shack)	2
Brick house	3
Other	4

11. How many rooms are in the house?

Rooms	
-------	--

12. How many people including you, live in the house?

People	
--------	--

13. Job description of household head (Cross only one)

Professional (specify)	1
Own business	2
Domestic worker	3
Pensioner	4
Unemployed	5
Piece job	6
Other (Specify)	7

14. What is/are the income of your foster parent(s)? (One or more)

Salary	
Old age pension	
Disability grant	
Foster care grant	
Child support grant	
Other	

SECTION B: RELATION WITH FOSTER PARENT(S)

15. Describe your current relation with your foster parent(s)

	Foster mother	Foster father
Good		
Average		
Bad		
Very bad		

Motivate your answer

.....

.....

.....

16. How would you rate the following feelings with your foster parent(s)?

Foster mother				Foster Father			
	Good	Average	Bad		Good	Average	Bad
1.Affection				6.Affection			
2.Security				7.Security			
3.Belonging				8.Belonging			
4.Respect				9.Respect			
5.Love				10.Love			

Motivate your answer

.....

.....

.....

17. To what extend do you experience the following?

	Always	Sometimes	Not at all
--	--------	-----------	------------

1. Anxiety			
2. Anger			
3. Depression			
4. Perceived differential treatment			
5. Low self esteem			

18. Did someone in your household die in the past 12 months?

1. Yes	
2. No	

19. If yes, who was it?

1. Grandfather	
2. Grandmother	
3. Sibling	
4. Uncle	
5. Aunt	
6. Friend	

20. How did you cope with the loss?

1. Gained comfort from someone	
2. Prayed	
3. Talk to a trusted confidante	
4. Experienced severe stress	
5. Withdrew	
6. Other	

SECTION C: SPIRITUAL NEEDS

21. Do you belong to a church?

1. Yes	
2. No	

22. How often do you go to church?

1. Once a week	
2. Once in two weeks	
3. Once a month	
4. Not at all	

23. Does God play a role in your life?

1. Yes	
2. No	

Motivate your answer

.....
.....
.....

SECTION D: HABITS

24. Do you use

	A Lot	Sometimes	Not at all
1. Alcohol			
2. Cigarettes			
3. Drugs			

Motivate your answer

.....
.....
.....

SECTION E: GENERAL

25. To what extend are you able to do the following:

	A Lot	Sometimes	Not at all
1. Communicate your feelings with your foster parents			
2. Like yourself			
3. Communicate your feelings with your friends			
4. Socialize with other people			

Motivate your answer

.....
.....
.....

SECTION F: SELF-ESTEEM

PLEASE ANSWER THE FOLLOWING:

26. With what of the following do you need help with?

	Yes	No
How to handle conflict		
How to improve my self-esteem		
How to improve my communication skills		
How to fulfill my dreams		
How to handle relations with friends		
How to handle relations with my teachers		
How to manage my time better		
How to handle stress		
How to handle cultural diversity		
How to handle my emotional needs		
How to deal with alcohol and drugs		
How to improve my listening skills		
How to cope with the death of my parent(s)		
How to know what career to choose		
Other		

SECTION G: SOCIAL SERVICES

27. Is there a social worker who provides information / services to you?

1. Yes	
2. No	
3. Uncertain	

28. If “yes” to question 27, what kind of information / services does the social worker provide to you?

Information / services	Yes	No
1. Definition of foster care		
2. The court procedures		
3. The foster grant		
4. How to spend the foster grant		
5. My rights as foster child		
6. The role of the social worker		
7. My relationship with my foster parents		
8. My relationship with my biological parent(s)		
9. My performance in school		
10. Individual therapy		
11. Group therapy		
12. Other services		

29. Are there any other services you would like the social worker to provide to you?

.....

.....

.....

30. How often does the social worker visit you? (Name only one)

Frequency of contract	
1. Once per week	
2. Once per month	
3. Once per year	
4. Other (specify)	

31. How often would you like the social worker to visit you?

Frequency of contract	
1. Once per week	
2. Once per month	
3. Once per year	
4. Other (specify)	

32. To what extend do you benefit from the services of the social worker?

1. A lot	
2. Some what	
3. Not at all	

SECTION H: KNOWLEDGE OF HIV/AIDS

33. Is there anybody in you foster care household infected with the HI virus at this time?

1. Yes	
2. No	

34. If your answer is “yes”, describe how you feel about their status.

.....
.....
.....

