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Caring for foster children living with Human Immunodeficiency Virus (HIV) in Johannesburg, South Africa: Social workers' perspectives

Jeffries Z. KHOSA

ABSTRACT

This paper discusses the services provided by social workers in foster care placements to children living with Human Immunodeficiency Virus (HIV). The qualitative findings presented in this study were derived from a study conducted with social workers and community caregivers using a mixed method approach (quantitative and qualitative). This study concentrates only on the qualitative data from 14 social workers who were purposefully selected from the Department of Social Development in the City of Johannesburg. In-depth one-on-one interviews were conducted, using a semi-structured interview schedule. The study was conceptualised through Ubuntu Social Work, Welfare and Development Theory. The findings showed that social workers were providing limited services, as they focused mainly on ensuring that the court orders were up to date. On average, supervision of placements took place only once or twice a year. The failure of social workers to provide timely supervision, psychosocial support and to link these children to care was linked to a lack of HIV training, poor communication among the Department of Social Development directorate, high numbers of cases, lack of community profiles and social workers treating children living with HIV the same as other children living without HIV. This paper recommends training social workers in HIV services, incorporating HIV content into the social work curriculum, and standardising the use of community profiling to strengthen services for foster children living with HIV.

KEY TERMS: *caring for children, children living with Human Immunodeficiency Virus (HIV), foster care, foster care supervision, Johannesburg, social worker, South Africa*
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HOW TO REFERENCE USING ASWDNET STYLE

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INTRODUCTION

Children are placed in foster care for various reasons, which include being neglected, orphaned, or abused to mention a few. In light of this, the intervention by social workers to place these children is not a point of termination of services, but of continued care. Among children in foster care, some are living with Human Immunodeficiency Virus (HIV). This paper deployed a qualitative approach to allow social workers to share, through in-depth interviews, how they provide care to foster children living with HIV. These children are in foster care with the added vulnerability of living with HIV, and consequently, their placement needs timely support or supervision from their social workers. There are no or limited studies showing how social workers provide care to foster children living with HIV in Johannesburg, South Africa. Consequently, this study seeks to address this literature gap. The paper begins by outlining the background to establish contextual foundations, followed by demonstrating how the study is conceptualised through Ubuntu Social Work, Welfare and Development Theory, review of literature, research methods, findings, discussion, implications to social work practice and end with conclusions.

BACKGROUND

While residential care, adoption, and child-headed households are among the various care options for orphaned and vulnerable children, foster care is considered one of the primary and most significant forms of care in the South African context. Social workers play a central role as the custodians of the Children's Act 38 of 2005. Primarily, social workers are expected to investigate new foster care applications according to Children's Act 38 of 2005 (Section 150) to determine whether the child is in need of care and protection. And if so, a child will be placed in foster care in accordance with Section 155 of the Children's Act 38 of 2005. Some children placed in foster care live with HIV.

The placement of foster children living with HIV presents several challenges. In South Africa, several foster care placements are finalised with foster parents who may not fully meet the developmental needs of these children (Mosala & Wilson, 2024). Previous studies have indicated that a significant number of foster care placements involve older foster parents. This intergenerational gap can result in difficulties for children in accessing basic assistance with schoolwork or managing HIV-related illnesses (Botha & Naicker, 2025; Dhludhlu & Lombard, 2017). Additionally, some foster parents may struggle to ensure that their foster children adhere to antiretroviral therapy (ART) (Dhludhlu & Lombard, 2017). Consequently, many children in foster care placements, particularly those living with HIV, remain vulnerable.

Since it may be difficult for social workers to secure foster parents for the placements of children living with HIV, as Muchanyerei and Bila (2017) argued, when they secure one, it is vital to provide additional support to such foster placements. Subsequently, social workers' support in these placements is necessary. However, Ntshongwana and Tanga (2018) specify that there are challenges in foster care supervision in general. Social workers are accused of not providing appropriate supervision (Botha & Naicker, 2025; Ntshongwana & Tanga, 2018). However, it is not clear whether the supervision of foster children living with HIV is adequate, given their added vulnerability.

