

# Perspectives

## on KwaZulu-Natal

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### Meeting the needs of Aids orphans

The Pinetown Child and Family Welfare Society is striving to meet the needs of the growing number of orphans, writes the society's **Yasmin Rajah**.

With the support of the Aids Foundation of South Africa, the Pinetown Child and Family Welfare Society, embarked on a pilot programme during April 2000 to promote the protection and care of orphans and provide support for their caregivers. The project was embarked upon as the Society was noticing a marked increase in the number of children being orphaned and requiring services, as their circumstances had deteriorated to the extent that they were experiencing neglect. Information from our caseloads was also suggesting that some children were being orphaned due to the HIV/AIDS pandemic. A number of these children were also infected.

Our pilot project had four main aims. First, to attempt to identify orphans and children at risk as early as possible in order to attempt to prevent neglect and a deterioration of their life circumstances. Second, to strengthen the community's ability to care for the children through accessing available resources. The third aim was to provide support services to the caregivers of the children, especially in instances where orphans were also HIV positive. Finally, the project aimed to identify potential orphans, if possible, in order to assist their parents to prepare for the children's future care and to assist them to cope with the disease and their own anxieties.

In the first phase of the pilot project we set up what we called a 'collaborative' in the KwaDabeka area in the northern parts of the Durban Unicity. This process entailed contact with both formal and informal organisations and groups that provide some sort of service to the community. We consulted with a wide range of such bodies including churches, schools, educare centres, the local clinic, community health workers, gardening and literacy groups, local councillors and development forums. Each body was made aware of the issue of orphans and invited to send a representative to a workshop.

The workshop further explored the issues around HIV/Aids and the needs of infected and affected children. At the end of the workshop, the 'collaborative' structure was formally accepted. This structure is a formal network made up of one representative or more from each body that wished to join. The 14 mandated representatives are each expected to return to their organisation and its constituency to discuss issues around HIV/Aids and the needs of infected and affected children. They are also expected to lobby for the strengthening of services for such children in their specific sector.

The 'collaborative' structure meets monthly to share information and resources. The structure has also developed an internal referral system among members and

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organisations so that those identified as requiring services can be assisted. The idea is to encourage services organisations or groups to view their clients, patients and members holistically and to utilise available resources to assist them. For example, a clinic sister needs to view her patient as being a wife or mother, for example, in addition to being a patient and to refer her for relevant services so that her family does not suffer unduly.

Pinetown Child Welfare has also begun a process of strengthening its own services to HIV positive parents and infected and affected children, as well as their caregivers. Many of these individuals were approaching us for help in obtaining child support and foster grants, which would assist them financially. While we realized that this was an important task, we also noted that the emotional needs of the children and caregivers needed to be taken into consideration. They had often not dealt appropriately with the loss of the parent or, in the case of caregivers - who are normally grandmothers or aunts - with the loss of the child.

We, therefore, initiated a pilot group of about 10 children, aged between eight and 12, all of whom had lost parents in the previous year, to help them deal with their issues of grief and loss. In most cases these children had not been 'allowed' to grieve appropriately and were for the first time able to express their feelings. The children used creative means to express this grief or loss. This included the writing of stories or letters to deceased parents, producing drawings and compiling collages.

Another group of extended family members, including the grandmothers and aunts who were caring for the orphans was formed. Those in this group also indicated that this was their first opportunity to deal with the loss of their loved ones. One member shared how she tried to help the children in her care by putting away photos and belongings of the deceased parents so that the children would forget.

This group served as a multi-purpose group as it provided the opportunity for the Society to help members deal with issues of grief, information on parenting, awareness of the needs of children, particularly orphaned children, and other relevant information that could help the caregivers to cope. It also served as a foster care screening group. An added bonus was the support that members gained from each other.

Pinetown Child Welfare also established two support groups for caregivers of HIV positive children. One of these groups preceded the pilot and the other was established more recently. As group members in this category did not want the status of the children to be revealed, they chose to have meetings at the Society's offices. The group members provide mutual support to each other and at monthly meetings learn about how to appropriately care for HIV positive children. They have been made aware of infection control, nutrition, maintaining hygienic standards, alternative remedies, and so on. The group also appears to provide some respite to its members by enabling them to share their experiences.

We have also been instrumental in setting up gardening, sewing and beadwork groups for caregivers of orphaned children. The aim of these groups is to provide some skills training, including business skills, to encourage caregivers to become economically self-reliant. These groups also provide a forum for discussion on parenting, discipline and other needs of orphans.

Pinetown Family Welfare is presently in the process of initiating two groups for HIV

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positive parents. These will serve to help them deal with their disease, prepare for alternative custody for their children and provide some skills training to empower them to live positively and become economically independent.

In our endeavour to keep children in their families and communities, the society has also embarked on a recruitment drive for foster and adoptive parents from within the community. We have recruited potential foster and adoptive parents through addressing churches and other groups identified by the 'collaborative' members. We have also requested that these members assist in the screening process.

The society at present has about 815 orphans on its books. We have dealt statutorily, through the Children's Court, with over 400; about 100 of them during the past year. Obstacles in fast-tracking the statutory work remain the lack of documentation - birth and death certificates - lack of staff, the number of fraudulent cases being referred, as well as the court roll being full. In cases where we have initiated Children's Court inquiries to help alleviate poor financial circumstances while investigations continue, the obstacle remains the time that is taken to obtain place of safety grants. Where matters have been finalized and children placed in foster care, foster grants can take more than six months to be approved.

*Yasmin Rajah works for the Pinetown Child and Family Welfare Society. This article appeared in the June/July 2001 issue of Children First.*