
Pretoria Government Printer

Department of Welfare 1996b *Annual report 1995-96* Republic of South Africa Pretoria
Government Printer

Harber, M. 1998 “Social Policy Implications for the Care and Welfare of Children
Affected by HIV/AIDS in KwaZulu-Natal” Masters Dissertation University of Natal
Unpublished

Pietermaritzburg Unpublished Report

Marcus, T. 2000 *Wo! Zaphele Izingane – It is Destroying the Children: Living and Dying
with AIDS* UNICEF South Africa (forthcoming)

South Africa" in *Introduction to Social Work in South Africa* edited by B W McKendrich
Pretoria, Haum Tertiary

Edendale Hospital, KwaZulu-Natal Unpublished Report

Midgeley, J (1986) “Community Participation, history, concepts and controversies” in
Midgeley, J., Hall, A., Hardiman, M. and Narine, D.  *Community Participation, Social
Development and the State* London: Methuen pp13-44

Pilgrim, D. and Williams F (eds) *Community Care: A reader* Basingstoke and London:
MacMillan Press
Such facilitation and networking needs to be regarded as a pre-condition of the success and sustainability of a model based on community responsiveness and responsibility. It also extends the definition of community beyond an assumption of collections of poor individuals and families situated in a particular locality having to rely on their own resources as if detached from others. Other individuals and communities, whether they are physically and socially proximate or distant, can and need to be mobilised to act in their support. Understood in this way, the role of non-community based organizations becomes more practically defined, making clearer their responsibilities not only in terms of tasks but in terms of time and space.

Lastly, as particular and possibly "locality peculiar" as these findings may be, they speak more generally to the dominant neo-liberal framework. Vacuous notions of "community" and "family" as articulated by New Settlement ideology are a feeble and inappropriate response to the real material and social crises that face poor people, poor families and poor communities. They are particularly inadequate in the face of the unfolding AIDS pandemic. Policy makers and practitioners need to consider carefully their implications before taking refuge in present day currencies about the state and its role in society.

**References**


Department of Finance 1996 *Growth, Employment and Redistribution (GEAR) – a macroeconomic strategy* Republic of South Africa Pretoria Government Printer
In terms of interventions, for a community-based model to be successful (effective, affordable and sustainable) there have to be material results. Children need to be fed, clothed, housed, counselled and educated. Caregivers need to be helped to get the pensions and grants to which they are entitled. Children and caregivers need emotional and practical support in the face of death, destitution, illness, abuse and homelessness. Neighbours, friends and even strangers have to be mobilised into action.

The assumption that poor or even not so poor communities can do all that is required to attend to the needs of children in distress on their own is absurd, indeed misplaced. The community-based model has to assume a role for many levels of organisation, particularly the state, the private sector and civil society. Thus, without itself becoming a service provider, an organisation like Thandanani can and has to pro-actively generate practical support. It can increase the capacity of individuals to care for children in distress in the communities where they live by enhancing the varied and rich repertoire of existing individual and community responses to children in need. It can also be responsive to gaps, shortfalls and the limits of informal support. It can mobilise awareness and resources in and across communities to support individual and community initiatives to meet these needs. It can facilitate and enhance the ability of state, non-governmental and community based service providers to respond to and better meet specific child and care giving needs. It can lobby and mobilise for appropriate policy responses to the growing crisis of survival and care generated at individual, family and community level by the AIDS crisis.
virtually. In Thandanani’s experience while one committee asked for and was given a container by a neighbouring community, the others mostly have had to borrow office space from other institutions. The consequences of having no space and place have largely been negative.

Another underlying assumption in the community-based model is that there is no need to provide short, medium or even long-term shelters for children in distress. While idealistically the model may aim to keep children in their homes, the reality is that communities recognised and strongly articulated the need for places of safety and shelter in their midst. Obviously, without help, communities cannot establish or maintain shelters. They need material and other support, both to plan such initiatives and then to implement their decisions.