THEORETICAL FRAMEWORK

The theoretical framework employed in this study is Ubuntu Social Work, Welfare and Development Theory. The assumption of this theory advocates for an Afrocentric approach, which implies the importance of African culture, history and values in addressing the needs of people of African descent. It argues that people must be looked at holistically through common elements which include relationally (*ukama*) through collaboration (*ujamaa*) (Mugumbate & Chereni, 2019). This theory is closely related to Social Support Theory, which refers to the view and reality that one is being cared for by all social networks at their disposal.

Ubuntu Social Work, Welfare, and Development Theory is rooted in the African philosophy of Ubuntu, which emphasizes shared humanity, compassion, and interconnectedness. It is built on five core pillars: family, where foundational values of care and support are nurtured; community, which fosters belonging, mutual aid, and collective responsibility; society, which involves advocating for social justice, equity, and inclusive systems; environment, which recognizes the interdependence between people and nature, and promotes sustainable living; and spirituality, which offers a sense of purpose, moral grounding, and inner strength.

This theory highlights the importance of holistic care and support. Ubuntu views individuals as part of a larger community, suggesting that social workers should offer comprehensive services to foster children living with HIV. This includes regular medical check-ups to maintain viral suppression, emotional counselling, and community integration. Additionally, social workers should educate the community on living with and caring for foster children living with HIV, and form partnerships with stakeholders like community-based organisations (CBOs) and government departments to enhance support.

The limitation of social support, as described by Ubuntu Social Work, Welfare and Development Theory, is that support is relative. This indicates that while all necessary societal structures may be present, they might not effectively provide the required support to individuals. As a result, social workers play a crucial role in acting as brokers or offering direct support to children and their foster families (Nkomo et al., 2018). This study utilised the Ubuntu Social Work, Welfare and Development Theory to examine how social workers provide essential support to foster children living with HIV, recognising their added vulnerability.

LITERATURE

Challenges faced by children in foster care placements

Several studies allude to different challenges encountered by foster children. Masha and Botha (2021) identified inadequate social workers' supervision, physical, mental and sexual abuse by foster parents. The study by Mampane and Ross (2017) revealed that most foster children did not know their social workers. Moreover, those who knew their social workers explained that at times a different social worker would replace their initial social worker without proper termination of services with the initial social worker. Some said they had only seen their social workers in court, which was more than a year ago.

In addition to being orphans, children may also face significant challenges due to stigma and discrimination (Nayar et al., 2014). When these issues arise within the family, they can be particularly difficult to manage. Research by Bejane et al. (2013) indicates that foster children living with HIV experience discrimination from the biological children of their foster parents. Furthermore, Bejane et al. (2013) found that stigma and discrimination can result in these children being perceived as risks to others, resulting in instructions to other children to avoid playing with them.

These challenges prompt the inquiry into whether being separated from their parents and placed in foster care affects the vulnerability of children, especially those living with HIV. Existing studies have examined the gaps in foster placements generally, but do not specifically address the experiences of foster children living with HIV, considering their added vulnerability.

Social workers' experiences of caring for children in foster care

Literature shows that the main challenge in South African foster care placements is the high volume of caseload for social workers, which is worsened by Coronavirus Disease (COVID-19) since lives were lost and it put a strain on foster care applications (Mosala & Wilson, 2024). Subsequently, social workers are set up for failure in delivering their role in foster care placements (Dhludhlu & Lombard, 2017). Further, there is an argument that most foster care placements are finalised with poor families. These families are accused of misusing the foster care grant (Böning & Ferreira, 2013). Consequently, social workers are blamed for the misuse of foster care grants, which could have been avoided if they were providing timely supervision. Tladi and Setlalentoa (2020) argued that social workers need to ensure that children are not just placed in foster care to make money for the families. Foster care placement should be based on parental commitment to provide love, care, and support, as well as a nurturing environment.

