PSYCHOSOCIAL SUPPORT FOR ORPHANS AND OTHER CHILDREN MADE VULNERABLE BY HIV AND AIDS (A Conceptual Framework)

The invaluable input of the National Action Committee for Children Affected by AIDS (NACCA), NACCA Psychosocial Support Reference Team, Provincial Stakeholders, participants in the psychosocial study tour (Child Welfare South Africa, Dlanathi, Save the Children (UK), REPSSI, World Vision), Centre for Social Development in Africa at the University of Johannesburg, REPSSI and UNICEF to the development of this conceptual framework is acknowledged with appreciation.
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Executive Summary

The HIV and AIDS pandemic has disrupted family, community and social structures, and has led to a marked increase in the number of orphans and other vulnerable children (OVC). It has been found that children orphaned due to AIDS and those living with HIV positive caregivers experience more psychological distress than children who have parents, or children who are orphaned due to other causes or children living with caregivers who have other chronic illnesses. Factors which mitigate the psychological stress and cumulative risk effects and promote optimal growth and well-being in OVC include food security, health-care and education, consistent caregiving, as well as emotionally supportive relationships. The implication is that effective responses to the challenges we face in South Africa must integrate strong trusting relationships with material support.

The core principles which underpin psychosocial care and enhance the psychosocial well-being of children fall within a child rights perspective and include protection from harm; the best interests of the child; child participation; family-based care; ubuntu, social and community integration; social development: sustainability; inter-sectorial collaboration; mainstreaming psychosocial support; prevention as opposed to reaction; cultural appropriateness; gender sensitivity; and age and developmental appropriateness.

Special groups requiring psychosocial support include: children living with HIV; children living with caregivers who are ill; children with special needs; children living in child and youth-headed households; children from other countries; and children affected by other forms of adversity. Although this framework is written for children in context of the HIV pandemic, it is relevant to all children, who are by nature of their developmental stage, vulnerable.

The following key strategic objectives are proposed:

1. To raise awareness and advocate for the psychosocial rights of children and youth affected and made vulnerable by HIV and AIDS.
2. To promote mainstreming of psychosocial support in all government, civil society and communities services and programmes.
3. To strengthen and support family and community capacity to provide psychosocial support for children.
4. To strengthen referral mechanisms for children and youth to specialized services.

Interventions designed to achieve these objectives are discussed. The importance of monitoring, evaluation and research is also highlighted.

The main psychosocial support should ideally come from the child’s immediate and extended family. PSS may be further strengthened, by the community and other service providers, through effective national and international policies and legislation that protect the rights of children. The involvement of all these stakeholders can potentially revive the spirit of ubuntu, and enable children from all backgrounds to reach their full potential.
# Acronyms and Abbreviations

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>ACRWC</td>
<td>African Charter on the Rights and Welfare of the Child</td>
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<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<td>CBO</td>
<td>Community-Based Organization</td>
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<tr>
<td>DWCPD</td>
<td>Department of Women, Children and People with Disabilities</td>
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<td>DSD</td>
<td>Department of Social Development</td>
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<tr>
<td>FBO</td>
<td>Faith-Based Organization</td>
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<tr>
<td>HCBC</td>
<td>Home and Community-Based Care</td>
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<tr>
<td>HIV</td>
<td>Human Immune Deficiency Virus</td>
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<td>NACCA</td>
<td>National Action Committee for Children Affected by HIV and AIDS</td>
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<td>NAP</td>
<td>National Action Plan</td>
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<td>NPAC</td>
<td>National Plan of Action for Children</td>
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<td>NGO</td>
<td>Non-Governmental Organization</td>
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<td>OVC &amp; Y</td>
<td>Orphans and Vulnerable Children and Youth</td>
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<td>REPSSI</td>
<td>Regional Psychosocial Support Initiative</td>
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<td>PSS</td>
<td>Psychosocial Support</td>
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<td>SADC</td>
<td>Southern African Development Community</td>
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<td>UMC</td>
<td>Unaccompanied migrant child/children</td>
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<td>UNCRC</td>
<td>United Nations Convention on the Rights of the Child</td>
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<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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# Glossary of Terms

<table>
<thead>
<tr>
<th>Key Term</th>
<th>Definition</th>
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| Caregiver                 | A caregiver is any person other than a parent or guardian, who actually cares for a child and includes: a foster parent; a person who cares for a child with the implied or express consent of a parent or guardian of the child; a person who cares for a child whilst the child is in temporary safe care; the person at the head of a child and youth care centre where a child has been placed; the person at the head of a shelter; a child and youth care worker who cares for a child who is without appropriate family care in the community; and the child at the head of a child-headed household.  
| Child                     | A child is defined as a person under the age of 18 years.  
   2. Ibid.                                                                                                                                                                                                  |
| Child-headed household    | A child-headed household refers to a household where the parent, guardian or caregiver of the household is terminally ill, has died or abandoned the children in the household, or when no adult family member is available to care for the children in the household, or where a child over the age of 16 years has assumed the role of caregiver in respect of those children, and it is in the best interest of the children.  
   3. Ibid.                                                                                                                                                                                                  |
| Community                 | Community refers to all people living in a specific place, such as a group of people found within a particular geographic area who see themselves as belonging to that place and relate to one another in some respect.  
| Community caregiver       | The community caregiver is the first line of support between the community and various health and social development services. He/she plays a vital role in supporting and empowering community members to make informed choices about their health and psychosocial wellbeing and provides ongoing care and support to individuals and families who are vulnerable due to chronic illness and indigent living circumstances.  
| Family                    | A social unit created by blood, marriage, adoption, or common line of kinship – whether paternal or maternal. The family can be nuclear (husband, wife and children) or extended (including relatives of the husband and/or wife).  
| Indigenous knowledge      | Is knowledge that is unique to every culture and society and is embedded in community practices, institutions, relationships and rituals. It is rooted in a particular community and situated within broader cultural traditions that define the identity of the community.  