CONCLUSIONS
The findings in this study bring out the real constraints of "community" and "family” as they exist at the end of the millennium in some poor communities in greater Pietermaritzburg. The institution of the family is under enormous stress and is meeting childcare and reproductive needs often only partially and sometimes not at all. Communities exist, but they only act collectively in historically established, socially circumscribed and delimited ways. Most importantly, whether the talk is about care in the family or care in the community, for the most part it is care that is rendered by women, especially the aged.
practical plans because they and the communities in which they live lacked money. This non-performance has had a negative impact on individual commitment to the initiative and on people’s credibility in the community at large. Indeed, money in the community was the single largest constraint, a problem that was expressed repeatedly, in different ways. For example,

The teachers no longer like us. We ask the teachers to enrol the children at the school, promising to pay, but we never pay. … We keep on asking from the community. The community is tired of this. The better off people say there is no one who is poor…Other mothers say that they are struggling with six children, but they pay school fees. (W Child Care Committee)

We fit in (with Thandanani) although we have problems because, if we start a community project there is a need for money. We have no money. (H Child Care Committee)

We expected the community to help with many needs… When we report our problems, they do not help. The TLC (Transitional Local Council) has neglected us and they treat us badly at times. When we come, they say they need the hall and they tell us to go to BT … the M Municipality. The councillors have no interest and they do not help. We wrote a letter to the councillor requesting a garden but we did not get a reply. There is a letter that we wrote to the councillor requesting a donation for projects. It is gone five or seven months and we did not get a reply.’ (M Child Care Committee)

The absence of money has had other impacts as well. One of the operational problems for projects that seek to base themselves in communities is that of securing fixed space. They need to have a place to meet and maintain contact as well as to keep and store goods. A complex and ambitious initiative like a community based outreach project cannot be run
For all their achievements, these committees had also all been plagued by problems. They had faced difficulties of entry, establishment and sustainability and they had found it hard to select, prioritise and effectively meet the multiple demands the project imposes. Most of these problems are common to development initiatives and need careful consideration. For the purposes here, the discussion focuses on a core assumption of the initiative, namely the development of a model of childcare that is effective, affordable and acceptable and that can be reproduced in different contexts.

In developing the community outreach programme, Thandanani had consciously not cast itself as a provider of money or services, except in a very minimal way. Its primary input into the community was through personnel, development facilitators to catalyse the establishment and then facilitate the proper functioning of childcare committees. Thandanani also conducted initial training of committee members and provided committees with very small start-up grants. This approach was central in their drive to encourage self-reliance, independence and the generation of an “affordable” system.

Unfortunately, material resources or the lack thereof, are precisely the factors on which the matters of effectiveness and sustainability hinge. These communities are poor and can afford very little. Generally, committee members are unemployed. They have worked voluntarily although many would have preferred to be paid for their efforts. For the most part they have accepted that payment is not likely to happen. They have raised money, often from their own pockets. They all have had difficulty realising very modest and
Thereafter, the children remain at school. … The community childcare committee goes to the community and explains how they work, asks for old clothes. When we get clothes, we wash and iron them, we get the children together and distribute the clothes. In some instances we even get food and dish it out to distressed children. … When somebody comes to us with a problem, we go to her home to see the problem and after that we assist accordingly. We have opened a number of rape cases because the rate of rape is high. We have not been successful because the CPU (Community Policing Unit) is not co-operative. (M Child Care Committee)

We cooked soup for the children. … T got us in contact with a Coloured man from the TLC and we asked him to help us with the soup. This project only lasted three weeks. It was lucky. It was in June, when the school was closed. We found out that there were children who had nothing to eat when their parents were at work. The committee got letters from the school saying that some children do not have food when the school is closed. As the community childcare committee we then provided soup. We chose the children from the youngest to 14 years old. Three of us cooked the soup at Mama L’s house. (H Child Care Committee)

