

The roles of social workers and community volunteers in providing services to foster care children living with HIV in South Africa: A scoping review

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Abstract: This paper discusses the role of social workers and community volunteers in providing services to foster care children living with HIV in South Africa. A literature review was undertaken of 14 qualitative studies conducted in South Africa from 2012-2022. The review showed the prominent role played by social workers in foster care, despite factors which hindered service such as high caseloads, lack of knowledge on HIV and prioritisation of quantity over quality. Hence, several challenges were faced by foster carers. The studies also revealed that community volunteers were providing services to children living with HIV through linking them to care and providing educational support. The literature shows that the challenges faced by foster care parents and their children mostly resulted of social workers' inability to provide comprehensive services. Community volunteers offered services where social workers were constrained. This paper concludes that social workers should work in collaboration with community volunteers to cater to the limitations facing the social work workforce in providing services to foster care parents and children living with HIV.

Keywords: Children, Community volunteers, Foster Care, HIV, Social worker, Orphan

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Introduction

In 2021, globally, out of the 38.4 million people who were living with Human Immunodeficiency Virus (HIV), 1.7 million were children ranging from 0-14 years (The Joint United Nations Programme on HIV/AIDS (UNAIDS), 2020). Statistics South Africa (Stats SA) (2021), reported that the total number of people living with HIV in South Africa is estimated at approximately 8,2 million. In 2021, around 650 000 people died from Acquired Immune Deficiency Syndrome (AIDS) related illnesses worldwide, compared to 2.0 million people in 2004 and 1.4 million people in 2010. The AIDS-related mortality rate has declined by 57% among women and girls and by 47% among men and boys since 2010. Despite the AIDS-related deaths having been reduced by 68% since the peak in 2004 and by 52% since 2010, HIV and AIDS still contribute to children's vulnerability in terms of their health and in particular by leaving them orphaned and vulnerable. According to the World Bank collection of development, 960 000 children in South Africa were orphaned by HIV and AIDS in 2021. Even though there are no statistical numbers specifying the number of orphans living with HIV, research indicates that orphan children are more likely to contract HIV (Goldberg and Short, 2016).

Traditionally, in South Africa, the extended families served as a primary resource and safety net for the care and protection of children who are orphaned, mistreated and neglected (Abebe, 2014). However, the extended family system in the current South African society, just like some parts of the Sub-Saharan region, is stressed, drained, and debilitated (Patel, 2012; Richter and Naicker, 2013; van Deventer and Wright, 2017). There is an argument by Grant and Yeatman (2012) which states that extended families are swiftly gliding into oblivion as a result of adopting an individualistic lifestyle, which suggests that families may not be willing to care for the orphans. Therefore, the South African government remains responsible for protecting the rights of these children.

The continuum of care for orphans and vulnerable children in South Africa is addressed by three models of care. These models are institutional or cluster foster care model, community-based care model, and foster care model (Perumal and Kasiram, 2008). Residential or cluster foster care refers to a group of children clustered together in the same living arrangement under the care of remunerated institution or adult (Children's Act 38, 2005). Community-based care refers to a set of services that enable people to live in the community and, in the case of children, to grow up in a family setting rather than in a facility (Mahlase and Ntombela, 2011; Muchacha and Matsika, 2017). Section 180 of the children's Act states that the third model is the foster care model which is referred to as a process whereby minors are located in a residential infant care community, or a private home of a state-licensed caregiver who are referred to as a foster parent or a member of a family approved by the state (Children's Act 38, 2005). The child's placement in foster care is usually coordinated by the government or social service organisations. This paper focuses on foster care which involves a child placed in a private home with a foster parent.

Muchinako et al. (2018) argued that foster care is a very substantial alternative child care system to ensure the protection and wellbeing of orphans and other vulnerable children. It is viewed as the ideal type of alternative care for children in need of care and protection, since it occurs within a family structure (Böning and Ferreira, 2013). In South Africa, foster care takes three forms which includes kinship, non-kinship and registered cluster foster care. The South African modern approach shows that children in foster care are the primary responsibility of the Department of Social Development (DSD), as a result, the department employs social workers as case managers of foster care.

According to Section 150 of the Children's Act, when a child's parents die, the social worker must do an investigation to determine whether the child requires care and protection and, if so, recommend alternative placement (Children's Act 38, 2005). However, social workers are continually being accused of not providing appropriate supervision in foster care placements, and particularly criticized when the foster care placement involves children living with HIV (Boning and Ferreira, 2013). There are findings from previous studies which indicate that some children in foster care experience challenges such as not knowing their social workers or only seeing them during reviews of their foster care placement after two years or more (Mampane and Ross, 2017).

Given the challenges faced by social workers, it is undeniably a possibility that social workers may not be able to cater for the needs of children in foster care. Social workers are overwhelmed with high caseloads as a result they are unable to monitor children in foster care on a daily basis, such as ensuring that they adhere to treatment, receive accurate homework assistance, and receive timely education about their condition (Frood and Pursell, 2020). But, on the other hand, community volunteers are providing services to children living with HIV in communities. A study by Skeen, et al., (2014) which randomly selected community-based organisations (CBOs) established that approximately 14% of the beneficiaries were children living with HIV.