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2. Ibid.  
3. Ibid.  
<table>
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<tr>
<th><strong>Mainstreaming psychosocial support</strong></th>
<th>Mainstreaming PSS is a strategy that incorporates psychosocial support in every aspect of an organization or institution from the policy level, through organizational culture and practice to all areas of the programme cycle. Mainstreaming may extend beyond a single institution to encompass broader or national policies and programmes.</th>
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<tr>
<td><strong>Orphan</strong></td>
<td>A child who has no surviving parent caring for him or her.8</td>
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<tr>
<td><strong>Specialized services</strong></td>
<td>These services include psychological or psychiatric support for people with severe mental disorders whenever their needs exceed the capacity of community based services.</td>
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<td><strong>Sustainability</strong></td>
<td>Ensuring that human development efforts achieve lasting improvement in the lives of children, youth and families/caregivers and communities without harming or compromising their well-being and that of others in the present or the future.9</td>
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<tr>
<td><strong>Unaccompanied migrant child</strong></td>
<td>An unaccompanied migrant child (UMC) as a person under the age of 18 years who has either crossed the border alone or has subsequently found him or herself living in a foreign country without an adult caregiver and left to fend for themselves.</td>
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<tr>
<td><strong>Vulnerability</strong></td>
<td>A state of high risk of exposure to harm or deprivation, possibly due to a lack of care and support.</td>
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<tr>
<td><strong>Vulnerable child</strong></td>
<td>A child whose survival, care, protection or development may be compromised due to a particular condition, situation or circumstance and which prevents the fulfillment of his or her rights.10</td>
</tr>
<tr>
<td><strong>Vulnerable youth</strong></td>
<td>Persons aged between 18 and 24 years who are unable or who have diminished capacity to access their rights to survival, development, protection and participation and may be at risk of being harmed, exploited and/or denied necessary age-specific developmental needs as a result of their physical condition, such as disability, unemployment, HIV infection or AIDS, armed conflict and war, living on the street, neglected by parents, undocumented migrant status and substance abuse among others.11</td>
</tr>
<tr>
<td><strong>Youth</strong></td>
<td>For the purposes of this framework, youth are persons aged 18–24 years. This definition recognizes that this period of transition from childhood to adulthood requires that young people learning to become independent and responsible citizens is a process, and that accessing services and rights cannot be taken for granted. This is especially the case for youth who have been deprived of parenting and role modeling and who are at risk of deprivation.</td>
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11. SADC Regional Conceptual Framework for Psychosocial Support for Orphans and Vulnerable Children and Youth. 11 October 2010th Draft.
Children orphaned due to AIDS experience more psychological distress than children who still have both parents, or children who are orphaned due to other causes. They tend to be poorer than other children, have less to eat, are less likely to attend school, are more likely to be living in a family without access to social assistance, have caregivers who are unwell, and spend more time on household chores. Some of the psychological problems that they experience are: anxiety, depression, anger, sleep problems and nightmares, suicidal thoughts, peer relationship problems, post-traumatic stress, delinquency and conduct problems. These psychological problems are likely to become more severe if children are forced to separate from their siblings upon becoming orphaned, experience a frequent change in caregiver, or live in a home where there is violence or abuse. Increased stress experienced by caregivers as a result of caregiving responsibilities impacts negatively on the quality of care that they provide to children.

Risk factors that impact on children and youth orphaned due to AIDS include bullying, stigma, community violence, and lack of opportunities for positive recreational activities. Protective factors which reduce the psychological stress and cumulative risk effects include factors within each child, from their caregiver and in their caregiving environment. Individual factors include: a sense of belonging in the family, hope and confidence. Caregiver factors include: having a consistent caring caregiver; good quality care; positive child-caregiver interaction such as frequent praise for the child; follow up and support for the caregiver; equal sharing of resources within the family. Caregiving environment factors include: food security; minimal exposure to stigma, discrimination and bullying; child friendly essential services; emotionally responsive relationships from adults such as carers and educators; and engagement in sport, family outings and other positive activities.

An effective response to the challenges we face in South Africa must include rebuilding and strengthening relationships – the psychological and social care so vital to human development. The most powerful and important form of psychosocial support is in the positive regard and affirmation that children are given in everyday care and support provided by families, households, friends, teachers and community members. Children affected by adversity are less likely to develop serious symptoms that require specialized therapy if they are given family-based and community-based care and support, and are helped to maintain or resume a sense of normality in their lives. The old African adage “It takes a village to raise a child” has never been more appropriate than in the time of HIV and AIDS. Where households have been affected by AIDS-related losses, hope may be found in rebuilding the village.

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and strengthening “the resilient traditional social network system, the African kinship system”.

One of the strategies of the National Action Plan (2009–2012) for Orphans and other Children made vulnerable by HIV and AIDS (OVC) focuses on strengthening families and communities to take care of OVC. Strategic Objective 1.2 of the NAP calls for increased delivery of psychosocial support (PSS) to OVC and their families. The National Policy Framework for Orphans and Vulnerable Children has the provision of psychosocial support (PSS) as a key objective. This conceptual framework will inform the development of guidelines and standards for a holistic response to the situation of children and youth, their families and communities, which promotes the psychosocial wellbeing of children.

For the purposes of this framework, youth aged between 18–24 years are also included as beneficiaries of service provision. The period of transitioning from childhood to adulthood requires that young people learn to become independent, responsible citizens and accessing services and rights that support their transition cannot be taken for granted.

### Purpose of the PSS Framework

This document provides an outline of core principles of psychosocial support and proposes key strategies to implement these principles at a number of different levels. A broad focus is taken from proposing strategic direction for sector leaders, to strengthening community responses and to recommending support at household level. The framework may be used as a reference and guide for enhancing psychosocial support in:

- Policies;
- Strategies;
- Programme design and implementation;
- Service delivery; and
- Monitoring and evaluation.

The framework will give government departments, NGOs and other CSO guidance in developing, reviewing and implementing programmes which provide psychosocial support.

To facilitate practical application of the Conceptual Framework, a Psychosocial Support Self Assessment Tool (PSS-SAT) is also included. This tool aims to support government departments, NGOs and CSOs to trigger reflection and discussion in relation to implementation of the PSS Conceptual Framework strategies and interventions. It can be used to generate information for baseline assessments; assess progress made; identify the PSS gaps and areas for further development; and develop realistic evidence-based plans. The PSS-SAT is included as Appendix 1.

Though the framework provides a guide for psychosocial support at policy, strategy and programme design, it is also recognized that practical tools and resources are needed to support implementations of PSS interventions in communities.

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Background to the development of the PSS framework

The HIV and AIDS pandemic has disrupted family, community and social structures, and has led to a marked increase in the number of orphans and vulnerable children. These children face burdens of stigma, are compelled to assume adult responsibilities prematurely and live with grief and a heavy sense of loss. Many South African families have experienced multiple losses, live in situations of poverty, and have experienced the impact of migration. Extended families have generally widened their circles to provide children with care and support. However, they struggle to meet the basic needs of these children, let alone their psychosocial needs. The capacity of extended kinship families to care for the many children whose parents have passed away is being stretched to the limit.