(We) identify the children in need, from house to house. The older children tell us what they need and then we put our heads together and help. … In our area we go and check these children. If we find the house dirty we clean up and leave some things for them. We meet with parents and check the children. We have been able to get some money to give them food. … In our area we meet to please the children. We buy meat pieces, get vegetables from the gardens and cook soup for them. They have soup and bread. As a committee, we decided to plough vegetables that we would cook for the children and make them happy for one day. (W Childcare Committee)

Driven by their own initiative and considerable effort, all the committees recorded small successes. These are testimony to the responsiveness and often untapped voluntarism that exists among individuals in poor communities.
Intervention in Communities

There is an unequivocal need for initiatives to problems the scale and impact of which are unprecedented. Turning to the community is a positive development, but the underlying assumptions have to be carefully thought and worked through. In this regard the experience of the Thandanani community outreach project is instructive.

Invariably a community response has to be mobilised. Nothing happens in the absence of a catalyst, such as an individual, a group or an organisation. The Thandanani community outreach project has been consciously designed as an initiative to pre-empt and respond to the impending crisis of childcare.

It has begun to catalyse community responses to the issues of children in distress, including those affected by AIDS. Through facilitators, the project has both raised general awareness about the existence and needs of children in distress as well as stimulating the formation of community structures on the issue. In October, 1999 childcare committees in five of the six communities evaluated had been functioning for at least six months. While each operated somewhat differently, these committees all met at regular intervals. Also they had each engaged in various activities, including fundraising, dealing with child abuse and rape in particular, growing produce to feed hungry children, running a soup kitchen and assisting in the homes where children in need had been identified. To wit:

The committee helps children go to school who don’t have money by talking to the schools’ governing bodies, principals and teachers and discussing how the needy children can be helped.
Depending on the nature of the issue, people talked about taking problems to different state institutions. In all the communities, police and social workers were mentioned when participants spoke about children who were abandoned, neglected or abused. In all the focus groups some participants also thought of approaching principals, teachers and schools’ governing bodies to encourage children back into school or when matters of fees, uniforms and book had to be addressed. Across the communities’ local councillors and health professionals were also mentioned, although experience with and confidence in them seemed to be mixed. Outside of local and other state institutions, the churches were seen as a site of support for children in need.

In sum, in all the communities there were established practice and responsiveness to children in need. While AIDS related deaths were barely on the agenda at the time of the study, there was an already existing and commonly felt need to attend to children who were in distress because of structural and social problems. Existing kin and neighbourhood systems were stretched. Sense of community was variable, in most tenuous, and in all action was circumscribed and limited. Local and other level institutions of the state were present but they were not necessarily appropriately focused. In this context unsupported individual and community action, at best, can only be limited in effect and duration. These are the conditions that the turn to “community” in the face of the AIDS pandemic has to take into consideration.
What I have noticed with children who run away from school, the community does nothing. Everybody looks after their own children. The community is indifferent to what happens around it. The community does not care …but I have noticed some individuals who help on the quiet. (M Young Adults)

You just attend to your problem alone. At times when you hear a child screaming, somebody opens the door and says: ‘Why is the child going around at night?’ but does nothing about it. (E Adults)

The community of S… doesn’t want to help others. Like your problem is supposed to be yours and they don’t’ want to get involved in other people’s problems. (S Young Adults)

The findings here suggest that in general, there was collective community social action to aspects of distress and need. However, more often than not it was limited and circumscribed by levels of cohesion and resources as well as leadership in each of the communities concerned.

The Role of State and Other Institutions

As individuals or as collectives, people want and seek institutional responses. They do this for several reasons. Institutions have resources. They make their actions more sustainable and effective. They help overcome some of the problems of managing public and private responsibilities and people have experience of working with and through institutions.
The same is not true where crises are generated by abuse and neglect. Public interference in respect of domestic abuse seems to be most legitimated in the case of rape. In many of the communities people responded to rape, especially of children.