In light of evidence suggesting that there is lack of comprehensive foster care services offered to orphans living with HIV, the aim of the review was to ascertain the contributing factors to the lack of comprehensive services by exploring the challenges faced by foster parents and the roles of social workers and community volunteers, as presented in literature. The review provides suggestions to improve these services by recommending a collaboration between social workers and community volunteers. Therefore, the following questions are addressed:

- What are the challenges faced by foster parents of orphans living with HIV?
- What are the challenges faced by social workers in providing foster care services to orphans living with HIV?
- What are the services provided by community volunteers to orphans living with HIV?

Theoretical framework

This review study is anchored on Bronfenbrenner's ecological systems theory. The theory explains how a child's environment affects their growth and development (Bronfenbrenner, 1979). Ecological systems theory is a framework that creates a platform for investigating organisations or groups that collaborate to produce results of mutual interest. According to the assumption of the ecological systems theory, a system can be either closed or open. The open system implies that the organisation shares its resources and information with its surroundings, whereas the closed system does not (Millett, 1998). The ecological approach implies that every person lives in an environment that can affect their outcome or circumstance. Further, the assumption of this theory implies that an individual does not exist in isolation but forms part of a field made up of a number of different systems like a family, community, NGOs, schools, businesses, governments departments, religious system etc (Bronfenbrenner, 1979). All these ecological systems play fundamental roles in the development of orphaned children, particularly those living with HIV. This theory is important for this study in that it will assist in explaining that in a situation where the system is broken or inaccessible to children, it may have a negative impact on their development. On the other hand, when the system is effective, it positively contributes to the development of children.

Other than their foster homes, children need other systems in their disposal to cater for their social needs which they are unable to get from their foster families. Simply put, both children in foster care and their foster parents need services from the social workers as one of the systems. The services may range from educational support, nutritional support, school support and psychosocial support. It is apparent that social workers, being the foster care placements case managers, hold a primary responsibility to ensure that children in foster care are well looked after. Therefore, the authors of this paper are of the view that this review can be best understood through the lenses of the ecological systems theory, since children in foster care living with HIV and their foster parents should receive required services from the social workers which will support their development. This theory is unique for this study because it will contribute to justifying the importance of the improvement of the integration of services to foster care children by involving all systems around them, which may only be activated through active involvement of social workers and community volunteers.

Methodology

A scoping literature review was conducted to establish the roles of social workers and community volunteers in foster care services for children living with HIV in South Africa. To create an interpretation based on the views and experiences of the services

provided by social workers and community volunteers the review included qualitative studies only. A synthesis of qualitative data attempts to produce conclusions that are pertinent, suitable and meaningful. Only peer-reviewed qualitative studies that used any qualitative method of data collection technique such as individual interviews and focus group discussions were included. A qualitative component was assessed for relevance before incorporating mixed methods studies, case studies, grounded theory, phenomenological studies, and ethnographic approaches.

Inclusion and exclusion criteria

To ensure the quality of the articles reviewed, firstly the articles had to be published within a ten-year period (2012 to 2022); the publication had to be an original article, peer reviewed and published in a journal which is accredited by the South African Department of Higher Education and Training. The review considered studies conducted from all the nine provinces in South Africa, written in English. The review disregarded conference abstracts, books and editorial comments. All cross-sectional, case control, cohort, and clinical trial studies that only presented quantitative data were disregarded as well.

Search strategy

Four databases were used to retrieve the articles. These include, *Taylor and Francis (journals)*, *South African journals*, *Google Scholar* and *EbscoHost's Academic search complete*. The key phrases used to search for articles were "role of social workers in foster care of children living with HIV in South Africa, community volunteers' services to children living with HIV in South Africa, HIV services to children in South Africa and foster care and HIV in South Africa."

Data extraction and quality control

The review is presented in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement in order to synthesize the available data (Gough et al, 2017). This is illustrated in [Figure 1](#).

Figure 1: Systematic review process. As indicated in [Figure 1](#), the following number of articles were retrieved; Taylor and Francis (journals) - 4473, African Journals - 2266, Google scholar - 1600 (70600 articles were retrieved but only first 400 were considered per key phrase which was a total of 1600 since four key phrases were used for the search) and Academic search complete - 7. The total number of articles retrieved was 8346. From the total number of retrieved articles, 272 articles were