35. Does the person receive medical assistance?

1. Yes	
2. No	

36. If “no”, motivate your answer.

.....
.....
.....

37. Does your friends know the status of this person?

1. Yes	
2. No	

38. If “yes”, what are or was their reaction towards this person?

.....
.....
.....

39. Do you have adequate knowledge about HIV/AIDS??

1. Yes	
2. No	

40. If “no” to question 39, would you prefer the social worker to give more knowledge about HIV/AIDS?

1. Yes	
2. No	

41. Who do you consider as your support system?

.....
.....
.....

Any other remarks?

.....
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.....
.....
.....

Observation of researcher

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.....
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.....
.....

Mrs. JE van der Westhuizen
PhD Student
Social Work Division
Potchefstroom campus of the North-West University

ANNEXURE 6

Generalized Contentment Scale (GCS)



Naam / Name: Datum / Date:

This questionnaire is designed to measure the way you feel about your life and surroundings. It is not a test, so there are no right or wrong answers. Answer each item as carefully and as accurately as you can by using the following scale:



Hierdie vraelys is ontwerp om jou gevoel oor jou lewe en omstandighede te meet. Dit is nie 'n toets nie, dus is daar nie regte of verkeerde antwoorde nie. Beantwoord asseblief elke item so noukeurig en akkuraat moontlik deur die bostaande skaal te gebruik:

I feel powerless to do anything about my life.	1. _____	Ek voel magtelos om iets aan my omstandighede te doen.
I feel blue.	2. _____	Ek voel bedruk.
I think about ending my life.	3. _____	Ek dink daaraan om 'n einde aan my lewe te maak.
I have crying spells.	4. _____	Ek kry hullbule.
It is easy for me to enjoy myself.	5. _____	Dit is vir my maklik om myself te geniet.
I have a hard time getting started on things that I need to do.	6. _____	Dit is vir my moeilik om 'n begin te maak met die dinge wat ek moet doen.
I get very depressed.	7. _____	Ek raak baie depressief.
I feel there is always someone I can depend on when things get tough.	8. _____	Ek voel daar is altyd iemand op wie ek kan staatmaak.
I feel downhearted.	9. _____	Ek voel my toekoms lyk rooskeurig.
I feel that I am needed.	10. _____	Ek voel tremeergedruk.
I feel that I am appreciated by others.	11. _____	Ek voel ander het my nodig.
I enjoy being active and busy.	12. _____	Ek voel ander waardeer my.
I feel that others would be better off without me.	13. _____	Ek geniet dit om aktief en besig te wees.
I enjoy being with other people.	14. _____	Ek voel andere sal beter af wees sonder my.
I feel that it is easy for me to make decisions.	15. _____	Ek geniet dit om by andere te wees.
I feel downtrodden.	16. _____	Ek voel dis vir my maklik om besluite te neem.
I feel terribly lonely.	17. _____	Ek voel vertrap.
I get upset easily.	18. _____	Ek voel vreeslik eensaam.
I feel that nobody really cares about me.	19. _____	Ek voel maklik ontsteld.
I have a full life.	20. _____	Ek voel niemand gee meer om vir my nie.
I feel that people really care about me.	21. _____	Ek het 'n vol lewe.
I have a great deal of fun.	22. _____	Ek voel ander gee om vir my.
I feel great in the morning.	23. _____	Ek het baie pret.
I feel that my situation is hopeless.	24. _____	Ek voel soggens wonderlik.
	25. _____	Ek voel my situasie is hopeloos.

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ANNEXURE 7

INDEX OF FAMILY RELATIONS (IFR)



Naam / Name: Datum / Date:

This questionnaire is designed to measure the way you feel about your family as a whole. It is not a test, so there are no right or wrong answers. Answer each item as carefully and as accurately as you can by using the following scale:



Hierdie vrae is ontwerp om te bepaal hoe jy oor die algemeen oor jou gesin voel. Dit is nie 'n toets nie, dus is daar nie regte of verkeerde antwoorde nie. Beantwoord asseblief elke item so noukeurig en akkuraat moontlik deur die bostaande skaal te gebruik:

<p>The members of my family really care about each other.</p> <p>I think my family is terrific.</p> <p>My family gets on my nerves.</p> <p>I really enjoy my family.</p> <p>I can really depend on my family.</p> <p>I really do not care to be around my family.</p> <p>I wish I was not part of this family.</p> <p>I get along well with my family.</p> <p>Members of my family argue too much.</p> <p>There is no sense of closeness in my family.</p> <p>I feel like a stranger in my family.</p> <p>My family does not understand me.</p> <p>There is too much hatred in my family.</p> <p>Members of my family are really good to one another.</p> <p>My family is well respected by those who know us.</p> <p>There seems to be a lot of friction in my family.</p> <p>There is a lot of love in my family.</p> <p>Members of my family get along well together.</p> <p>Life in my family is generally unpleasant.</p> <p>My family is a great joy to me.</p> <p>I feel proud of my family.</p> <p>Other families seem to get along better than ours.</p> <p>My family is a real source of comfort to me.</p> <p>I feel left out of my family.</p> <p>My family is an unhappy one.</p>	<p>1. _____ My gesinslede gee regtig om vir mekaar.</p> <p>2. _____ Ek dink my gesin is wonderlik.</p> <p>3. _____ My gesin werk op my senuwees.</p> <p>4. _____ Ek geniet regtig my gesin.</p> <p>5. _____ Ek kan regtig staatmaak op my gesin.</p> <p>6. _____ Dis regtig vir my onbelangrik om by my gesin te wees.</p> <p>7. _____ Ek wens ek was nie deel van hierdie gesin nie.</p> <p>8. _____ Ek kom goed oor die weg met my gesin.</p> <p>9. _____ My gesinslede argumenteer te veel.</p> <p>10. _____ Daar is 'n gebrek aan intimiteit tussen my gesinslede.</p> <p>11. _____ Ek voel soos 'n vreemdeling in my gesin.</p> <p>12. _____ My gesin verstaan my nie.</p> <p>13. _____ Daar is te veel haatdraendheid in my gesin.</p> <p>14. _____ My gesinslede is regtig goed vir mekaar.</p> <p>15. _____ Mense wat ons ken, respekteer my gesin.</p> <p>16. _____ Dit is asof daar baie wrywing in my gesin is.</p> <p>17. _____ Daar is baie liefde in my gesin.</p> <p>18. _____ Lede van my gesin kom goed oor die weg met mekaar.</p> <p>19. _____ My gesinslede is oor die algemeen onaangenaam.</p> <p>20. _____ My gesin is vir my 'n bron van groot vreugde.</p> <p>21. _____ Ek voel trots op my gesin.</p> <p>22. _____ Ander gesinne kom beter oor die weg met mekaar as ons s'n.</p> <p>23. _____ My gesin is vir my 'n bron van troos.</p> <p>24. _____ Ek voel uitgesluit uit my gesin.</p> <p>25. _____ Ons is 'n ongelukkige gesin.</p>
--	--

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ANNEXURE 8

INDEX OF SELF-ESTEEM (ISE)



Naam / Name: Datum / Date:

This questionnaire is designed to measure how you see yourself. It is not a test, so there are no right or wrong answers. Answer each item as carefully and as accurately as you can by using the following scale:



Hierdie skaal is ontwerp om vas te stel hoe jy jouself sien. Dit is nie 'n toets nie, dus is daar nie regte of verkeerde antwoorde nie. Beantwoord asseblief elke item so noukeurig en akkuraat moontlik deur die bostaande skaal te gebruik:

I feel that people would not like me if they really knew me well. I feel that others get along much better than I do. I feel that I am a beautiful person. When I am with other I feel they are glad I am with them. I feel that people really like to talk with me. I feel that I am a very competent person. I think I make a good impression on others. I feel that I need more self-confidence. When I am with strangers I am very nervous. I think that I am a dull person. I feel ugly. I feel that others have more fun than I do. I feel that I bore people. I think my friends find me interesting. I think I have a good sense of humor. I feel very self-conscious when I am with strangers. I feel that if I could be more like other people I would have it made. I feel that people have a good time when they are with me. I feel like a wallflower when I go out. I feel I get pushed around more than others. I think I am a rather nice person. I feel that people really like me very much. I feel that I am a likeable person. I am afraid I will appear foolish to others. My friends think very highly of me.	1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____ 11. _____ 12. _____ 13. _____ 14. _____ 15. _____ 16. _____ 17. _____ 18. _____ 19. _____ 20. _____ 21. _____ 22. _____ 23. _____ 24. _____ 25. _____	Ek voel mense sal nie van my hou as hulle my regtig goed leer ken nie. Ek voel ander kom makliker deur die lewe as wat ek dit doen. Ek voel ek is 'n pragtige mens. Wanneer ek by ander is voel ek dat hulle bly is oor my teenwoordigheid. Ek voel dat mense regtig graag met my wil praat. Ek voel dat ek 'n baie bekwame persoon is. Ek dink ek maak 'n goeie indruk op andere. Ek voel ek het meer selfvertroue nodig. Wanneer ek by vreemdelinge is, voel ek baie senuagtig. Ek dink ek is 'n oninteressante persoon. Ek voel lelik. Ek voel andere het meer pret as wat ek het. Ek voel ek verveel mense. Ek dink my vriende vind my interessant. Ek dink ek het 'n goeie sin vir humor. Ek voel baie selfbewus wanneer ek by vreemde mense is. Ek voel dat, as ek meer soos ander mense is, alles vir my reg sal verloop. Ek voel ander het 'n goeie tyd saam met my. Ek voel soos 'n muurblommejie wanneer ek uitgaan. Ek voel ek word meer gehiet en gebied as ander. Ek dink ek is nogal 'n gawe mens. Ek voel mense hou eintlik baie van my. Ek voel ek is 'n innemende persoon. Ek is bang andere sien my as 'n dwaas. My vriende het 'n hoë dunk van my.
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ANNEXURE 9

EVALUATION OF THE SOCIAL GROUP WORK PROGRAMME

A questionnaire was designed by the researcher to evaluate the effectiveness of the programme. At the last session of the social group work programme the group members were requested to complete the questionnaire.

The questionnaire was completed once by the respondents (N=10)

They had to choose between 3 results:

- ❖ Completely
- ❖ To a degree
- ❖ Not at all

1. To the question of how effective the different topics of discussion were during the various group sessions that were intended to enhance their social functioning, the following results were received:

- Roles and responsibilities
- Dangers of drugs
- Self-esteem
- To be successful
- Communication skills
- Assertiveness
- Healthy living
- Decision making
- Termination session
- Evaluation by means of measuring scales

2. Which session did you like the most?" the following answers were received:

.....

3. In response to the question, "In which session did you learn the most?"

.....

1. "Did you learn or experience something that changed your relationship with your foster parents?"

.....

2. "What did you learn during the programme?", and the adolescents gave the following answers:

.....

3. The question "What changes can you see in your behaviour after attending the programme?"

.....

4. "What did the group and programme mean to you?"

.....

5. "What would you like to recommend?"

.....

ANNEXURE 10

2011-11-11

Potchefstroom

Hiermee gee ek, Ina-Lize Venter, kennis dat ek die volgende artikels op versoek van die student, me. Julita van der Westhuizen, en met die goedkeuring van haar promotors, drs. Corinne Strydom en Adrie Roux, taalkundig versorg het. Die artikels is met korreksies en voorstelle vir verbeteringe in die sorg van die student oorhandig, waarna dit haar vry gestaan het om enige voorstel/korreksie te aanvaar of verwerp.

I, Ina-Lize Venter, hereby declare that I proofread and edited the following articles upon the request of the student, ms Julita van der Westhuizen, and with the approval of her promotors, Drs Corinne Strydom and Adrie Roux. The articles were returned to the student still containing corrections and suggestions for improvements, which she was at liberty to accept or reject at her discretion.

- Opsomming/Summary
- SECTION A: INTRODUCTION: A SOCIAL GROUP WORK PROGRAMME WITH ADOLESCENT ORPHANS IN FOSTER CARE AFFECTED BY HIV and AIDS: NORTH-WEST PROVINCE
- ARTICLE 1: THE NEEDS AND CIRCUMSTANCES OF ADOLESCENT ORPHANS IN FOSTER CARE
- ARTICLE 2: THE ROLE OF THE SOCIAL WORKER REGARDING ADOLESCENT ORPHANS IN FOSTER CARE
- ARTICLE 3: A SOCIAL GROUP WORK PROGRAMME FOR ADOLESCENT ORPHANS IN FOSTER CARE AFFECTED BY HIV and AIDS
- ARTICLE 4: AN EVALUATION OF A SOCIAL GROUP WORK PROGRAMME FOR ADOLESCENT ORPHANS IN FOSTER CARE AFFECTED BY HIV and AIDS.
- SECTION C: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Ina-Lize Venter

Ina.hulk.venter@gmail.com