Ntshongwana and Tanga (2018) assert that social workers and other social practitioners working with children living with HIV should ensure that the family receives timely visits to monitor whether the children are adhering to treatment or not. One of the challenges faced by social workers is dealing with foster parents who are unable to successfully provide care to children living with HIV. The inability of foster parents is due to them having financial challenges and having to manage their own health conditions (Akimanimpaye et al., 2024). Despite these challenges, foster parents are expected to still focus on the wellbeing of the child. Henceforth, Dhludhlu and Lombard (2017) argued that interventions that address children living with HIV must pay attention to the needs of older carers who may struggle to provide emotional and physical support to the children. Thus, social workers are faced with foster care placements involving two vulnerable parties: the child and the foster parents.

Given these arguments, it is unclear whether foster care placements of children living with HIV receive adequate attention from social workers, as the literature highlights the challenges associated with these placements. This paper aims to explore the care provided by social workers to foster children living with HIV.

METHODOLOGY

The data for this paper were derived through a qualitative research approach and a case study design. The target population was field social workers working in foster care, employed by the Department of Social Development (DSD) from region D and G in the City of Johannesburg. Purposive sampling was used to identify 14 social workers from those who participated in the quantitative phase of the study. The selection criteria to participate in the study included that the social workers had at least one child in their foster care caseload living with HIV, and

three years working experience.

Data were collected by the researcher from social workers in City of Johannesburg regions D and G via face-to-face interviews using a semi-structured interview guide. Participants were asked in-depth questions during interviews, such as "What do you think is your role to foster children living with HIV?" and "Explain the challenges you face while providing services to foster children living with HIV." The data was analysed using thematic analysis, identifying main themes and sub-themes (Nieuwenhuis, 2020). Throughout the analysis process, Nieuwenhuis (2020) stresses the significance of context, cultural sensitivity, and ethical considerations. This method is broken down into five steps: Data familiarisation, data coding, theme identification, review and refinement of data, narrative construction. The duration of the interview was between 25-40 minutes. The lesson learned from data is understanding context is crucial for asking appropriate questions and comprehending the participants' practice language.

Maree and Pietersen (2020) argued that pilot testing is vital to establish the content validity of the instrument and improve its questions, instructions, and format, so the instrument was piloted. Subsequently, all alterations identified during pilot testing should be included in the final instrument. The participants in the pilot test understood the research instrument fairly well, and it was accepted for data collection without amendments.

In order to increase credibility, this study adhered to the African context research ethics provided by the San Code of Research Ethics (Schroeder et al., 2019). The respondents were treated with respect since participation in the study was voluntary. Thus, participants decided on the location, date, and time of the interviews. Additionally, participant information sheets were presented by the researcher in person, and participants had a chance to ask questions. Moreover, the research was aligned with local needs since it focused on how foster children living with HIV were cared for by social workers. Furthermore, research processes were followed, ethical clearance was obtained before data were collected, permission was obtained from DSD, and participants participated voluntarily.

Ethical considerations observed in this study included written informed consent, voluntary participation, observance of COVID-19 protocol according to the South African government, avoidance of harm, confidentiality, and anonymity. The researchers obtained ethical clearance from the Faculty of Humanities Research Ethics Committee, University of Pretoria, with reference number 21818020 (HUM008/1021).

FINDINGS

This section presents the findings from the 14 social workers who participated in the study. The presentation of the findings is informed by two themes and sub-themes that emerged as presented in below Table 1.