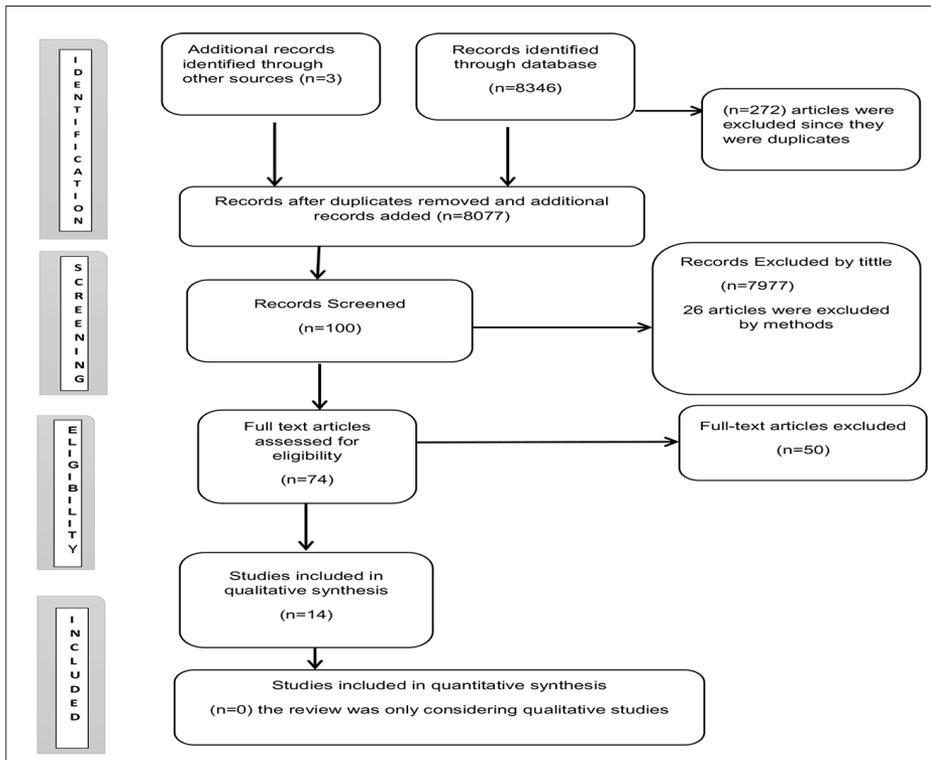


Figure 1: Systematic review process.

excluded as they were duplicates. Moreover, 7977 articles were excluded, as the titles were deemed to be irrelevant given the purpose of the study. The articles with relevant titles worth consideration for the review were 100. Twenty-six were excluded on the basis that they used quantitative methods. Finally, 74 articles were assessed by reading through the full text and 50 were excluded as they were discussing foster care of children who are placed in the institutions. Subsequently, 14 studies were relevant.

The relevant studies were read by the two authors of this paper, independently, as they looked for themes that fitted the aim of the review. The authors extracted data from relevant studies into a customised data extraction form, filling it with information about the research population and the relevant phenomena. The author's name, the publication year, the title of the paper, the country where the study was conducted and the abstract were among the study features that were extracted. Then, specific study information was recorded, including the study's population, sample size, sampling techniques, and data collection methods. The services provided by social workers and community volunteers were identified. Instead of creating priori

framework, the authors used a pre-established topic framework using the literature to inform the thematic analysis. Based on the recurring patterns from the investigation, services provided, the difficulties in providing them and the challenges faced by foster care parents emerged as themes.

As new themes were discovered, the framework was updated. After all the studies were read, the authors arranged the information according to the themes identified and put the themes in a table to compare the findings. [Table 1](#) shows the studies and the themes identified by each author and the final theme agreed upon.

Results

The results from the review are presented according to the three themes that emerged from the results in the fourteen studies that met the inclusion criteria and were reviewed. The themes are:

- Challenges experienced by the foster parents caring for orphans living with HIV;
- Challenges faced by social workers in providing foster care services to orphans living with HIV
- Community volunteers' services to orphans living with HIV.

[Table 2](#) presents details of the reviewed studies and snapshot of the main themes they covered.

Challenges experienced by foster parents caring for orphans living with HIV

There are various challenges that foster parents caring for orphans living with HIV face. The various studies reviewed for this paper indicated that the foster parents faced financial challenges, stigmatisation and discrimination. They also found it difficult to build relationships with social workers and the fostered children.

Seven studies identified financial challenges when foster care involves children living with HIV ([Bejane et al., 2013](#); [Phetlhu and Watson, 2014](#); [Singo et al., 2014](#); [Sikwari, 2015](#); [Wiliams, et al. 2016](#); [Muchanyerei and Bila, 2017](#); [Nkomo, et al. 2018](#)). This is despite the South African government providing a foster care grant of R1 070 (USD 120) to a child foster parent to cover housing expenses and groceries, as well as legal fees until the child turns 18. It is argued that the finalisation of the foster care grant which is reported to take almost a year, makes it difficult for foster parents to care for children during this waiting period ([Phetlhu and Watson, 2014](#)).

Table 1
Format for thematic analysis

Authors	Theme from the original articles	Author 1	Author 2	Themes
Bejane et al.(2013)	<ul style="list-style-type: none"> • Not knowing the cause of the child's illness and coming to terms with the diagnosis • Dealing with treatment adherence • The prevention and treatment of illness • Protecting themselves and others from HIV infection • Finances required for meeting the needs of children 	<p>Primary caregivers/ foster parents face unique challenges when caring for children living with HIV</p>	<p>Challenges experienced by foster parents caring for orphans living with HIV</p>	<p>Challenges experienced by foster parents caring for orphans living with HIV</p>
Dhludhlu and Lombard (2017)	<ul style="list-style-type: none"> • Interrelatedness of foster child grant and socio-economic development • Foster care services and poverty reduction • Challenges to link foster care services with socio-economic development programmes • Strategies to integrate foster care services with socio-economic development programmes 	<p>The role of social workers in foster care placements of orphans living with HIV</p>	<p>The role of social workers in foster care placements</p>	<p>The role of social workers in foster care placements of orphans living with HIV</p>

Table 1 (continued)

Authors	Theme from the original articles	Author 1	Author 2	Themes
Mampane (2018)	<ul style="list-style-type: none"> • Our job is about bringing hope to children and families • Core afterschool programme • Family integrated afterschool programme 	Community volunteers' services to orphans living with HIV	Community volunteers' services to orphans living with HIV	Community volunteers' services to orphans living with HIV
McCleary-Sills (2013)	<ul style="list-style-type: none"> • Disclosure • Stigma and Discrimination • Grief and Bereavement 	Primary caregivers/ foster parents face unique challenges when caring for children living with HIV	Challenges faced by primary caregivers/ foster parents if children living with HIV	Challenges experienced by foster parents caring for orphans living with HIV
Morton et al. (2015)	<ul style="list-style-type: none"> • Socio-economic structures and their effects on the quality of CHBC • Support received by clients and caregivers within and without CHBC organisational structures and its influence on quality CHBC • Addressing structural challenges to improve the quality of CHBC 	Community organisations and their impact in services to children	Important of community organisation in services to the OVCs	Community volunteers' services to orphans living with HIV