We once saw a child in Section 3, I… walking funny. When we examined her we saw that she was sexually abused. We asked her who did this to her and she said that her father sexually abuses her when her mother is on night duty … We wrote … to ask the child’s mother about the matter. (E Adults)

In the case of abuse, the neighbours secretly report the matter to the social workers, because if the parents of the abused child know that the case is reported then the child is not safe. (E Young Adults)

The community meets and decides what to do with the rapist. They punish the rapist… They give him a hiding, …then they call the police and he is taken to prison. (H Young Adults)

Community responses to what are seen as alcohol related problems such as verbal abuse, beating or neglect are more problematic. Focus group participants' felt that that there was a need for collective responses but that these were less likely to happen. In some instances it was possible to call a community meeting to discuss the problem. Often, this was never done.

In all the communities some participants remarked about community indifference.
If a neighbour dies we go around asking for a donation to help the family. (H Child Care Committee)

If the mother dies and leaves the children alone, the community collects money to help the children. Although this is not much, it is a way of showing sympathy. The community makes a donation, which is only to assist with funeral expenses. If can’t cover school fees and food. (E Child Care Committee)

I wish that women could come together when there is a death and contribute something like R5 to help. There is a caregiver I know who is very ill. I wonder what will happen when she dies. What we used to do in the rural area where I come from was when a child died we used to contribute 50 cents from each house to get a coffin. This used to help. When you are many even when you make a small contribution, you end up getting a lot. (E Adults)

It depends on the sections. Like KwaP, if there is a death the community goes there, but there is no financial help. In S… every person looks after his or her own problems. (S Adults)

At times of illness people largely had to rely on established family or neighbourly resources. Members made arrangements either with other relatives or with neighbours. Only sometimes was there a community response, where individuals came together to help get a person to hospital or to visit them or to take care of their children or to clean their homes.

Although it is clear that many people may not respond to death or illness in a particular home, in all the communities there was an expectation that there will or should be a public response to these crises.
One day I gave a child an apple. He sat down under the tree and ate it quickly before he went home. I realised that the parents had instructed him not to take things from strangers. … Yes, you can give the child clothes and blankets but the parents might not appreciate it and would ask, ‘Do you think I can’t afford this?’ (E Adults)

…if I keep an abused child at my home the neighbours might think that I abused it. (M Young Adults)

Last, there is both experience and expectations of state and other institutions. Generally, and with some notable exceptions, it would seem that what could be expected from individuals in communities, are sporadic, one-time only responses.

Collective Non-kin Community Responses

What of collective, non-institutional social action? While focus groups in all communities recorded a community response to crises in families, they observed that these responses differed according to the nature of the crisis.

Death and bereavement always elicits a response from individuals beyond people’s kin network. In all the communities people visited the bereaved. They offered comfort and help and often they contributed to funeral expenses. Research elsewhere (Marcus 1999) has shown that these responses are highly circumscribed in deed, time and space.

We hear about it when the men go and dig the grave. Once we hear about the death we go to the bereaved family and start to brew beer and clean the house. (W Adults)
themselves. Also, there are social constraints that inhibit individual intervention and responsiveness. On the one hand, some participants in focus groups said that their efforts were not necessarily well received by the recipient or the parents of the child in their care.

In my home we once took a child and gave him my uncle’s bedroom. He stayed for a while. One day we gave him R100 and a list of things to buy. He went and never came back. I never took a child again. (E Young Adults)

One day I took a child late in the evening into my house and he started behaving badly. The following day I told him that I will take him to his home. We walked as far as the gate. He ran into the kombi (minibus taxi) and left me behind. …It would be nice if Thandanani could provide a home for such children. (E Adults)

I once had that problem. I told my parents that the child was afraid of going home. My parents said that he should, and he left the following day. …We once met a child who stole from school. His parents gave him a hiding and he ran away from home. We took him to his parents and they forgave him. (W Young Adults)

On the other hand, there is a general wariness among individuals about interfering in people’s private lives and domestic arrangements. What is private and public space or responsibility is socially determined and continuously redefined. Public interference in private relations is everywhere circumscribed, albeit in different ways, and depends in large measure on formal or informal sanction.
only five. We were told when we were grown up that the other six were not family. When my parents discovered children in distress they took them into their home  (M Child Care Committee)

More commonly, however, most were inclined to commit to actions of a non-enduring nature. Participants said they were willing to share space, food and clothes to help unrelated or unknown children in distress. They were also prepared to help clean a dirty child, get medical help if it was needed and get children back to school as the responses below suggest.