Table 1: Themes and sub-themes

Themes	Sub-themes	Participants supporting the subtheme
Theme 1: Services provided by social workers to children living with HIV	Sub-theme 1.1: Supervision	Participant 3 Participant 8 Participant 14
	Sub-theme 1.2: Linkages and referrals	Participant 4 Participant 7 Participant 9
	Sub-theme 1.3: Psycho-social support	Participant 12 Participant 5 Participant 7
	Sub-theme 1.4: Informational support	Participant 2 Participant 5 Participant 9
	Sub-theme 1.5: Children in foster care with HIV were treated the same as those without HIV.	Participant 1 Participant 11 Participant

		14
Theme 2: challenges faced by foster care social workers in providing services to children in foster care living with HIV	Sub-theme 2.1: Lack of training in HIV services	Participant 3 Participant 6 Participant 14
	Sub-theme 2.2 Lack of communication across the directorates of DSD	Participant 1 Participant 3 Participant13
	Sub-theme 2.3: Lack of community profiling	Participant 1 Participant 2 Participant 11

Theme 1: Services provided by social workers to children living with HIV

Participating social workers mentioned that they are offering several services, some which were general to foster care. Additionally, they showed that HIV services were a responsibility of the DSD HIV directorate section or the Department of Health. Five sub-themes emerged from the analysis.

Sub-theme 1.1: Supervision

Participants in the study explained that they provided supervision to foster children living with HIV, but the frequency of these services was limited. The following verbatims show how participants conducted supervision:

> *I am able to monitor if they do get support, to ensure that the foster parents are able to manage them and ensure that they adhere to the treatment… On a quarterly basis*. (Participant 3)

> *I see them once or twice per year because I have other cases*. (Participant 8)

Sub-theme 1.2: Linkages and referrals

The participants indicated that one of their roles in foster care placements of children living with HIV is to link them with clinics when they need medical attention regarding their HIV status. Further, some participants referred these children to CBOs for continued care in HIV services. The following verbatim allude to the linkages and referrals made by participants:

> *I refer the children living with HIV to the clinic to get the medication and for on-going counselling with the clinical psychologist*. (Participant 4)

> *It is good to refer to the clients, especially the young stars who are staying with their grannies. You find that the granny is too old and they can't take care of a child. We refer to CBO to assist them with homework and so on.* (Participant 7)

Participant 9 showed that she linked children with the CBOs since they provide support for ART adherence and assist in nutritional services:

> *So mostly I link foster children living with HIV to CBOs for treatment and nutritional support. So, I monitor from the side because I can't go to check them on a weekly basis, but I do ensure that regular supervision is happening through interacting with CBOs.*

Sub-theme 1.3: Psycho-social support

Generally, social workers are expected to provide psycho-social support to children in foster care including those who are living with HIV. Participants in the study mentioned psycho-social support as one of the services they

provided. For example, three participants said,

> *I think my role will be to give them support, be it psycho-social, psychological, but most of the cases I refer to the clinic.* (Participant 12)

> *I also have to look at the social and emotional needs, like the child coping in the environment where the child stays.* (Participant 5)

> *We provide psychosocial support checking on how the child is doing after she was told about her HIV status. In my case the child took time to adjust. I had to do further referral to the psychologist*. (Participant 7)

Sub-theme 1.4: Informational support

Three participants posited that it is their responsibility to share HIV information that will benefit both the children in foster care and their foster parents. Participant 2 said:

> *So, my role is to offer information in terms of HIV related issues like to teach them how to take care of themselves and nutritional information and all those things.*

Participant 9 showed that it is vital that social workers play the role of educator about HIV services:
So, I think the most important is to educate in terms of what HIV is, transmission and treatment.
Participant 5 indicated that:

> *Though I am not a health practitioner, whatever information that I have that can be beneficiary to them I share with them.*

Sub-theme 1.5: Children in foster care with HIV were treated the same as those without HIV

All participants acknowledged their role in supporting foster children living with HIV. However, six participants noted that no child received special treatment based on HIV status; all were treated equally. For example, when asked if social workers offered services specifically for children with HIV, one participant responded:

> *No, not at all because there is a unit [HIV directorate in the DSD] that deals with children living with HIV and for us we only deal with foster care children in the department.* (Participant 1)

He further said:

> *…they are just children who are living with HIV. It's not like they are fragile or something*.