Table 1 (continued)

Authors	Theme from the original articles	Author 1	Author 2	Themes
Moshabela et al. (2015)	<ul style="list-style-type: none"> Assessing needs for care Rationing of care services Appraisal of care Reinforcing the social support network 	The extend of services rendered by the community volunteers to orphan children	Community volunteers' services to orphans living with HIV	Community volunteers' services to orphans living with HIV
Muchanyerei and Bila (2017)	<ul style="list-style-type: none"> Motivation to foster children Views in fostering children who are living with HIV Fears and challenges in fostering children living with HIV The role of social workers in fostering children living with HIV Empowerment in the foster care of children living with HIV 	The role of social workers to children in foster care placements Challenges experienced by foster parents caring for orphans living with HIV	The role of social workers in foster care placements of orphans living with HIV Challenges experienced by foster parents caring for orphans living with HIV	The role of social workers in foster care placements of orphans living with HIV Challenges experienced by foster parents caring for orphans living with HIV
Nkomo et al. (2018)	<ul style="list-style-type: none"> Orphaned children's feelings about HIV and AIDS Challenges experienced by children orphaned by HIV and AIDS in middle childhood Challenges experienced by children orphaned by HIV and AIDS in middle childhood Coping strategies employed by orphaned children 	HIV orphans face unique challenges.	Challenges faced by orphans living with HIV	NB: this theme was clustered under the theme Challenges experienced by foster parents caring for orphans living with HIV

Table 1 (continued)

Authors	Theme from the original articles	Author 1	Author 2	Themes
Ntshongwana and Tanga (2018)	<ul style="list-style-type: none"> • Positive experiences of foster parents regarding fostering • Negative feelings of foster parents regarding foster care 	Foster parents' experiences in foster care placements	Experiences of foster parents in foster care placements	Challenges experienced by foster parents caring for orphans living with HIV
Phetlhu and Watson (2014)	<ul style="list-style-type: none"> • Dimensional challenges • Impacts of the identified challenges • Mechanisms used by grandparents in coping with the Challenges of caring for AIDS orphans • Grandparents' identified needs. 	The study was qualitative in nature, used exploratory and descriptive design. Interview was used to collect data	Experiences of grandparents caring for children living with HIV	Challenges experienced by foster parents caring for orphans living with HIV
Sikhwari (2015)	<ul style="list-style-type: none"> • Provision of nutritional support • Provision of HIV prevention education • Provision of access to psychological services 	Community volunteers' services to orphans living with HIV	The importance of services rendered by the community volunteers to the services rendered to children living with HIV	Community volunteers' services to orphans living with HIV
Singo (2014)	<ul style="list-style-type: none"> • Participants' views about the effects of caring of HIV children and orphans on the elderly • Participants' views of coping strategies used by elderly people • Participants' views about challenges faced by elderly people • Views about services rendered to the elderly 	Importance of Social workers in understand the needs of foster parents/ elderly people caring for children living with HIV	Social workers' understanding of the needs of foster parents/ elderly people caring for children living with HIV	The role of social workers in foster care placements of orphans living with HIV

Table 1 (continued)

Authors	Theme from the original articles	Author 1	Author 2	Themes
Sitienei and Pillay (2019)	<ul style="list-style-type: none"> • Psychological interventions • Educational interventions • Social interventions 	Community volunteers are needed to provide services to the OVC.	Services needed by the community volunteers to the OVC	Community volunteers' services to orphans living with HIV
Williams et al. (2016)	<ul style="list-style-type: none"> • Shock and disbelief when receiving the diagnosis • Stigma and discrimination • Lack of compassion by staff towards patients and caregivers at PHC clinics • Challenges related to financially caring for children living with HIV 	Foster parents who care for HIV-positive children face unique challenges.	Challenges faced by foster parents caring for children living with HIV	Challenges faced by foster parents caring for children living with HIV

Table 2

Summary of the 14 studies included in the review

Authors	Methodology	Participants	Themes
Bejane et al.(2013)	Qualitative study in nature, exploratory and descriptive design were used, and interview was used to collect data	8 Primary caregivers	<ul style="list-style-type: none"> • Not knowing the cause of the child's illness and coming to terms with the diagnosis • Dealing with treatment adherence • The prevention and treatment of illness • Protecting themselves and others from HIV infection • Finances required for meeting the needs of children

Table 2 (continued)

Authors	Methodology	Participants	Themes
Dhludhlu and Lombard (2017)	The study used qualitative approach and collective case study design. Data was collected through focus groups	32 Statutory social workers	<ul style="list-style-type: none"> • Interrelatedness of foster child grant and socio-economic development • Foster care services and poverty reduction • Challenges to link foster care services with socio-economic development programmes • Strategies to integrate foster care services with socio-economic development programmes
Mampane (2018)	The study was qualitative in nature. Methods used to collect data included a focus group and a participatory reflection	10 community caregivers 18 primary caregivers	<ul style="list-style-type: none"> • Our job is about bringing hope to children and families • Core afterschool programme • Family integrated afterschool programme
McCleary-Sills (2013)	The study was qualitative in nature and used in-depth interviews to collect data	Parents/ caregivers and young people living with HIV	<ul style="list-style-type: none"> • Disclosure • Stigma and Discrimination • Grief and Bereavement
Morton et al. (2015)	The study was qualitative in nature. Phenomenological approach was used and focus group discussions, structured and semi-structured interviews were used as methods of data collection	32 primary caregivers 12 key informants	<ul style="list-style-type: none"> • Socio-economic structures and their effects on the quality of CHBC • Support received by clients and caregivers within and without CHBC organisational structures and its influence on quality CHBC • Addressing structural challenges to improve the quality of CHBC