I once saw a child who was looking for accommodation at night. I asked him if he was hungry. I gave him money from the money I had earned doing a temporary job to buy food. In the morning I gave him money to buy bread.  (W Young Adults)

I usually give what I have and contact others.  (M Adults)

…I have experienced such problems. At times you find that the child is pretty but dirty. I usually bathe the child first, feed it and take it to its parents. I have not met a child who has no home. But I was cross questioned by a parent so I stopped doing it.  (H Young Adults)

It would seem that a combination of factors account for the general emphasis on short-term responses or even the reluctance to help at all that was expressed by some respondents. Some of the reasons must lie in the variability in a sense of civil responsibility. In part, help can and is explained as an act that puts too much strain on already stretched resources. Shortages of food, inability to send their own children to school and conflicts with their children were things that most people were experiencing
available to individuals or families to help with meeting the needs of children in the face of problems or crises.

DISCUSSION OF THE FINDINGS

Individual, Non-kin Care in the Community

At the level of individuals, there were people in all the communities who took or expressed a willingness to take social action in support of children in distress. In all the focus groups in each of the communities, individual participants all said that there were things that they could or would do for a child who was not a family member who they identified as being in need or distress. Notably, there was one or more individuals in nearly all of the groups who described what had actually been done, as did one of the women interviewed in the case study of caregivers. She was caring for the abandoned baby of her boyfriend’s ex-girlfriend.

A few people had provided sustained support for long stretches of time. To wit,

I experienced this problem with a child from G…. I took the child home and gave him food. The parents came to fetch the child from my house. The child stayed for one year and the children treated him as their brother. (H Adults)

When a child was taken by my parents it took two weeks for the social workers to find him accommodation. (W Young Adults)

At one time I got a child from the street and took her to my home until she left on her own… …I got the interest from my parents. When we grew up we were eleven in my home. In fact we were
As the responses above show, this state of affairs was attributed to poverty, ill health, employment and alcohol abuse. Clearly, economic distress is seen as having a negative effect on childcare. However, focus group participants particularly emphasised the impact of social distress. Alcoholism, rape, abuse and neglect were described as typical conditions that shape childcare practices in the home in all the communities. So too were inadequate or absent social (community and state) responses to infirmity, illness and mental and physical disability.

In short, what the findings show is that there was a general awareness in all the communities that there are children amongst them whose needs are not being met, who receive poor care or who are neglected within the family. The normal repertoire of caregiving in the family was stretched and under strain in many homes and in some, it was in crisis. In other words, even before the full impact of AIDS-derived deaths has really begun to be felt, present-day normal, conditions in the family were generating children in distress.

In times of crisis the already pressured normal repertoire of giving care is the foundation from which people respond to children’s needs. These are the internal resources on which families have to depend when primary caregivers become sick, families break up because of death or separation, there is evident neglect and hunger or dispute or for any other reason. Crises can only add to existing strains and limitations in a very inelastic family context. The question then arises as to whether there is a community level response that is
Where caregivers cannot call on kin for assistance there were also routine non-kin arrangements for childcare. Children were often left with neighbours. Others were sent to crèches, although this option was only possible in communities where these facilities existed and where caregivers could afford the attendant costs. Then there were people who made no arrangements for the care of their children. Children were left locked in the home or locked out of the house during the caregivers’ absences.