The PSS Conceptual Framework was developed with reference to the following key national and international documents:

- National Policy Framework for orphans and other children made vulnerable by HIV and AIDS.
- The Children’s Act, No 38 of 2005 as amended.
- African Charter on the rights and welfare of children (ACR).

The framework was developed through a consultative process, drawing on sector experts and the evidence-based practice of projects in South Africa and the region addressing the psychosocial needs of orphaned and vulnerable children. This included piloting various creative approaches to PSS (e.g. story-telling, drama, art, play, reflective listening); a couple of workshops; and a study tour organized by UNICEF and Department of Social Development to exchange experiences and lessons learned in the provision of psychosocial support services to children in Uganda and Malawi. Finally, the first draft of the conceptual framework was prepared collaboratively by a team of representatives from DSD, UNICEF and civil society organizations in July 2010.

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4 Key concepts underpinning psychosocial support

4.1 The psychosocial approach

Psychosocial = psychological + social

The psychosocial approach emphasizes the close connection between psychological aspects of an individual’s experience (namely, thoughts, feelings and beliefs) and the wider social experience (namely, relationships with family, community and friends) as well as the broader social environment (i.e. culture, traditions, religion, socio-political environment). African culture emphasizes a communal psychosocial model, premised on a definition of the stages of development according to ability and readiness to perform societal tasks and expectations. African ethics emphasize the ubuntu values of inter-relatedness of people, collective decision-making, mutual aid, respect, compassion, hospitality, generosity and service to humanity. This approach takes into account spiritual aspects (value systems and beliefs) which may include traditional healing, traditional beliefs in ancestors, the existence of a Supreme Being or God, or witchcraft, and cultural rituals and traditions associated with various rites of passage. It also includes physical aspects. There is a dynamic relationship between the psychological and social effects of experiences on the individual person, with each continually influencing the other.

African notions of person emphasize the interconnectedness of all things, living and dead, oneness of mind, body and spirit or soul, the position of an individual as part of a group or collective, while western thought is analytical and focuses on individuality, rationality and visible physical reality. Thus, there is more emphasis on relationships and those around a child, than on the individual attributes in an African system.

Within the context of this conceptual framework, the psychosocial approach includes the psychological and social aspects affecting children, youth and families made vulnerable by the HIV and AIDS pandemic. It also acknowledges different marital and family systems such as the nuclear and extended family, tribe or clan; monogamous, polygamous and customary marriages; egalitarian and patriarchal families; the differential roles and status of men and women in African culture; and communal ways of living.

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25. SADC Regional Conceptual Framework for Psychosocial Support for Orphans and Vulnerable Children and Youth. 11 October 2010, 4th Draft.
4.2 Psychosocial wellbeing

Psychosocial wellbeing is when individuals have the competencies and capacities to deal with life’s demands and manage relationships well, enabling them to understand their environment, engage with it, make choices, and have hope for the future. Psychosocial well-being covers many aspects of the child’s life, including:

Psychological factors:
- Appropriate emotions.
- Relevant thoughts or cognitions.
- Mental health.
- Developmentally appropriate spirituality and morality.

Social Factors:
- Positive relationships with family, friends and community.
- Positive engagement with the broader social environment.

Children’s psychosocial wellbeing affects every aspect of their lives, from their ability to learn, to be healthy, to play, to be productive and to relate well to other people as they grow.

4.3 Psychosocial support

Psychosocial support describes a continuum of care and support and aims at ensuring the social, emotional and psychological wellbeing of individuals, their families and communities. The provision of psychosocial support services is aimed at enhancing the social, spiritual and emotional wellbeing of orphaned and vulnerable children and youth and may be preventative or curative in nature.

Psychosocial support may include a range of actions along the continuum:
- Love and affirmation.
- Ensuring that the child’s basic rights are realized (for example protection, nutrition, development, health care, and participation).
- Listening and responding to the child in order to assist him or her to cope in times of difficulties such as coping with loss or exposure to frightening experiences.
- Ensuring that the child is well connected socially to others.
- Strengthening the life skills of the child.

4.4 Risk and vulnerability

Risk refers to the threat that one will be deprived in the immediate or long-term, while vulnerability refers to the risk of exposure to harm, possibly due to lack of care and support.28

Risks may be present when a community is affected by adversity, such as HIV and AIDS.

Children who have lost their parents to AIDS-related illnesses, and who are not supported in a caring family environment may be at a higher risk for:
- Neglect, leading to a lack of access to basic rights.
- Physical abuse.
- Sexual abuse.
- Exploitation (for example child labour).
- Ill health requiring specialized care (e.g. children living with HIV).
- Psychological stress, possibly leading to concentration difficulties, anxiety, depression, and post traumatic stress disorder (Cluver et al., 2007).
- Emotional difficulties manifested for example in relationship problems and learning difficulties.

28. SADC Regional Conceptual Framework for PSS for OVC & Y, 2010
4.5 Coping

Coping is the ability to find, even in a new and unusual situation, an appropriate reaction to the challenges one is facing. It is defined as cognitive and behavioral efforts responding to specific stresses that exceed the usual capabilities or resources of a person.

_Coping resources_ refer to what is available to people to help them to cope, whereas _coping responses_ refer to how people respond to stressful situations.

_Coping resources_ are divided into _internal resources_ i.e. resources within the person, such as the personality traits of self-confidence and a sense of personal control over one’s life; and _external or environmental resources_, such as social support from family and community.

_Coping responses_ are divided into _problem-focused responses_ that try to find ways of dealing with the problem e.g. alleviating poverty by exploring different ways of earning a living, and _emotion-focused responses_ that attempt to manage the emotional consequences of the stressor e.g. coming to terms with the grief of losing a loved one. 29

The emergence of resilience _theory_ has been associated with a move away from emphasizing people’s weaknesses to a renewed focus on strengths and triumphs in the face of adversity. The assumption is that many children and families possess resources and capabilities that allow them to resolve their difficulties. Moreover, the resilience perspective “is a view of humanity that recognizes that, while people may face a range of adversities, discrimination, marginalization and vulnerability, people often find ways to surmount these challenges, to cope and even to thrive.” 31 Hence there is the notion of a continuum from vulnerability to coping to thriving.