Table 2 (continued)

Authors	Methodology	Participants	Themes
Moshabela et al. (2015)	The study utilised in-depth, explorative, qualitative interviews	17 Community care workers	<ul style="list-style-type: none"> • Assessing needs for care • Rationing of care services • Appraisal of care • Reinforcing the social support network
Muchanyerei and Bila (2017)	The study was qualitative in nature and focus group was used as method of data collection	13 Social workers 11 Foster parents	<ul style="list-style-type: none"> • Motivation to foster children • Views in fostering children who are living with HIV • Fears and challenges in fostering children living with HIV • The role of social workers in fostering children living with HIV • Empowerment in the foster care of children living with HIV
Nkomo et al. (2018)	The study was qualitative in nature and used exploratory-descriptive research design. Interview was used as a method of data collection	12 Children orphaned by HIV in middle childhood	<ul style="list-style-type: none"> • Orphaned children's feelings about HIV and AIDS • Challenges experienced by children orphaned by HIV and AIDS in middle childhood • Challenges experienced by children orphaned by HIV and AIDS in middle childhood • Coping strategies employed by orphaned children
Ntshongwana and Tanga (2018)	The study was qualitative in nature and focus group was used as method of data collection	20 Foster parents	<ul style="list-style-type: none"> • Positive experiences of foster parents regarding fostering • Negative feelings of foster parents regarding foster care

Table 2 (continued)

Authors	Methodology	Participants	Themes
Phetlhu and Watson (2014)	The study was qualitative in nature, used exploratory and descriptive design. Interview was used to collect data	15 Grandparents caring for children living with HIV	<ul style="list-style-type: none"> • Dimensional challenges • Impacts of the identified challenges • Mechanisms used by grandparents in coping with the Challenges of caring for AIDS orphans • Grandparents' identified needs.
Sikhwari (2015)	Qualitative in nature, utilised programme evaluation design	14 Staff members rendering OVC programmes 30 Children receiving the OVC programmes	<ul style="list-style-type: none"> • Provision of nutritional support • Provision of HIV prevention education • Provision of access to psychological services
Singo (2014)	The study was qualitative in nature, used exploratory and descriptive design and in-depth interview was used to collect data	8 Social workers who were directly involved in the HIV programme	<ul style="list-style-type: none"> • Participants' views about the effects of caring of HIV children and orphans on the elderly • Participants' views of coping strategies used by elderly people • Participants' views about challenges faced by elderly people • Views about services rendered to the elderly
Sitienei and Pillay (2019)	Qualitative study in nature, and phenomenological approach was employed. individual interviews, focus group discussions and autobiographies were used as methods of data collection	4 OVC under the care of one parent 6 OVC under the care of grandparents, 2 OVC in foster care homes	<ul style="list-style-type: none"> • Psychological interventions • Educational interventions • Social interventions

Table 2 (continued)

Authors	Methodology	Participants	Themes
Williams et al. (2016)	The study employed qualitative approach. In-depth individual interviews was used as method of data collection	15 Caregivers of children living with HIV	<ul style="list-style-type: none"> • Shock and disbelief when receiving the diagnosis • Stigma and discrimination • Lack of compassion by staff towards patients and caregivers at PHC clinics • Challenges related to financially caring for children living with HIV

Further, the studies showed that the foster care grant money was not enough to cater for all the expenses for the child. These expenses included transport to go to the clinic for the ART or check-up, school transport, food and clothes. [Bejane et al. \(2013\)](#) and [Williams et al. \(2016\)](#) argued that children living with HIV taking the ART have special diet requirements, and need more food. Foster parents in these studies reported that as a result they had to supplement the foster care grant by their own money to be able to buy more food. On the other hand, [Williams et al. \(2016\)](#) showed that unemployed foster parents were faced with extreme lack, such that sometimes they lacked basic food to give a child so that they could be able to adhere to the ART. The foster children who were interviewed by [Nkomo et al. \(2018\)](#), confirmed the financial challenges that their foster parents were facing. They indicated that they needed more clothes and food because what they had was not enough. Unfortunately, failure to meet the expenses of the child may result in financial stress among the foster parents which may cause the foster parents to abuse or maltreat the foster children ([Muchanyerei and Bila, 2018](#)).

Stigma and discrimination of people living with HIV/AIDS has a long history in the South African context. In this review, majority of the studies identified stigma and discrimination as some of the challenges in fostering children living with HIV ([Bejane et al., 2013](#); [McCleary-Sills, 2013](#); [Phetlhu and Watson, 2014](#); [Singo et al., 2014](#); [Sikwari, 2015](#); [Williams et al., 2016](#); [Muchanyeyeei and Bila, 2017](#); [Nkomo et al., 2018](#)). [Muchanyerei and Bila \(2017\)](#) showed that the children were stigmatised and discriminated against by the community which then impacted on the issue of disclosure.

