

Practice: Paediatric ARV Rollout

Title: The Role of the Social Worker in Paediatric ARV Rollout

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Target Audience: Social Workers, Social Work Students

Key Transferable

Lessons: The essential social work tasks in the Paediatric Clinic are:

- (1) Conduct a psychosocial assessment
- (2) Create developmental treatment plan for on going care
- (3) Conduct interim adherence and monitoring interviews
- (4) Evaluate interventions

The Role of the Social Worker in the Paediatric ARV Clinic

The Paediatric Team consisted of medical doctors, counselors, nurses, administrative staff, pastoral counselors, psychologists, psychological counselors and volunteers, who met weekly to discuss the psychosocial appropriateness of patients for the upcoming ART batches, monitor the progress of patients who may require additional attention and generally keep all the members of the team updated on the progress of patients. These meetings were indispensable as they repeatedly proved useful for 'piecing together' the stories of children and adolescents who distribute tidbits of information about their history and current circumstances to various members of the team. However, as the meetings progressed Maud identified that the roles and responsibilities of professional portfolios were becoming enmeshed and this was contributing to the duplication of services, inefficient time management and lack of clarity for our patients about the expertise of team members. This was the key motivation for seeking to formulate clear guidelines for the practice of social workers and thereby improve the quality of services delivered.

The essential responsibility of the social worker on the Paediatric Team is pursuing the psychosocial developmental needs of children treated at the Clinic. The term 'psychosocial' refers to social factors/ determinants which affect or have the potential to affect the psychological wellbeing of an individual. Psychologists and psychological counselors focus on the cognitive and behavioural functions of the patient while social workers concentrate on the social factors that affect the present and anticipated emotional adjustment of the patient. Social Workers use psychosocial assessments to identify, attempt to alleviate and monitor current and anticipated stressors which may help and or hinder the patient's functioning. The psychosocial assessment is an estimation of the strengths and vulnerabilities of the patient in his/her environment which can influence his/her adjustment and functioning.

Main Social Work Tasks

There are four essential social work tasks for the worker in the Paediatric Team:

1. Make a psychosocial assessment of the presenting client
2. Create a developmental treatment plan for ongoing care of the child/adolescent
3. Conduct interim adherence and monitoring interviews with patient and caregivers
4. Evaluate implementation of interventions

As a guide through each task, the social worker should answer key questions.

Task 1: Make a **psychosocial assessment** of the presenting patient.

Key questions:

- What are the strengths and vulnerabilities in the child's personality which may affect emotional and social functioning in the family/ care environment and the wider social environment?
- What are the strengths and vulnerabilities in the child's social environment (care and family environments) which may affect his/her psychological functioning?
- How can the aforementioned impact positively and or negatively on:
 - i. The child's capacity for ARV adherence
 - ii. The current and anticipated psychosocial developmental needs of the child
 - iii. The ability of the family or care environment to provide a stable and developmentally appropriate environment for the child

Task2: Create a **developmental treatment plan** for ongoing care of the child.

Key questions:

- What are the baseline/ immediate psychosocial needs of the child? What plans/ goals has the social worker put in place for the subsequent weeks and or months?
- What are the short-term care goals – i.e. what the plans/goals for the next four to six months?

- What are the long term goals – i.e. the goals/ plans for the succeeding twelve months

Task 3:Conduct interval **adherence and monitoring interviews** with child and or caregiver – 3months and 6months later and annually thereafter

Key Questions:

- Has the child’s environment continued to be conducive for drug and healthy lifestyle adherence?
- What social work interventions can be used to support/ increase the capacity of the social environments to sustain psychologically safe and stable environments for the child?
- If all social work interventions have been exhausted in efforts to strengthen and build capacity in the social environments, what efforts have been made to provide an alternative environment? Has a new treatment plan been constructed?

Task 4:The social worker is constantly evaluating his/her interventions from formulation of developmental treatment plan through to its implementation. The final task however is a **final evaluation from the first interview through to interval interviews**.

Key Questions:

- Has the child adapted and thrived in the home and school environments?
- Have the child’s psychosocial needs as an individual living with HIV or AIDS been met
- **SWOT** on the social worker’s intervention. What were the -
 - Strengths of intervention
 - Weaknesses of intervention
 - Opportunities for Social Worker to make improvements for future interventions
 - Threats – what factors threatened successful intervention? How did the social worker work around these? Can these threats occur again? What plan is the Social Work Department going to put in place so that these or similar threats can be anticipated

Psychosocial Developmental Needs

As HIV/AIDS increasingly becomes a chronic illness, social workers need to formulate treatment plans to meet the needs of the child/adolescent throughout the lifespan. The following are developmental needs which must be addressed for long term psychosocial adjustment of children/adolescents:

- Stable household which can provide for basic physiological needs
- Caregiver(s) providing consistent parental supervision
- Caregiver(s) who can facilitate basic and appropriate attachment needs
- Caregiver(s) who can provide supervision to meet basic developmental needs and milestones
- Where child experiences loss in the forms of death and or abandonment, grief and bereavement counseling should be provided
- Permanency Planning – plans for the child to have a permanent/ long term base Is the child's current placement suitable for sustainable care provision?