Some children are neglected. Their parents lock the house and leave them outside and they see what they can do. Some children have mothers who are working and they leave the children with their sick grannies. Some children stay with their mothers who are mentally ill and the children have no proper care. (M Young Adults)

There are parents who work and do not care for their children. They don’t go to school. They stay at home and play. Many parents drink alcohol and do not look after their children. That is why the children are raped and faced with problems. Some parents look after their children well and there are others who can’t look after them because they are working. (H Young Adults)

Others don’t have time because they wake up in the morning and go to drink, without giving their child food. (S Young Adults)

Drinking alcohol is very common in S... In some households the whole family drinks, including the children. The youth drink … they leave home to drink alcohol at night. (S Child Care Committee)
to look after the children in their care, it is noteworthy that seven of the ten women in the case study of caregivers depended on state pensions. Five of the caregivers got pensions in their own right, four of which were old age pensions. One woman had been collecting a disability grant for the past eight months, before which she had to rely on food from relatives and neighbours. Two others relied on their husband’s pension, although in one instance his pension ceased when he died and she had been forced to feed the five children she was looking after and herself from the casual income of one of her daughters who hawks fruit (Caregiver No.2, M). Like her, the three women who did not have state derived pensions were all dependent on casual earnings generated by themselves, their partners or their children. Participants in the study also talked of relative inequality in the communities. Some people or families are rich while others are poor. In other words, in conditions of generalised poverty, there are also inequalities within and between families.

If we look at the implications that both structure and economic conditions have on caregiving we find that in all the study communities care giving is performed largely by women kin, particularly grandmothers, older siblings or aunts and the infirm who are disabled or sickly. In the case study of ten caregivers, for example, nine of them were looking after the offspring of their children. Most are caring for grandchildren who were born to their daughters or sons out of wedlock. In one instance, a grandmother was looking after seventeen children who had been left in her care by her four daughters, all of whom were not married. Her daughters did not have regular work and they did not stay home most of the time (Caregiver No.1 M). Several of the caregivers took responsibility for their grandchildren when their children died.
Caregivers' Questionnaire

In addition to the focus groups, a short, semi-structured questionnaire was developed and used to interview ten caregivers, two in each community. These were administered in face to face interviews with respondents in their homes. The purpose of these case studies was to provide an insight into the experiences and problems of people explicitly selected in their capacity as caregivers. Once again the findings were described and analysed both with respect to the issues and themes that were drawn out of the focus groups as well as independently in terms of the particularities the case studies brought to the study.

FINDINGS

Family Circumstances and Child Care

A look at family conditions reveals that in all the communities in this study people live in households that cover a range of circumstances. Structurally, the two most common kinds of households are 1) those made up of grandmothers, mothers and children and 2) households of single caregivers, mostly mothers or grandmothers and children. In addition, there are families that have both parents and children and there are some that are only made up of children. For the moment, both of these latter types of families seem to be more the exception than the rule, however. These are also communities in which the aged and the youth are clustered.

Economically, the common condition across the communities is their poverty. In focus groups people talked about households where nobody is earning or where everybody relies on a single pension. They talked of unemployment. Asked what resources they had
for the particular committee was not present in the discussion to allow people to comment on issues and the Thandanani project in an uninhibited way.

Using convenience sampling, the young adult and adult focus group participants were selected by the researcher with the help of the Thandanani development facilitators as well as committee members, on occasion. This additional help was necessary to overcome suspicion and mistrust that arose from (party and non-party) political tensions as well as the limited knowledge and contact of some facilitators. In only two were focus group participants exclusively male or female. In the remainder men and women partook although the majority of participants in each tended to be female. Between six and eight people participated in each focus group. The focus groups were facilitated in isiZulu the first language of all the participants. They were tape-recorded, translated and transcribed by the facilitator, herself a mature, first language isiZulu speaker, trained nurse and educator.

The research did not seek to record or interpret psychological or behavioural responses. Rather, the primary concern was to allow people to articulate in words their perceptions, experiences and expectations. The transcribed discussions were described and analyzed in terms of the main themes as well as variants on themes as they arose around each issue. Analysis was carried out by the author, in consultation with the facilitator and without the use of computer-designed qualitative analytic packages.
METHODOLOGY

The Study Site

The five communities that participated in this study live in formal and informal settlements, four of which are situated within Pietermaritzburg and one is 35km from the city centre. Two of the study sites are formal townships established within the apartheid framework of group areas. Two are urban informal settlements with elementary services and one is a peri-urban settlement. These mushroomed around existing sites of settlement as enforcement of residential regulations began to collapse. All the communities are black and were selected because of their poverty.