Foster parents chose not to tell anyone about the HIV status of the children due to fear of stigma and discrimination ([McCleary-Sills, 2013](#)). The reasoning behind the foster parents opting to keep quiet about the status of the children was that as soon as people started to know about the children's HIV status they would start to

discriminate against the children. Mostly, the discrimination was perpetuated by the people who were supposed to be supporting the children, but in contrary they isolated these children. For example, foster parents experienced discrimination in clinics. One example is when the foster parents were dismissed by nurses without any assistance when they were seeking for information on HIV (Williams, Van Rooyen and Ricks, 2016). The studies also showed that the foster children were stigmatised and discriminated by the biological children of their foster care parents. Phetlhu and Watson (2014) highlighted that the biological children refused to share their plates of food with foster children because they feared that they would infect them with HIV.

Another challenge identified in one of the studies is the social workers' lack of concern of the well-being of the foster parents. The study by Ntshongwana and Tanga (2018) indicated that social workers did not pay attention to foster parents during home visits, as they were only interested in the well-being of the children. The foster parents were concerned that social workers never asked about the experiences of foster parents. Despite, lack of communication between social workers and foster parents, the study by Nkomo et al. (2018) found that there was lack of effective communication between children and their foster parents which had a profound impact on all parties involved.

Challenges faced by social workers in providing foster care services to orphans living with HIV

The role of social workers in foster care placements is important. Some of the responsibilities of social workers in foster care include: screening, recruiting, and training, educating and supervising foster care placements (Muchanyerei and Bila, 2017). However, social workers face numerous challenges which hinder them from rendering comprehensive services.

Firstly, results in one of the studies indicated that it is challenging for social workers to educate foster parents about caring for a child living with HIV as they do not have background knowledge on HIV (Muchanyerei and Bila, 2017). Nkomo et al. (2018) highlighted that foster care parents and their children's knowledge of HIV is limited. Therefore, it is worth noting that social workers need to be equipped with HIV knowledge. This will enable them to provide necessary information to the foster parents and their children as the social workers will play the role of an educator.

Another obstacle identified in the study conducted by Dhludhlu and Lombard (2017) is the Department of Social Development's emphasis on the quantity of people serviced than the quality of the services rendered. Social workers are evaluated in terms of the number of children they serviced and not the quality of services they provided. The performance of a social worker in foster care can be determined by the number of foster care cases finalised regardless of the quality of services they provide to the children. As a result, the services social workers provide in foster care

placement are centred around chasing high numbers. These findings are in tandem with the numerous complaints from foster parents about the lack of commitment from social workers. In the study by [Ntshongwana and Tanga \(2018\)](#), foster parents complained that social workers' services did not pay attention to them but only cared about the wellbeing of children.

Another challenge faced by social workers is failure to get foster parents for children living with HIV due to high caseloads. As a result, whosoever volunteers to be a foster parent relieves the social workers off some of their duties. The chances of the social worker ensuring that the voluntary parent meets the requirements will be minimal ([Dhludhlu and Lombard, 2017](#)). This means that social workers sometimes fail to assess foster parents properly and they end up mismatching foster parents with foster children. Sometimes the foster parents who end up taking the children are only interested in the foster care grant and not the children.

Due to the challenges highlighted above, some of the studies recommended that social workers should be supported by other stakeholders in order to carry-out their responsibilities in foster services of children living with HIV effectively ([Muchanyerei and Bila, 2017](#)). Therefore, the review explored the services provided by community volunteers to orphans living with HIV.

Community volunteers' services to orphans living with HIV

From the fourteen studies reviewed, four studies indicated that community volunteers provided nutritional support to children and their families ([Moshabela et al., 2015](#); [Sikwari, 2015](#); [Mampane, 2018](#); [Sitienei and Pillay, 2019](#)). Some organisations provided cooked meals to children and others provided groceries to the families. Generally, nutritional support was identified as assisting both children and their families and reduced the financial burden associated with buying food ([Moshabela, et al. 2015](#); [Sikwari, 2015](#); [Mampane, 2018](#); [Sitienei and Pillay, 2019](#)). Specifically, it was established that nutritional support helped the children to take the ART, have energy to play with other children, and the children were able to concentrate at school.

Further, four studies showed that community volunteers provided educational support whereby they assisted children with homework and life skills programmes. The findings in [Sikwari \(2015\)](#)'s study showed that the educational support included HIV education as well. Importantly, [Moshabela et al. \(2015\)](#) showed that the educational services provided to children were according to their individual needs, for example, if the client needed more information about HIV they would be provided with such. The community volunteers used a client-centred approach.

Also, the reviewed studies showed that the community volunteers provided psycho-social services to children and their carers ([Moshabela et al., 2015](#); [Sikwari, 2015](#); [Mampane, 2018](#); [Sitienei and Pillay, 2019](#)). The study conducted by [Sikwari](#)

(2015) acknowledged that children orphaned by HIV/AIDS were more likely to have been traumatised by the loss of their parents, so they needed psychological and social support. Siteneni and Pillay (2019) found that community volunteers from the community-based organisations provided the children with psychosocial interventions through mentorship and peer group support. Five studies showed that community volunteers did home visits to establish the wellness of the child's family members and ascertain the support they needed. They also helped clients to access ART when identified as a challenge (Moshabela et al. 2015; Sikwari, 2015).