Three major factors foster resilience:

1. Positive individual attributes and abilities or skills e.g. self-confidence, sociable temperament, optimism and a willingness to accept responsibility and adapt to challenges; life skills and social skills.
2. Family characteristics and relationships e.g. caring, nurturing and consistent parents and adults and a positive support network.
3. The environment beyond the family e.g. supportive teachers, religious leaders and sports coaches who provide encouragement and positive feedback.

Psychosocial support focuses on strengthening resilience. Good practice in psychosocial support draws on the person’s strengths and builds self reliance and social responsibility in coping with emotionally difficult circumstances in a way that builds relationships, families and ultimately the community.

4.6 Resilience

_resilience: the capacity to face, overcome and be strengthened by the adversities of life_ (REPSSI, 2009)

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31. Ibid.
Principles guiding psychosocial support

All the principles below are consistent with the UN Convention on the Rights of the Child, The Bill of Rights of the Constitution of South Africa (1996), Children’s Act No 38 of 2005, Children’s Amendment Act of 2007, the African Charter on the Rights and Welfare of the Child and the SADC minimum package of services for OVC and Youth.32

5.1 A child rights perspective

The PSS support framework is based on a rights-based approach which recognizes that all vulnerable children and youth have a basic right to identity, food, safety, shelter, nutrition, health care, education and psychosocial support services based on best practice and which foster local input.

5.2 Protection from harm

Protection of children and youth from all forms of violence and abuse by their families and communities, including political violence, violence at school, domestic violence, violence and bullying among peers and gender-based violence, is central to the provision of PSS. As psychosocial support has the potential to cause harm because it deals with highly sensitive issues the principles of informed consent, confidentiality, honesty and objectivity, and responsibility of practitioners are crucial.

5.3 The best interests of the child

When any changes need to be made in the life of a child, the primary consideration should be the best interests of the child and his / her rights should be taken into account.

5.4 Child participation

Children’s participation in discussions that affect them, in a way that is appropriate to their age, maturity and stage of development with due consideration being given to their opinions, is both a fundamental right and a valuable strategy to uphold their dignity and sense of agency. i.e. control and sense of direction for their lives.

5.5 Family-based care

The best form of care for children is within their families and communities. Where possible, children should remain in a stable environment with a familiar daily pattern and known cultural context.33 Reliability and predictability build trust.

5.6 Promotion of ubuntu

Treating people with dignity, respect and kindness is a core part of promoting the spirit of ubuntu which emphasises values of inter-relatedness of people, collective decision-making, mutual aid, respect, compassion, hospitality, generosity and service to humanity.

5.7 Social and community integration

The indigenous concept of a village raising a child, or community support from carers, school staff, and friends, is crucial for reconstructing relationships for children who have lost these when their parents died. Being connected, attached and belonging to a community is important in countering feelings of isolation, alienation and associated anxiety.

5.8 A developmental perspective

The developmental approach, which links social and economic policies in a comprehensive, developmental process, emphasizes people’s needs, aspirations and capabilities. Interventions should be developmental in empowering children and youth to realize their full physical, psychological, intellectual, moral, spiritual, creative, economic and political potential.

5.9 Inter-sectorial collaboration and mainstreaming PSS into all services

Children’s psychosocial wellbeing does not develop in isolation but depends on a synergistic satisfaction of needs and holistic access to rights. For example, food satisfies hunger, but family meal times can kindle sense of belonging and emotional, spiritual connection. The child and family should be part of a continuum of care, forming a protective environment from the home to specialized care sites. Interventions should focus on creating integrated programming for psychosocial support, mainstreamed into all services and all levels of a child’s life. This requires principles practice, in which children are positively regarded with respect, collaborative and inter-sectoral networking and partnerships with other organizations, programmes and service providers.

5.10 Sustainability of services

Services should provide lasting and long-term benefits for children, youth, their families, caregivers and community, including the empowerment of children and youth with livelihood and self-reliance skills and opportunities that will increase their potential to earn a living and generate income.

5.11 Prevention as opposed to reaction

Preventing children from being exposed to risk is preferable to focusing only on the alleviation of suffering. Prevention requires a focus on building stable, non-violent, healthy and productive communities that have the resources to care for their children. It also requires strong connections between people so that they are able to support one another and live in a sense of community solidarity with one another.

5.12 Culturally appropriate psychosocial support

Psychosocial support services should be locally appropriate in terms of cultural and spiritual practices. Indigenous practices which strengthen psychosocial support should be encouraged.
5.13 Gender sensitivity

The needs of boys and girls may be different, and consideration should be given to orphans and other vulnerable children in terms of gender. Girls and boys are at risk of neglect, abuse and sexual exploitation, and care should be taken not to fall into gender stereotyping in a way that discriminates against either gender, or places children at risk of harm. The different needs of male and female caregivers should also be considered.

5.14 Age and developmentally appropriate support

Psychosocial interventions need to acknowledge that children and young people require diverse responses at different stages of their life cycles. Such services need to be chronologically and developmentally appropriate to the unique needs of individual children and youth.
According to Bronfenbrenner’s Ecological or Eco-Systems Model, the child is surrounded by circles or spheres of support. This model focuses on the reciprocal relationships between people and their internal and external environments. This forms the theoretical backdrop to this conceptual framework.

6.1 The metaphor of a house to convey different ecological levels of PSS

One way of conceptualizing the ecological model is via the metaphor of a house which depicts some of the different aspects or levels of psychosocial support which contribute towards the wellbeing of orphaned and other children made vulnerable by HIV and AIDS.

Starting from the base of the illustration, children’s psychosocial wellbeing rests on having legislation and policies which protect the rights of children as a foundation for communities and families to provide care and support to their children. Such support includes meeting the basic needs of children, such as safety, shelter, nutrition, health and education in an integrated manner. These are the building blocks for children’s wellbeing.

Psychosocial support for children should come from their immediate and extended family and incorporate indigenous knowledge. Psychosocial support should be further strengthened by friends, school teachers and religious leaders, as well as NGOs and government service providers. Where there are gaps in psychosocial support offered by communities and families, specialized psychosocial services may be introduced. According to Bronfenbrenner’s Ecological Model, when psychosocial support is strengthened, the child is surrounded by levels or spheres of support.