Pre-adolescence/ Adolescence

- Disclosure of status
- Development of career choices
- Dealing with stigma and discrimination as an adult – learning to advocate for self

ARV Adherence

Adherence is a complex task which most if not all components of the patient's social, physical and emotional environments should conspire to achieve. The social worker must make a determination of ARV eligibility:

- Does the child have a birth certificate? If not, can the Social Work Department facilitate acquisition of this documentation? At Sinikithemba, caregivers (especially non-biological caregivers) often do not have their dependant's documents in hand. In the South African context, failure to produce such documents makes said dependant ineligible for welfare grants, which may be crucial to facilitate transportation costs to collect monthly dosage of ARV drugs

- In the case where the caregiver is not a parent, does he/she have legal guardianship? If no, can the Social Work Department facilitate acquisition of documentation?
- Can child attend/ commit to hospital appointments? Can the child's support system facilitate his/her commitment to appointments?

Social Work Intervention Sequence

The succeeding is the proposed intervention sequence for the Social Work Department

First Interview: (Pre-admission to Sinikithemba)

Goals:

- i. Make psychosocial assessment
- ii. Identify and create initial care plan to target presenting problems
- iii. Evaluate ARV readiness

Completion of the Psychosocial Assessment

- The social worker completes a psychosocial assessment to evaluate the presenting problems and psychosocial needs of child
 - a. Protocol for patient under age 14 – caregiver(s) is/are primary patient(s); child is integrated where possible depending on developmental appropriate to contribute to the interview; limited confidentiality for children
 - b. Protocol for patient above age 14 – adolescent is primary patient; caregiver(s) is/are integrated into the interview process; adolescents are interviewed individually as well as with caregiver(s)
- The social worker (as necessary) verifies/ substantiates information provided in the first interview and reflects this in the psychosocial assessments
- The psychosocial needs are evaluated in terms of short term and long term needs
- The social worker identifies and assesses the family/caregiver's support structure or support system of the residential facility in cases where children are institutionalized. These systems are assessed specifically in terms of their capacity to provide for a child who is HIV positive

Assessing Family functioning

- What is the family structure
- Who are the primary and secondary caregiver(s)
- Age, traits, occupation, beliefs, financial aspects
- Role of extended family members and support system
- Awareness of child's status
- Problem solving skills

Assessing Children's Home

- Social workers should have an understanding of the functioning and ability of Children's Home to care for HIV positive children
- Where Children's Home has a social worker, social worker at Hope House should liaise directly with him/her
- See Children's Home Assessment (document produced by Counseling Department) and retrieve necessary information to complete the assessment

Assessing Child

- What is the child's personality
- What is the child's level of disclosure
- Child's developmental stage
- Child's relationship with family members, peers and or significant others

Disclosure Plan & Acceptance of Status

- Is the Child aware of his/her status?
- What is the caregiver's attitude towards disclosure
- The social worker should make an independent assessment of the safety of disclosure for the child
- The social worker should indicate his/her assessment of disclosure risks and benefits to the caregiver(s)
- Where the child is under the age of 14 and the social worker's assessment differs from the caregiver's, the social worker should clarify his/her concerns and provide continuous support and information to the caregiver(s) in the interest of the child's safety and wellbeing per request

- Where the child is over age 14, the social worker should advise caregiver of the legal ramifications for persons who are sexually active and HIV positive. Caregiver(s) should be encouraged to disclose to children and the social worker should work with them to disclose in a systematic and psychologically safe way

Discharge Planning

Where children/adolescents are hospitalized, discharge planning is a key responsibility of social worker and must be addressed in assessment

Second session (Immediately following completion of ARV training)

Goal:

- i. Social worker assesses whether the caregiver and or child understood what was discussed during the first interview
- ii. (If necessary) Intervene with focus on identified problems and issues pertaining to ARV adherence and psychosocial stability for child, offering initial treatment plan for consideration of caregiver and or child
- iii. Assist the caregiver and child to start preserving the child's identity
- iv. Disclosure is revisited where necessary

Amending Treatment Plan

- Based on this session the social worker will amend treatment plan where necessary
- Assess patient's willingness to adhere to recommendations/ treatment plan offered
- Revisit decision on ARV readiness if necessary or put in place a plan for preparation for ARV readiness

Third session (3-6 months after ARV began)

Goals:

- Revisit disclosure decisions with caregiver(s) or where necessary assess how the child is coping after disclosure
- Continue to assess ongoing issues as necessary. These may include:
 1. Behavioural issues
 2. Sexuality and Sexual decision making
 3. Relationship issues

4. Emotional State

- a. Suicide
- b. Anger
- c. Denial

- Active problem handling
- Avoidance
- Family monitoring the child at home
- Adherence

Fourth Session

This session is offered as is necessary. The social worker may wish to complete a home or school visit to assess or evaluate the child's psychosocial adjustment. The social worker may advocate on the child's behalf and make referrals where necessary. The following are the social worker's responsibilities:

1. Advocating
2. Collaborating/ Networking/ Referrals
3. Monitoring of the family
4. Evaluating interventions

Annual Follow-up

Once per calendar year the social worker makes a follow up home visit to check on the patient and how he/she is coping with the illness and other stressors which make threaten wellbeing.

A Case Closure

A case is considered closed when:

1. The child is deceased
2. The child has been permanently reassigned to another clinic **and** is under the supervision of a social worker
3. The child is age 18 or older