One of the participants shared the same sentiments and said:

> *Primarily my role is to monitor foster care placements, to make sure that the order [court order] is valid. I treat them like any other child, no special treatment for them*. (Participant 14)

Participant 11 added and said:

> *So, I wouldn't say that I have more time to spend on them [foster children living with HIV] just because of their health status.*

Theme 2: Challenges faced by foster care social workers in providing services to children in foster care living with HIV

The findings revealed that there were major challenges faced by social workers while providing services to foster children living with HIV. Subsequently, three sub-themes emerged.

Sub-theme 2.1: Lack of training in HIV services

Out of the 14 participants, eight expressed the need for training social workers in HIV services. One participant mentioned that they had not received training in a long time. When asked about the last time they received HIV-

related training, they responded and said:

> *I think it's eight years or so [laugh]. I can't remember, I can't recall.* (Participant 6)

> *No workshop, I just read myself. Eish, I think they must train us on how we can deal with those children, not for us to come here and research ourselves*. (Participant 3)

> *We are not trained, especially dealing with children living with HIV.* (Participant 14)

Sub-theme 2.2: Lack of communication across the directorates of DSD

The findings indicate that there are HIV directorates within DSD staffed by social workers who are knowledgeable about HIV services. However, communication barriers hinder the effectiveness of these services, resulting in children not fully benefiting from the directorate. When participants were asked about the services provided by social workers from the HIV directorate, participant 1 responded with the following:

> *I am not familiar about their services in details, but I just know that there is HIV unit that deals with HIV specifically.*

Another participant shared the same sentiments*:*

> *And because we are specialising as the DSD Gauteng, so, we don't know what is actually happening at the HIV side. There is lack of integration to knowing who is doing what?* (Participant 3)

> *The other problem is that there is no relationship within the directorate in DSD because such relationship would help to improve the services.* (Participant 13)

Sub-theme 2.3: Lack of community profiling

In social work practice, it is recommended that social workers conduct community profiling to become familiar with the resources available within the community, as well as those that can be sourced externally. Findings from this study revealed that social workers were often unaware of their community's resources. Consequently, they were unable to link foster children living with HIV with necessary resources. The following sentiments were expressed:

> *Since I came to DSD there was no community profile. So, we just learn as we go.* (Participant 11)

> *Me personally, I have not been given such [community profile].* (Participant 2)

Participant 1 indicated that it is a challenge when they do not have community profile since it may hinder service delivery to vulnerable clients:

> *There may be some organisations providing support to children living with HIV, but I don't know of any around. So, it is not possible for me to refer to foster children living with HIV in my caseload*. (Participant 1)

DISCUSSION

This study explored the care provided by social workers to foster children living with HIV. The findings show that social workers who saw these children as vulnerable addressed their specific needs, aligning with Tumwesige et al. (2021), who noted that children living with HIV face poverty and mental health issues requiring support. Additionally, some social workers linked these children to CBOs and clinics. Saarnik (2021) stated that successful foster placements rely on caseworker support and assistance from CBOs.

The findings showed that social workers' views on the vulnerability of foster children living with HIV affected service levels. Most social workers supervised these placements only once or twice a year, arguing that all children must receive the same services whether they are living with HIV or not. This is consistent with the Ntshongwana and Tanga (2018) study, which found inadequate supervision for foster children living with HIV. Addressing this gap through Ubuntu-informed training for social workers could enhance holistic, culturally responsive, and community-driven support for children living with HIV.