Focus Group Discussions

The findings are based on information gathered through fifteen focus group discussions. Three discussions were held in each of the study sites in September 1998. The discussions were conducted in the communities either at public venues or where these were not existent, in institutional (creche/pre-school) or private (house) spaces. In each community a focus group was run with the community child care committee that had been established by Thandanani, a group of young adults (under 35) and a group of mature adults (over 35). Two focus group guides were developed to steer discussions. One was designed for the child care committee discussions, the other for discussions with members of the general public.

The focus groups run with community childcare committees comprised all active committee members in each specific community. The development facilitator responsible
Even in the face of family breakdown, disintegration or reconfiguration, the tendency is to take refuge in a belief in the family as an institution, to try shore it up or develop surrogate substitutes within "the community" (McKerrow and Verbeek 1995).

Rarely, if ever, are the individuals who are expected to take responsibility for care made explicit in policy or the theories that underlie their formulation. The experience of community based care has shown that care giving is largely borne by women, the "natural" carers in the family and community (Budlender 1998, p.19). This reliance on women reinforces the existing gender division of labor and the disadvantaged position of women in livelihood generation and formal employment (Tester cited in Harber, 1997 p.31). It appeals intrinsically to the New Right model of governance because community based care is cheaper in budgetary terms, as costs are not measured or compensated (Budlender 1998, p.19).

Given the assumptions and beliefs briefly set out above, the question arises as to whether these have any resonance in communities, particularly the poor and vulnerable communities that are the target of and the intended beneficiaries of such policy intervention. Both theoretically and methodologically this research is based on the assumption that people's understanding of others who live in their communities, the way they organise and how best to respond to the kinds of needs that, for example, children in distress generate, are important. They comment on both implicit and explicit assumptions about community, while at the same time talking to real needs and possibilities.
of different social institutions (state, non governmental and community based organizations) as well as of social groups or strata.

Filtered through assumptions about community, community development and community participation are notions of community care. The concept, as Harber (1998, p.29) points out, "refers to community participation in the provision of care to vulnerable members through community based rather than institutional services". The origins of the concept lie outside the development paradigm, coming as they do from a social criticism of the European system that separated and segregated in special institutions the poor, the mentally ill and "those out of family". However, enacted within a New Right framework, the concept of community based care acquires a very different meaning, especially when it is coupled with "developmental welfare" and the communitarian assumptions of the "New Settlement". Care in the community becomes care by the community, a self-help activity that needs to be sustained without, or in the South African case, for example, with only limited state support.

A core assumption of this cascading cluster of development and care in society is that it is family centered. Children out of family are seen as being out of place, even when it is a choice (Connolly and Ennew 1996, p.139). In policy terms, supports are channeled towards or through families which, in turn, render the service, be it looking after their own or other people's children or caring for the ill or disabled (Department of Welfare 1996a). Cognizance is taken of and accommodations are made with the range of family types that exist in different societies and different communities (Department of Welfare
Rist (1999, p.23) has described development as a belief system and set of practices that, as an element of modern day religion, has closely shadowed the expansion of capitalism as a world system. Community development began as an adjunct of colonialism and was part of the means to conquer and enslave or exploit in the name of civilization, material and moral enlightenment and social progress (Midgley 1986, p.17; Rist 1999, p.66). In South Africa, settler colonial interests defined development and community at least in policy terms. The result was a strange hybrid where community development was defined both in a classical colonial way to denote "civilization of the natives" and to protect whites as a community, particularly those who were under pressure from poverty (McKendrick 1990, p.11).

