

Strengthening schools as nodes of care and support

Education Policy Round Table Meeting Report

28th & 29th July 2003

The meeting was facilitated by the
Children's Institute of the University of
Cape Town (UCT), in collaboration with
the Child, Youth and Family
Development Programme of the Human
Sciences Research Council (HSRC)



**Children's Institute
UCT**



HSRC

**Child, Youth and
Family Development
Programme**

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The meeting report was compiled by:

Sonja Giese
Children's Institute
University of Cape Town
Ph: (021) 689 5404
Fax: (021) 689 8330
Email: sonja@rmh.uct.ac.za

For a copy of the report, email:
anthea@rmh.uct.ac.za

This report is also available online at:
www.uct.ac.za/depts/ci

PART 1

1.1 Background to the education policy round table

“We must deal urgently and purposefully with the HIV/AIDS emergency in and through the education and training system. This is the priority that underlies all priorities, for unless we succeed, we face a future full of suffering and loss, with untold consequences for our communities and the education institutions that serve them.”

Minister Kader Asmal, July 1999

“Educators are not social workers. Nevertheless they can work with others to provide care and support for those affected by HIV/AIDS, ... creating a culture of caring in schools, ensuring a secure environment, observing zero tolerance for violence or abuse in the school setting...”

Minister Kader Asmal, June 2002

In August 2001, the Children’s Institute (UCT) was commissioned by the National Department of Health to conduct research to inform recommendations for health, education and social development services to support the increasing number of children made vulnerable in the context of HIV/AIDS in South Africa.

One of the key recommendations emerging from this research was the need to think “out of the box” about services and service delivery, and to maximise opportunities for reaching vulnerable children through the existing service infrastructure. Schools, in particular, were identified as potential “nodes of care and support”, through which access to and delivery of much needed services to children could be strengthened. The concept of schools as nodes of care and support also resonates with a number of government policies and programmes which aim to strengthen and promote service delivery through schools, and to create schools which are centres of community life.

As a follow up to this research conducted by the Children’s Institute, and drawing on research and expertise within the Child, Youth and Family Development Programme of the HSRC, the decision was taken to facilitate an education policy round table, to identify and build on opportunities to take forward the concept of schools as nodes of care and support.

1.2 Aims and objectives

The aim of the education policy round table was to consider the extended role of schools as nodes of care and support to vulnerable children in the context of HIV/AIDS in South Africa.

The objectives of the meeting were:

1. To present and debate the concept of schools as nodes of care and support for vulnerable children in the context of HIV/AIDS.
2. To identify existing Governmental programmes and policies relevant to the care and support of vulnerable children through schools.
3. To identify potential challenges to putting into practice an expanded role for schools.
4. To identify action that could be taken to overcome these challenges, and improve the capacity of schools to become nodes of care and support.
5. To develop a framework for the way forward.
6. To create the opportunity for participants (see Appendix 1 for a list of round table participants) to share ideas and experiences, and explore opportunities for collaboration.

1.3 Background reading

Prior to the meeting, the following documents were distributed as background reading:

- Giese S, Meintjes H, Croke R, Chamberlain R (2003) The role of schools in addressing the needs of children made vulnerable in the context of HIV/AIDS. Children's Institute, Cape Town.
- Richter L.M (2003) The impact of HIV/AIDS on the development of children. Paper presented at the Institute for Security Studies Seminar - HIV/AIDS, vulnerability and children: Dynamics and long-term implications for Southern Africa's security, Pretoria 4 April 2003.
- Dawes A (2003) Improving School Children's Mental Health in an era of HIV/AIDS. Paper presented to the Colloquium - Improving the health of school age children in an era of HIV/AIDS: Linking policies, programmes and strategies for the 21st century, Durban March 16th - 19th, 2003.

1.4 The structure of the meeting and report

The meeting was structured over a period of two days, around a series of presentations and group work activities, with opportunities for questions and discussions in all plenary sessions. For the purposes of this report, we have included summaries of all presentations in PART 2. PART 3 documents the key issues raised through the group work and plenary discussions.

1.5 Summary of key outcomes

In principle, participants supported the idea of an expanded role for schools as nodes of care and support for vulnerable children and recognised that the education system has several comparative advantages over other services when it comes to the care and support of children. However, it was agreed that an expanded role for schools cannot and should not exacerbate the burdens that educators already carry. Participants felt that the emphasis should be placed on better utilising schools as vehicles through which services can reach children and children can access support, and on viewing schools as one important link in a service chain.

In taking this process forward, participants agreed that it was important to:

1. Strengthen collaborative and ongoing partnerships with the National and Provincial Departments of Education, while at the same time further developing and implementing the concept of schools as nodes of care and support at local levels.
2. Link the concept of schools as nodes of care and support to processes that are already underway eg. the revamp of the school feeding scheme, and the implementation of the School Health Policy and Health Promoting Schools initiative.
3. Ensure that the outcomes of the workshop are accessible to all participants, in the form of:
 - a. A full workshop report which documents the presentations and debates (this document).
 - b. A brief advocacy document which will enable participants to move forward with this concept in a manner which is appropriate and consistent with the thinking of the group.
4. Establish a working group to take this process forward and to facilitate ongoing dialogue, research and advocacy.