Children living with HIV require psychosocial support due to the dual challenges of their HIV status and the loss of their parents. The findings indicated that only three participants provided such services, while the majority (eleven) did not mention offering psychosocial support to children in foster care living with HIV. In contrast, many studies show that social workers provide psychosocial support to foster children living with HIV, for

example, the study by (Lukelelo, 2023). However, the findings in this study suggest that these children were not receiving these services as it was already revealed that they were supervised once or twice a year. The lack of psychosocial support reflects a significant gap in practice that contradicts the Ubuntu Social Work, Welfare and Development Theory. Aligning practice with Ubuntu principles is essential to ensure that all children receive dignified and meaningful support.

Caring for children living with HIV necessitates comprehensive knowledge about HIV. Participants highlighted that their understanding of HIV as social workers was limited due to a lack of training. Previous studies have emphasized the importance of social workers providing support to caregivers of children living with HIV and ensuring they comprehend their roles in the child's adherence to HIV treatment. If required, informational sessions should be conducted regularly for parents to support the child's treatment adherence (UNICEF, 2022). However, the study found that social workers could not provide HIV and AIDS information to foster parents or children because they were not trained, highlighting a gap that contradicts the Ubuntu principle of shared knowledge and mutual support in social welfare practices.

Another finding was the lack of awareness among social workers regarding the services offered by the HIV directorate, suggesting a communication issue within DSD directorates. This aligns with the study by Van Niekerk and Matthias (2019), which found that the child protection system lacks a clear organisational framework for implementation and integration among the DSD directorates, despite the Children's Act 38 of 2005 (Section 4) requiring state organs to collaborate.

Community profiling is crucial in social work to familiarise social workers with available community resources for clients (Csesznek & Şimon, 2019). The findings show that the lack of community profiling prevents social workers from knowing these resources. Ntshongwana and Tanga (2018) stated that one of the resources in communities is CBOs. They further explained that CBOs offer services that include HIV adherence support, psychosocial support, and schoolwork assistance to children living with HIV. However, effective linkage requires knowledge of these organisations. This underscores the importance of community profiling across all intervention levels in social work: micro, mezzo, and macro.

IMPLICATIONS TO SOCIAL WORK PRACTICE

This study reveals that the inadequacy of foster care supervision also applies to foster care placements of children living with HIV. These findings suggest that there is a need to strengthen the supervision of foster children living with HIV to ensure that they enjoy their tenure in foster care placements. Additionally, timely supervision would promote the protection of children's rights, including their right to receive well-rounded welfare services and social support. Further, the view by participants that foster children living with HIV are just like any other children affected the service levels provided by social workers to these children. This necessitates training for social workers in HIV services through workshops and/or revisiting the social work curriculum to ensure that it includes sufficient HIV content to assist social workers to handle cases relating to HIV. On the other hand, some participants who took full responsibility for caring for foster children living with HIV provided services such as linking them to CBOs and the Department of Health which extended the hand of care. Therefore, social workers need to deliver services consistently. To do this, they should familiarise themselves with community resources through community profiling.

RECOMMENDATIONS

The study recommends, first, to establishing guidelines on how social workers should care for children in foster care living with HIV. Second, providing training to social workers on delivering care to these children. Third, incorporating content into the social work curriculum to ensure graduates are prepared to handle HIV-related services. Fourth, standardising the use of community profiling at all levels of social work interventions: micro, mezzo, and macro. Finally, involving social work supervisors in ensuring appropriate support is provided to social workers for timely supervision of foster children living with HIV.

CONCLUSIONS

It can be deduced that there is a need for social workers to focus on caring for foster children, particularly those living with HIV. This can be achieved through targeted training for social workers on managing health-related conditions, specifically HIV. Furthermore, social workers should adopt the principles of Ubuntu Social Work, Welfare and Development Theory to ensure they provide the highest level of care and support to foster children living with HIV. Though social workers were at the disposal of foster children living with HIV, these children were not enjoying the benefits, such as regular or timely supervision, psychosocial support, assistance with regular medical check-ups to maintain viral suppression, emotional counselling, and community integration. Consequently, Ubuntu Social Work, Welfare and Development Theory should be the central focus informing

social workers' intervention for foster children living with HIV.

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