Cluver, Fincham and Seedat (2009) have shown that the negative effects of severe multiple disadvantages in a particular sphere or spheres of a child’s life can be moderated by protective factors in other spheres. Support from carers, school staff, and friends buffers the harmful effects of exposure to trauma.

All services at the different levels should be based on the core principles of psychosocial support and thereby contribute towards the wellbeing of the child. Monitoring and evaluation of the wellbeing of children and the efficacy of services in providing psychosocial support should assist in identifying children in need, and improve the quality of care which children receive.

Figure 1: House illustrating the different levels of PSS

Key: IK = Indigenous Knowledge
6.2 The three core domains of psychosocial support

Psychosocial wellbeing develops in three different domains of personal and inter-personal functioning. These domains are described here as separate entities, but in reality are inter-connected. The domains provide a framework for understanding how we relate to our internal and external environments and for programming purposes.

Table 1: Main categories or domains of PSS

<table>
<thead>
<tr>
<th>Psychosocial Domain</th>
<th>Description</th>
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<tbody>
<tr>
<td>Emotional wellbeing (intrapersonal)</td>
<td>Emotional wellbeing refers to an individual’s capacity to live a full and creative life and the flexibility to deal with life’s inevitable challenges. The intrapersonal area concerns people’s ability to know and manage themselves and what they are doing in their lives. This includes self-awareness and a sense of self-worth, control over one’s behavior, realistic beliefs, spiritual appreciation or belief in one’s purpose, independence, feeling safe and happy, and having hope for the future.</td>
</tr>
<tr>
<td>Social wellbeing (interpersonal)</td>
<td>The interpersonal area concerns the ability to interact and get along with others. Social wellbeing refers to the extent and quality of social interactions. This includes relationships with caregivers, family members and peer groups, developing social networks, sense of belonging to a community, ability to communicate, social responsibility, empathy, and participation in social and cultural activities.</td>
</tr>
<tr>
<td>Skills and knowledge or competencies</td>
<td>Competencies and capacities to cope with life demands and stresses and manage relationships well. This includes problem-solving, planning and decision-making, stress management, negotiation, assertiveness, using culturally appropriate coping mechanisms, ability to assess their own abilities and strengths in relation to their needs. This also includes the capacity to detect, refer and manage mental illness alongside specialized mental health services.</td>
</tr>
</tbody>
</table>

6.3 Potential benefits of PSS provided by the different levels

Children and youth’s psychosocial support should ideally come from the immediate and extended family. Psychosocial support may be further strengthened by the community and other service providers like NGOs and government service providers through policies and legislation that protect and uphold the rights of the children and youth. The psychosocial outcomes for youth and children should therefore include:

- Feeling secure, loved and trusting others.
- A sense of self worth and confidence.
- A sense of identity and belonging.
- Ability to participate.
- Socially connected to others, ability to share, has a sense of empathy for others and respect for others.
- Show age appropriate cognitive development and behaviour.
- Demonstrate age appropriate skills towards broadening coping alternatives.

The table below is aligned to the Ecological Model that shows the levels of support, roles and potential outcomes to strengthen psychosocial support for children and youth surrounded by circles or spheres of support.

### Table 2: Levels of support, roles and psychosocial outcomes

<table>
<thead>
<tr>
<th>Level of support</th>
<th>Psychosocial support role</th>
<th>Psychosocial outcome</th>
</tr>
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</table>
| The family level | • Create a safe environment for the child.  
• Promote self-worth, confidence and individuality.  
• Ensure that the child’s basic needs are met.  
• Provide emotional support.  
• Socialize the child.  
• Promote positive values and a sense of culture.  
• Encourage the development of boundaries and discipline.  
• Create a nurturing environment for the child.  
• Model positive stress management skills and personal discipline. | • Family / household members have respect and trust for one another.  
• Feels connected and has strong relationships.  
• Communicates in a healthy manner.  
• Has a sense of independence.  
• Access to resources needed for addressing their needs.  
• Engages in meaningful spiritual or cultural practices and beliefs.  
• Feels secure.  
• Learns personal discipline competencies. |

continued…
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<tr>
<th>Level of support</th>
<th>Psychosocial support role</th>
<th>Psychosocial outcome</th>
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</table>
| **Community level** | • Inform and support local leadership such as counselors on child centered initiatives.  
• Establish and support child care forums.  
• Establish and support community home based care programmes.  
• Identify and refer children in need of specialized care.  
• Plan and initiate provision of material support.  
• Raise awareness and advocate for needs of children.  
• Advocate for and support access to social security.  
• Create protective environments for children.  
• Provide support to care for the caregivers. | • Community is safe and stable for children.  
• Social cohesion and healthy social norms for children to learn.  
• Quality services are available and accessible for children.  
• Psychosocial needs of children are prioritised.  
• Support for families and caregivers to provide Psychosocial support to children is available. |
| **Non-government organizations (NGOs) level** | • Create awareness of and advocate for children’s rights and psychosocial support.  
• Offer parenting skills and family strengthening interventions as a preventative PS measure.  
• Identify and refer children in need of specialized support.  
• Provide counseling.  
• Facilitate succession planning.  
• Assist with access to services such as social security and education.  
• Provide material assistance.  
• Facilitate life skills capacity development (e.g. facilitate psychosocial support groups and holiday camps).  
• Facilitate capacity building around psychosocial support.  
• Establish income generating projects to supplement household income.  
• Organize home-based care for persons who are ill. | • Basic rights for all children and families are realised.  
• Psychosocial support across departments is integrated and coordinated.  
• Children’s inheritance rights are protected.  
• Local innovative and indigenous interventions are documented, shared and promoted.  
• Children have access to socially responsible and accountable services.  
• Children and their families are taken care of by their communities in their own life space.  
• Psychosocial wellbeing of children and families is monitored and evaluated. |
| **Government level** | • Develop research-based policies which inform strategic decisions about psychosocial support.  
• Enable access to integrated service delivery that meets the needs of children.  
• Provide media coverage and awareness-raising communication materials about children’s needs and psychosocial support.  
• Allocate resources for psychosocial support and accountability for the use of these resources.  
• Develop psychosocial support capacity building methodologies and accredited curriculums. | • Policies and programmes that promote an enabling environment for children’s rights are in place.  
• Psychosocial support is strengthened by evidenced based programming.  
• Programmes and services are designed and delivered effectively to provide for the needs of children holistically.  
• Resources are mobilised and allocated for implementation of to children’s basic needs.  
• Service providers have capacity to mainstream psychosocial support. |
This section focuses on some of the special groups that may require additional psychosocial support.