Nevertheless, the studies revealed the challenges faced by community volunteers. These included lack of skills development and trainings, no wages/salaries as they received small amounts of money in the form of stipends. Regardless of these challenges, the community volunteers still provided services to the children and their families. Sikwari (2015) indicated that community volunteers conducted door-to-door visits despite lack of resources and working under very difficult conditions. They were still able to access the hard-to reach areas that had poor roads and sometimes they had to travel on foot in the remote villages.

Discussion

The review included 14 South African qualitative studies, published from 2012 to 2022. These articles were able to answer the aim of this paper, which was to explore the role of social workers and community volunteers in rendering services to foster children living with HIV in South Africa. In the assumption of the ecological systems theory the family is a social institution that helps children to learn how to navigate and fit into society. It is also the most personalised microsystem for children (Paat, 2013). Subsequently, passing of parents suggests that the family as an institution is interrupted such that the development of the child may be affected, henceforth, it is important to revitalise the system of the child through foster care placements (Li, Chi, Sherr, Cluverand and Stanton, 2015).

However, the studies identified challenges faced by the foster parents caring for children living with HIV which impact the role of social workers and community volunteers. The reviewed studies identified financial challenges faced by foster parents particularly based on the special needs of children living with HIV. The argument is that the foster care grant provided by the government is not enough. Since some foster parents are not employed, they are unable to cater for all the needs of children in their care who are living with HIV (Phetlhu and Watson, 2014).

Further, majority of the studies identified stigma and discrimination in foster care of children living with HIV. The findings from these studies show that discrimination is a reality among children in foster care placement. The children experienced discrimination from the community, other service providers and biological children

from the foster care family. As a result, the foster parents do not disclose the HIV status of the children to others fearing that the child will experience stigma and discrimination. This may result in the child not getting the support they require from other stakeholders and family members. Also, there is a risk of the children failing to adhere to the ART treatment. For example, if the foster parent is away for a long period, the question will be, who will ensure that the child adhere to treatment if the status of the child is not disclosed to others? Clearly, stigma and discrimination have severe impacts on both the foster parent and the children in foster care living with HIV.

The findings discussed above are consistent with the study according to [Yendork \(2020\)](#) which provided that since most parents of orphans died of AIDS, the community stigmatises and discriminates against them, with various accusations which perpetuate discrimination against these children. However, these findings may affect the children's development as argued by [Bronfenbrenner \(1979\)](#), who emphasised on the significance of people's interactions with their environments. According to the model, such interactions would have the greatest impact on human development. Stigma and discrimination deprive children from interacting with their environment which subsequently affect their development.

Research show that the role of social workers in foster care placement is to provide services to foster parents and their children through screening, recruiting, training, educating and supervising foster placements ([Cosis, Sebba and Luke, 2014](#); [Rutakumwa, et al., 2015](#); [UNICEF, 2022](#)). However, the studies reviewed have shown that both children in foster care and foster parents do not receive adequate trainings ([Singo, 2014](#); [Dhludhlu and Lombard, 2017](#); [Muchanyerei and Bila, 2017](#)). This is argued to be as a result of social workers focusing on quantity rather than quality services. Further, some of the social workers do not have knowledge on HIV hence they fail to play the role of educator to educate children about HIV ([Frood, Van Rooyen and Ricks, 2018](#)). As much as social workers are trying to provide services to foster care placement, it appears that they will not be able to address all the concerns of the clients in foster care, especially when there are children living with HIV involved. This validates the argument that social workers need more support from other stakeholders in order to carry-out their responsibility in foster services of children living with HIV since they are faced with numerous obstacles ([Khoo and Skoog, 2014](#)).

The studies reviewed identified the lack of comprehensive services provided by social workers to children in foster care, particularly those living with HIV. There are some recommendations to improve services in foster care placements. For example, [Muchanyerei and Bila \(2017\)](#) recommended proper planning by social workers like diarising and notifying the foster parents about child and family meetings, court dates, and home visitations. Further, they emphasized the importance of communication indicating that even if a social worker is unable to do the home visit, a phone call makes a difference. Additionally, [Dhludhlu and Lombard \(2017\)](#)

advised that the caseload in foster care should be distributed equally among social workers and the ratio of social workers and clients should be balanced. In case it overlaps, it means that there is a need for more social workers to be employed and such vacancies should be filled urgently. Furthermore, it was suggested that social work supervisors and managers should be involved at grassroots level in social work practice.

Also, other studies showed that some challenges in foster care placements could be avoided, if the focus could be in appropriately matching foster parents and foster children. Social workers who recruit and screen foster parents, should carefully consider the applicants' reasons for applying to be foster parents to avoid the mismatch between foster parents and foster care children (Muchanyerei and Bila). [Ntshongwana and Tanga \(2018\)](#) suggested that training of foster parents by social workers can reduce challenges in foster care placements. Further, [Brown, Serbinski, Gerrits and Anderson \(2016\)](#), highlighted that one of the challenges social workers experience is reluctance of foster parents to recognise their involvement. In order to deal with foster parents' reluctance, social workers identified nine ways which are; recognizing problems, building trust, going the extra, being positive, broadening their network, finding commonalities, setting limits, understanding them, and reinforcing accountability.

All of the above recommendations are relevant; however, South Africa still faces a critical shortage of employed social workers. According to [Department of Social Development \(2023\)](#), as early as 2003, social work was declared a scarce skill and critical profession, and according to the National Development Plan, the country needs 55 000 social workers by 2030. Currently, there are about 22 000 social workers employed in the public service. Due to the shortage of social workers, this review looked at an alternative intervention strategy that could assist in filling the gaps created by social workers in providing services to orphans living with HIV. Therefore, the review explored the kind of services provided by community volunteers to orphans living with HIV in an effort to ascertain the role they can play in rendering services to foster care children living with HIV.