US global hegemony in the aftermath of WWII ushered in a paradigm shift in development. The colonizer/colonized dichotomy was replaced by an underdeveloped/developed dichotomy according to which states, equal in law but not in practice, were situated on a continuum along which, for the good of humanity, it was possible (and desirable) to progress (Rist 1999, p.73). Development and community development (sometimes used interchangeably) became both an objective and an activity of national states and international organizations and was promoted particularly actively by the various agencies of the United Nations (Midgley 1986, p.18). In the seventies, failures and resistance to "planned change from above" forced a shift in the underlying assumptions and meanings attributed to community development (Campfens 1997, p.40). Community development gave way to community participation as the principal means by which to generate or realize strategies for development opening up a debate about the role
and not civil society as government (‘the commonwealth’) (Smith 1997, p.178). The turn to community in South Africa is driven by similar assumptions even though, much like the British rather than the American variant (Smith 1997, p.186), the government also continues to appeal to the nation as community.

Community as a notion, an institution or a set of relations has a long and complex theoretical and practical history (Thornton and Ramphele 1988, p.37). The concept is poorly defined in the literature, and in practice is variously used by policy makers and development practitioners alike (Midgely 1986, p.24). Outside of the belief in community, best understood as an image of coherence (Thornton and Ramphele 1988, p.38) communities do exist but how they are constituted varies considerably over time and space and often is mystified by policy makers and politicians alike. Part of the belief in and ideology of communities is that that they are cohesive, interactive, mutually supportive localities where people live in harmony with one another (Pereiera in Harber 1999, p.20). In reality, a range of inter-related factors determine individual interaction in localities and whether collectively, they constitute a community. These include the history of the particular settlement, the extent to which people as individuals and in kin groups know and routinely interact with one another and the levels of civil and social organization in the community. A further critical factor is whether the issue of concern is perceived as something that allows for or requires collective (community) rather than individual or family action.

Community development as a concept and practice has a more specific history that is intimately connected to the rise and pervasive hegemony of the notion of development.
INTRODUCTION

One of the major AIDS-derived social crises affecting contemporary southern African societies centers on caring for and attending to the well being of children. The institutions that have historically attended to the care needs of children such as family and kin networks, the church and the state, are each on their own, poorly placed to respond to what is anticipated to be an unprecedented need for care.

A present currency in South Africa is to juxtapose the limits of the state, with respect to its model of surrogate care, the scale of the problem and a recurrent emphasis on the limits of its resources against the potential of a community based response (Harber 1998, GEAR 1996). It is this hypothesis that this paper sets out to critically assess by testing some assumptions about community against existing responses to children in distress in five poor settlements in and around Pietermaritzburg, KwaZulu-Natal.

LITERATURE REVIEW

Present day policy thinking in South Africa closely follows twenty years of New Right theory and practice that has dominated governance in European and North America, the central premise of which is free market economics and liberal rights traditions. To address the negative social results that these policies generate the Blair and Clinton administrations have developed a counter redistribution response, designed to have no or limited financial costs to the state. This “New Settlement” is underpinned by communitarian theory, which holds that “societies are nothing but communities of communities” (Etzioni in Smith 1997, p.182) and that society is community and family
particularly from the state, but also from non-governmental and other organizations of civil society.
The Communities and Care Giving: a qualitative case study of poor community responses to children in need.¹

Tessa Marcus
University of Natal, Pietermaritzburg

Abstract
This paper critically examines assumptions about community through a qualitative study of community responses to children in distress in Pietermaritzburg, South Africa. It suggests that the comfortable certainties about communities might not hold especially where people lack material resources as well as access to institutions and organizations beyond the limited boundaries of their locality. AIDS related death and the escalation of need that the pandemic generates is likely to enfeeble the already weak capacity poor people and communities have to cope with social crisis. In this context, the capacity of communities to act in a meaningful way is contingent on extra-community inputs,

¹ This study was made possible thanks to the help and support of the members of the board, director and field staff of the Thandanani Association as well as child care committee members and many individuals in each of the communities investigated. Special appreciation is extended to Gladness Xaba, principal research assistant and Surie Baijoo who assisted with transcription and translation. The anonymous reviewers made valuable criticisms and suggestions that helped me develop the final draft. Thanks to Christine Stilwell for comments and suggestions.