### 7.1 Children living with HIV

A relatively low percentage of children whose parents are living with HIV are also HIV positive. It is important to convey this message so that people do not assume that children of HIV positive parents are necessarily also positive. Some of the issues in supporting children who are living with HIV include support and counseling for testing; accessing treatment; disclosure of status to friends, teachers and other community members and decisions on relationships, sexuality and reproduction.

Psychosocial support, such as giving children the space to talk about their worries, helping them to deal with stigma and normalizing their illness, can help children and families to cope with their illness and reduce stress.

### 7.2 Children living with and caring for caregivers who are ill

Children often assume the responsibility of caring for an ill parent or caregiver. These children miss or drop out of school to care for sick adults; experience hunger due to household poverty; and have concentration problems due to worrying about the sick person. AIDS-related stigma also places them at risk of being bullied.

Support to the parents/caregiver is essential. One of their main concerns, causing severe psychological distress is around disclosure of their own serostatus. Concerns are exacerbated among mothers of young children who question whether the child is old enough to understand, or will be able to keep the information confidential.

Psychosocial support needs to include the caregiver/parent, facilitating discussion on preferred process for disclosure, taking the age and maturity of the child into account and being cognizant of the fact that it helps children to understand the truth. Furthermore, psychosocial support could assist the members of the household, including the children to undertake household chores routinely, assistance to maintain school attendance and access social and food security, space to talk, listen and play, plan for the future and stay connected with family, friends and community.

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38. Murphy, 2008, HIV positive mothers' disclosure of their serostatus to their young children
39. Murphy et al., 2011 Pilot trial of a disclosure intervention for HIV+ mothers
7.3 Children with special needs

Orphaned and other children made vulnerable due to HIV and AIDS who also have special needs (such as physical, mental or intellectual disabilities), or sensory impairments (such as deafness or blindness), require additional support to ensure that they are included in all services (especially education and stimulation), and not discriminated against or neglected.

7.4 Children living in child and youth-headed households

Child-headed households are commonly defined as households “where the parent, guardian or care-giver is either terminally ill, has died or has abandoned the children and there is no adult family member available to care for the children and a child has taken on these responsibilities.”

Reasons for children living without adults include parents moving to urban areas to seek employment, or not acknowledging or supporting their children, or affected by alcohol abuse and being incapable of parenting; as well as orphaned children having no appointed foster parent, either because relatives live far away or have too many dependents or do not want them; or children not wanting to be separated from siblings or not wanting to abandon their homes.

A 2008 Situational Analysis of Child-Headed-Households (CHH) in South Africa revealed that 66% of child-headed households were headed by females who had dropped out of school, were unemployed, and had a child of their own. The majority (52.1%) of those heading households were youth, aged between 20 and 34 years old, and the rate of teenage pregnancy was high. Children in these circumstances expressed their need for basics e.g. food, safety, housing, clothing, health, hygiene, education, supervision and money. Psychosocial needs included counseling following trauma and multiple losses from deaths of parents and dispersal of siblings; sexual abuse, exploitation and stigma; and the need to be treated with dignity and respect. Of concern is that few children chose to access support from schools because they did not want other children to be aware of their situation.

Of particular interest to PSS practitioners are the links between living in a child-headed household and poor mental health (especially for those living on the streets), the psychological trauma of witnessing a parent’s illness, of dealing with death, the absence of adult guidance and mentoring, fear and isolation, the unmet need for love and security, and having to assume adult roles of raising younger siblings, whilst dealing with the stresses of being an adolescent. For those who are compelled to raise younger siblings, training in effective parenting may need to involve learning about child care, discipline, nutrition, cooking, accessing grants and other resources and human rights. Children also need to be taught strategies to avoid sexual exploitation and what to do in the event of being molested. In addition, caregivers need to be given guidance on how to respond if they suspect that a child has been or is being abused. They also need to be made aware of the fact that the Children’s Act recognizes that the child heading the household has all the rights and responsibilities of a caregiver including the right and responsibility to consent to the medical treatment or HIV testing of the younger children.

In addition, CHHs need to be targeted for skills development to strengthen their future independence and earning potential. It is also important to adopt a strengths-perspective and focus on the inner resources that many child-headed households have been found to possess, including a strong sense of responsibility, the ability to seek help from the few sympathetic adults they know, the ability to problem-solve, and emotional maturity in the way they parent younger children.

44. Mahery, Jamieson & Scott, 2011.
7.5 Children who have migrated from other countries

South African legislation recognizes that all children, regardless of their refugee or migrant status, have a right to essential services. Children from other countries in southern Africa are migrating into South Africa because of chronic poverty, hunger, lack of educational opportunities and the sickness and death of parents and caregivers (possibly due to HIV and AIDS); droughts and political unrest or conflicts, and pressure from families to seek work. Some children are accompanied by parents or caregivers. Others are unaccompanied minors, many of whom are undocumented. Unaccompanied Migrant Children (UMC) may be victims of trafficking or coerced or deceived into migrating, but many make the choice to migrate. UMC are vulnerable to abuse and exploitation.

Interventions that have been found to be helpful in facilitating integration of migrant children include support groups where children can share experiences and ways of coping with frightening memories; writing and drawing pictures about their hopes and ambitions for the future; progressive muscle relaxation and engaging in visual imagery about a “Safe Place”. Parental interventions include practical support in resolving legal and housing problems and enrolling of children at schools; and arranging support groups facilitated by interpreters. The aims of these parental support groups are to:

• afford parents the opportunity to share their experiences, learn from one another and offer mutual support.
• help parents to support their children’s early learning and development.
• enable parents to gain an understanding of the services available in the host country.
• assist parents in dealing with their children’s behavioural, learning, sleeping and eating difficulties, as well as loss and bereavement including cultural bereavement.

7.6 Children affected by other forms of adversity

Children affected by other forms of adversity include children who have:

• survived physical, emotional and sexual abuse.
• witnessed the death of their parents.
• been victims of trafficking.
• survived natural disasters or other frightening experiences.

As well as:

• children on the streets.
• Children growing up in prisons with their incarcerated mothers.

These children may need additional psychosocial support. There are many specialized agencies available to assist such children, and they may be used as referral sources for special care.