Studies from the current review explain the services provided to children by community volunteers. It is evident that the services they provide could assist social workers to help children in foster care, particularly those that are living with HIV. For example, the findings show that the community volunteers provide nutritional services to children and their families through daily meals and food parcels. They are able to provide tailored services for example, if a family is unable to collect medication, they will be assigned a community volunteer from the community-based organisation to collect medication and bring the medication to the child. Additionally, community volunteers provide educational services which also cover HIV/AIDS information.

These findings demonstrate the impact of a meso-system as argued in [Bronfenbrenner \(1979\)](#) ecological systems theory. This layer connects the various

structures of the child's microsystem, in the context of this review, the social workers and community volunteers. [Mburu, et al., \(2014\)](#) asserted that experiences of orphan children living with HIV are influenced by care and support provided by community-based organisations. This care and support influences many of these children to eventually be able to accept their situation, regain their self-esteem, and interact with their families and peers, which strengthened their self-efficacy and resilience.

Further, social workers' inability to respond swiftly to all the needs of foster care placements can be addressed by involving community volunteers since they are able to conduct home visits even in hard-to-reach areas. Subsequently, the services of community volunteers are vital in foster care placements and could benefit all parties involved. Similarly, this is backed by Bronfenbrenner's ecological model, which argued that an individual does not exist in isolation but forms part of a field made up of a number of different systems like a family, community, NGOs, schools, businesses, governments departments, religious system, etc. ([Bronfenbrenner, 1979](#)). Simply put, when social workers involve community volunteers with an aim of strengthening support and services to these children, they are appraising open system according to ecological systems theory.

The White Paper for Social Welfare (1997) asserts that programmes to address the impact of HIV/AIDS on individuals and families will focus on vulnerable groups; among others are young people, orphans, children of parents who are living with HIV, and dependants. The findings of this review necessitate the need to streamline a coordinated collaboration between the social workers and community volunteers through the development of policy or guidelines which will provide a mandate for both parties to work together in service to children, in particular those in foster care living with HIV. The social workers and the community volunteers practice open system according to ecological systems theory as argued by [Millett \(1998\)](#). This implies that they are open for collaborations. For example, according to [Muchacha and Matsika \(2017\)](#), there are successful outcomes when social workers and community volunteers collaborate. They asserted that social workers have experience and expertise in utilising community resources and systems, such as community volunteers, to promote access to services at the grassroots level and, to some extent, in difficult-to-reach areas.

Further, [Muchanyerei and Bila \(2017\)](#) emphasised the importance of encouraging and directing collaboration among various stakeholders toward meeting the needs of foster children living with HIV. In relation to ecological systems theory the collaboration between social workers and community volunteers suggests that they are exposing children to the services in their disposal and subsequently strengthen the services to children in foster care living with HIV. Consequently, the findings imply that in social work practice, the services to children in foster care living with HIV will sufficiently be improved. Similarly, collaboration between social workers and community volunteers will increase the likelihood of success of foster care placement for children in foster care living with HIV.

Further, when the services of children living with HIV are strengthened, it suggests that the gap identified by the [UNAIDS \(2020\)](#) asserting that children are left behind in HIV services will also be addressed. This means that children can be enrolled in programmes for children living with HIV which are provided by the community volunteers which provides psychosocial support, homework assistance, HIV adherence programmes, HIV programmes specifically attended by children living with HIV, HIV support groups, home visits, linking children to care, and food/nutrition services ([Visser, Zungu, and Ndala-Magoro, 2015](#); [Mampane 2017](#); [Busza, et al., 2018](#)). Similarly, this will contribute to the 2030 HIV UNAIDS vision of an HIV free generation, which is also adopted by South African government.

Conclusions and Recommendations

From this review, it can be concluded that the role of social workers in foster care services to orphans living with HIV in South Africa is found lacking. Social workers are overwhelmed given the scope of their caseloads and they are unable to respond adequately to the demands in foster care services. The inability of social workers to provide comprehensive foster care services impacts negatively on the orphans living with HIV. The rights of these orphans are at risk as they experience stigma and discrimination, lack adequate food and clothes, lack proper education about HIV and have limited contacts with the social workers. However, on the other hand, community volunteers are able to provide the services where social workers cannot. But, they are faced with challenges of lack of salaries/wages and resources.

Therefore, this paper suggests that the challenges faced by orphans living with HIV who are in foster care can be addressed if social workers can work together with community volunteers. In this collaboration, the social workers will be able to link children living with HIV in foster care with community volunteers. This will ensure that the needs of these children are met as community volunteers will be able to provide the services that social workers fall short of. Also, there will be a reduction in the high caseloads that social workers are confronted with.

However, this will require the Department of Social Development to employ community volunteers and provide them wages/salaries as compared to the small amounts of money in the form of stipends they receive. Further, to monitor the quality of services rendered by community volunteers, it is suggested that the Department of Social development should invest in ongoing capacity building, and supervision of volunteers to build their responsibilities according to what is contextually appropriate, without placing an unrealistic burden on them. Also, the quality of their services can be controlled by their inclusion in national qualification frameworks, so that they can become formal members of the national child protection system specifically foster care.

In a nutshell, the authors of this paper recommend collaboration between social workers and community volunteers in the provision of services to foster care children living with HIV in South Africa. This will ultimately ensure that their health, well-being and developmental needs are met.

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