All these interventions need to tap into the strengths and resilience of migrant children and their parents.45

These objectives can be aligned with the House Metaphor of ecological levels of psychosocial support depicted in Figure 1. There are levels of support, which are not mutually exclusive and which need to draw upon indigenous beliefs and practices.

8.1 Strategic Objective 1:

To raise awareness and advocate for the psychosocial rights of children and youth affected and made vulnerable by HIV and AIDS.

8.2 Strategic Objective 2:

To promote mainstreaming of psychosocial support in all government, civil society and communities services and programmes.

8.3 Strategic Objective 3:

To strengthen and support family and community capacity to provide psychosocial support for children.

8.4 Strategic Objective 4:

To strengthen referral mechanisms for children and youth to specialized services.
9 Interventions designed to achieve PSS objectives

9.1 Interventions for Strategic Objective 1:

To raise awareness and advocate for the psychosocial rights of children and youth affected and made vulnerable by HIV and AIDS.

A policy environment that is supportive of the entitlements and rights of children and youth affected and made vulnerable by HIV and AIDS is important in order to ensure increased access to sustainable psychosocial support. Active and meaningful participation of children and youth is essential to raise awareness on the importance placing children’s psychosocial needs and psychosocial wellbeing at the forefront of the agendas of governments and civil society.

This can be achieved through the following interventions:

• Raise awareness of the psychosocial needs and rights of children affected by HIV and AIDS amongst all service providers and community.
• Promote the protection and participation of children and families affected by HIV and AIDS.
• Ensure child care givers have access to information on psychosocial support.
• Advocate for policies and programmes that promote the rights of children.

As an example, the Department of Women, Children and People with Disabilities (DWCPD) is in the process of developing a National Plan of Action for Children (NPAC) to bring together all the commitments that the government has made to ensure that children’s rights are protected and implemented. As part of the process a child-friendly version of the NPAC discussion document was developed to ensure that children understand their rights and participate so that strategies for service provision reflect the children’s voices and their realities.

9.2 Interventions for Strategic Objective 2:

To promote mainstreaming of psychosocial support in all government, civil society and communities services and programmes.

Government departments and civil society organisations are already reaching millions of children through a variety of policies and programmes. Unfortunately, most of these policies and programmes often neglect the psychosocial support needs of children affected by HIV and AIDS. Mainstreaming PSS into these already existing policies and facets of programming such as planning, budgeting, implementation, monitoring and evaluation can be more cost effective as it allows holistic service provision without putting a strain on the already overstretched resources.46

Child and youth related-policies, services, and programmes need to respond holistically to all the needs and rights of children.

46. REPSSI 2009, Psychosocial support mainstreaming guide
This can be achieved through the following interventions:

- Develop policies and strategies that integrate psychosocial support into all services and programmes for OVCY.
- Allocation of financial and human resources to operationalise policies and strategies.
- Build the capacity of service providers in psychosocial support.
- Develop monitoring and evaluation systems to measure implementation of psychosocial support.

When PSS is mainstreamed within service provision, children’s psychosocial wellbeing can be enhanced as access to services can reduce fear, anxiety, stigma and other stressors. However, no single organization or department can address all the needs and rights of children. It is important that service provision ensure a continuum of care to meeting children’s needs and rights.

For example, children who lose their parents due to HIV and AIDS or who lose support from one or more key caregivers for any reason may need assistance and support from a variety of service providers.

- A local community health care organization that has been supporting the family and that knows that the child’s parents are now deceased.
- Department of Social Development should ensure that the child is placed safely in a caring family home.
- Department of Home Affairs should ensure that the child has the necessary identity documents in order to access resources and other services.
- Department of Education should ensure continued attendance at school.
- A local community based organization, church or non-governmental organization to support the child with life skills and bereavement.
- A local legal advice service to protect the child’s inheritance rights.

9.3 Interventions for Strategic Objective 3:

To strengthen and support family and community capacity to provide psychosocial support for children.

While recognizing that families and communities face challenges in the provision of psychosocial support for children and youth affected by HIV and AIDS, it is important that programming organizations do not replace the function of the family or the community but instead aim to strengthen these structures so that they are able to provide PSS for children and youth.

It is recommended that programmes and services focus more extensively on strengthening psychosocial support at the household and community level. Richter (2010) maintains that families are the heart of the response to HIV and AIDS. Yet she contends that “few resources and services are directed at bolstering and protecting this front line. She also highlights the need to “construct targeted approaches that build on strengths of families and provide support in a framework of benefit for the entire family.”

Further, studies have also shown that “the closer children remain to their biological family, the more likely they are to be well cared for and the greater the chance they will go to school consistently regardless of poverty level.” (UNICEF, 2006).

This can be achieved through the following interventions:

- Enhance early identification of vulnerable groups in the community.
- Mobilize and strengthen community capacity to respond to vulnerable children and youth.
- Strengthen and support existing community service structures to respond to vulnerable groups.
- Strengthen vulnerable families and caregivers capacity to provide effective parenting.

47. Richter 2010. Families at the heart of the matter of children Affected by HIV and AIDS
48. UNICEF 2006 Psychosocial vulnerability and resilience measures for national-level monitoring of orphans and other vulnerable children
Ensure vulnerable families and children have access to programme and services such as:

- Health including HCT.
- Education.
- Social grants.
- Trained caregivers.
- Social support (peer support).

For example, some interventions on economic strengthening programmes are designed around savings groups. These interventions often involve caregivers and children coming together to address their economic vulnerability. Many such programmes in themselves help to build social networks between participating individuals. As a result, there is great potential to enhance psychosocial support within such settings as it gives people a sense of purpose. It makes people feel human in a context where poverty often dehumanises people and it gives people a sense of achievement and children feel normal when their caregivers can provide for them like other children.

9.4 Interventions for Strategic Objective 4:

To strengthen referral mechanisms for children and youth to specialized services.

Despite support provided by families and communities, there are still occasions where specialized services are required. This assistance could include psychological or psychiatric support for people with severe mental disorders whenever their needs exceed the capacity of community based services. All stakeholders that provide psychosocial support need to be actively involved in identification and referral of children who may need focused or specialized care.

Identification of children and families in need of focused or specialized psychosocial support does not mean that one needs to take responsibility for every aspect of care. Rather, systems of referral and networking must be available to ensure that the child and family receive the care that is relevant to their needs.

Such networking and referral systems may be strengthened through the following interventions:

- Advocate for the provision of good quality focused and specialized care.
- Training in identification and referral of children and youth requiring specialized support.
- Follow up of referrals to ensure that services are accessed.
- Strengthening of networks, nodes of support and referral systems to specialized care.

For example, an educator’s main role is to educate a child. However, the educator may notice a decline in a child’s school performance. He or she may suspect that this child has been exposed to harm and may refer the child to a social worker, psychologist or other trained professionals for specialized support. The educator may again encourage a specialist to facilitate a life skills lesson on the particular issues affecting children in his or her class in order to prevent other children being exposed to such harm.
10.1 Coordination of support provided by different stakeholders

A holistic response requires coordination at all levels and between all government and non-governmental role players. Such coordination can be provided through the National Action Committee for Children Affected by HIV and AIDS (NACCA) and coordinating mechanisms for children at provincial, district, local and even ward level. The role of local government in directing coordination of services for children at local and district level is crucial.

10.2 Roles of specific stakeholders

The specific role that is relevant to different stakeholders is expanded below to offer some ideas of how each stakeholder’s focus on psychosocial support may be strengthened.

Table 3: Roles of specific stakeholders in relation to psychosocial support

<table>
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<tr>
<th>Levels of coordination</th>
<th>Roles</th>
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| **National**           | • Ensure overall coordination of PSS activities in line with the National Action Plan for OVC.  
                          • Develop policies and guidelines that incorporate PSS to optimize service delivery.  
                          • Promote access to specialized services.  
                          • Develop a capacity building model and accredited PSS training material.  
                          • Develop monitoring and evaluation systems that capture and oversee interventions in PSS.  
                          • Ensure allocation of resources to PSS strategies and interventions. |
| **Provincial**         | • Ensure coordination at provincial level.  
                          • Develop implementation plans that incorporate PSS.  
                          • Allocate sufficient resources to implementation of PSS.  
                          • Build capacity of service provider in psychosocial support.  
                          • Monitor and evaluate implementation of PSS. |

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<table>
<thead>
<tr>
<th>Levels of coordination</th>
<th>Roles</th>
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| District and local     | • Raise awareness of the psychosocial needs of children affected by HIV and AIDS amongst all service providers and community.  
• Lobby for allocation of resources to implementation of PSS.  
• Promote the protection and participation of children, youth and families affected and infected by HIV and AIDS.  
• Strengthen and support systems in existing community service structures to respond to vulnerable groups.  
• Strengthen social norms and practices that protect children and provide safe and trusting environment for them.  
• Encourage strong sense of community for children to identify with.  
• Develop opportunities for children to participate as responsible citizen.  
• Build the capacity of service providers to provide psychosocial support and to integrate principled practice in their everyday service delivery.  
• Ensure effective referral systems are in place.  
• Ensure access to specialized services.  
• Monitor implementation of PSS programmes.  
• Provide mechanisms for child abuse to be reported and apprehended. |
Monitoring, evaluation and research

In their report “Children Affected by AIDS: Africa’s Orphaned and Vulnerable Generations” 2006, UNICEF\(^{49}\) maintains that “Improved research must be translated into better responses at scale, and more systematic monitoring systems should be set up to ensure that children’s needs are indeed being met”. Research, monitoring, evaluation and quality assurance audits can further assist in showing programme managers where to concentrate their efforts to ensure that children’s psychosocial needs are met.

Through this ongoing monitoring, evaluation and research, tracking the psychosocial interventions needs to be creatively conceptualized and measured, because much of psychosocial work is difficult to measure. According to Motala (2011)\(^{50}\) “the design of programmes must be based on the available evidence of what works. A simple minimum set of health and psychosocial outcomes, indicators and measures for children and caregivers is needed to determine whether programmes of different kinds are having the intended outcomes and impacts”.

Table 2 on Levels of Support, Roles, and potential psychosocial outcomes should be used to determine the intended programme outcomes. Specific indicators can then be developed to measure the extent to which these outcomes are being achieved.

Indicators at individual, family and community levels should be informed by the three domains; skills and knowledge, emotional wellbeing and social wellbeing. For example, some such indicators may include:

**Individual level:**
- Able to form and maintain positive relationships with caregivers, peers and positive role models.
- Have sense of security, trust, self-confidence, meaning and hope for the future.
- Empowered with life skills.

**Family level:**
- Able to protect, care and support children and other family members.
- primary caregivers are engaged in activities that support children’s development.
- Able to collectively plan for the future and solve problems.

**Community/society level:**
- Community mobilized to address psychosocial support concerns.
- Open dialogue on children’s issues.
- Children allowed to express themselves.
- Children’s views listened too and considered seriously.
- Child abuse reported.

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The development of indicators may also assist the costing of psychosocial support such that it is included and accounted for in resource allocations at national, provincial and local levels.

UNICEF further contends that “The situation of orphans and vulnerable children varies by context, and responses need to be based on situation assessment in order to reflect local realities and meet local needs.” To this end, indicators to track the psychosocial wellbeing of children should be developed specifically for local contexts of care. Indicators for the wellbeing of caregivers may provide added value to the monitoring and evaluation of psychosocial care. Indicators can also be defined by the community. For example, grandparents who were taking care of their orphaned grandchildren were asked about the wellbeing of their community – and their indicator of a safe community was “our children are walking to school together”. The chief of the same community defined the communities well being by “the fathers are accompanying mothers to the clinic” and the men in the community took visitors to see their communal food garden as an indication of their shared strength.
There is an ancient African proverb which says “If you want to walk fast, walk alone. If you want to walk far, walk together”. Psychosocial support of children affected by HIV and AIDS is within the scope of every person, department and organization. This goal may be achieved through a focus on psychosocially sensitive practice, identification and referral of children in need of specialized psychosocial support and focused attention on the role of families and communities in providing psychosocial support to children. The provision of psychosocial support may be further strengthened through enhancing locally and culturally appropriate psychosocial support practices, effective networking, advocacy and awareness-raising and context-sensitive monitoring and evaluation.

In this way, contributing to the wellbeing of children is something that may be undertaken even within resource-constrained settings, where working together collaboratively can enable us to enhance the dignity of all children, improve their quality of life and build their capacity to reach their full potential as human beings. Timely and psychosocially sensitive interventions can significantly improve the survival, growth and developmental potential of children affected by HIV and AIDS and contribute to enabling the realization of their rights as highlighted in the UN Convention on the Rights of the Child. Such interventions can also help countries to move closer to achieving the Millennium Development Goals.
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