PART 2 - A SUMMARY OF THE PRESENTATIONS

2.1 Presentation #1: Contextualising the role of schools in the care and support of vulnerable children

Presented by:
Sonja Giese
HIV/AIDS Programme Manager
Children's Institute, UCT

Sonja provided a brief overview of research recently completed by the Children's Institute¹, to inform health, education and social development services for children made vulnerable in the context of HIV/AIDS. This research was the catalyst to the initiation and facilitation of the education policy round table, highlighting the need to look differently at the role of schools as potential nodes of care and support for vulnerable children.

The research was designed as a multi-site qualitative research project, based in six sites in five provinces. Information was collected through a combination of child participatory research activities, interviews, and focus group discussions with a range of research participants, including children and their caregivers (from 118 households), service providers and a number of other people identified as playing an important role in children's lives in the research sites. Most of the children in the study who had been orphaned were living with relatives and the majority of these relatives were caring for children without access to any form of state support.

The experiences shared by research participants highlighted how central poverty is in the lives of children in HIV/AIDS affected households - most of the 118 households in the study had little or no regular income and those that could access grants, relied heavily on them. In the context of poverty, where the sharing of resources and burdens across households is common, the devastating impact of HIV/AIDS on households and broader kinship networks is felt collectively, demonstrating the importance of recognising the vulnerability of *all* children in heavily AIDS affected communities.

While the research looked at the response of a range of service providers to children's vulnerability in the context of HIV/AIDS, this presentation focused on the research findings directly related to schools.

Schools and individual educators across the research sites provided extremely varied degrees of support to learners. In some instances schools

¹ Giese S, Meintjes H, Croke R, Chamberlain R (2003) Health and Social Services to Address the needs of orphans and other vulnerable children in the context of HIV/AIDS in South Africa: Research report and recommendations. Children's Institute and National Department of Health, SA.

were exceptional in responding to the needs of pupils experiencing difficulties. Other schools were somewhat ambiguous spaces of variable sensitivity and support for children. And some school environments were nothing short of disinterested and abusive, discriminating against vulnerable children rather than assisting them.

Important to note is the fact that where support from individual educators or school programmes did occur, it was not directed exclusively at orphans. In fact, educators across the sites repeatedly reiterated their concerns about the identification of orphans as recipients of support over and above other poor children in their schools, arguing that most of the problems they observed orphans experiencing were shared by other learners living in poverty.

Problems related to access to education ranked as one of the top priorities for the children who participated in the research. In at least 19 out of the 113 participating households in which children were resident, there were children between the ages of 7 and 18 years who were not attending school, and many more where children were attending school erratically. Reasons for non-attendance were linked primarily to the prohibitive cost of education (including school fees, uniforms and stationery), and to children's responsibility for household chores and for the care of sick adults and younger children.

While legislation provides for free education for those who cannot afford to pay school fees, the researchers found that in practice free education was not a reality. School principals explained their reluctance to grant exemptions because school fees represented the only discretionary income available to schools. The research report describes many examples of schools suspending children, withholding report cards, punishing, preventing children from moving to the next grade, not allowing children to write exams, and not providing transfer letters because of the non-payment of fees. Absent from much of the literature is discussion around the impact of adult illness on children's enrollment and school attendance. Our study suggests that it is before the death of an ill caregiver that we are most likely to see a difference in rates of school attendance between children experiencing orphanhood and other children living in poverty. It is important that schools are aware of and institute measures to protect and support children during this period.

While the research found that many educators failed to recognise or respond appropriately to signs of vulnerability and that for the most part, school-based support programmes were limited, the examples of good practice that were identified highlight the potential for the positive role of schools in identifying and supporting vulnerable children. The research report uses the term "schools as nodes of care and support" to refer to this expanded role for schools.

Trying to understand the response (or lack thereof) of educators is important when looking at an expanded role for schools. Educators cited several challenges which might discourage or prevent them from assisting vulnerable children, including overwhelming numbers of children in need, lack of adequate training, unpaid salaries and little support, lack of referral knowledge

or options, negative past experiences with referrals, HIV/AIDS-related secrecy and discrimination, stress, and a fear for their own safety if they intervened in children's home circumstances.

So, while the research recommendations highlight the importance of schools as vehicles through which many of the needs of vulnerable children can be addressed, the report recognises the limited – but important – role that educators themselves can play in this regard. Hence it is argued that emphasis should be placed on schools as *nodes of service delivery* through collaborative partnerships with other service providers, including governmental and non-governmental services.

The importance of collaboration in strengthening a service response to children's vulnerability cannot be overemphasised. Across the research sites, collaboration proved the common denominator in all initiatives that appeared most successful in addressing the needs of children.

For a copy of the full research report, please email Sonja@rmh.uct.ac.za.

2.2 Doing much with very little – examples of good practice

The next three presentations focused on sharing examples of good practice for providing care and support to children and their caregivers within and through schools and early childhood development centres.

2.2.1 Presentation #2: "We're not just a school..."

Presented by:
Hlengiwe Mthimkulu
School Principal

Hlengiwe Mthimkulu is the principal of a small rural school in Northern KwaZulu-Natal. This is an adaptation of her presentation, which began with an account of the experiences of one of the children whom Hlengiwe has assisted over the past few years.

"Thabiso was found at Mandeni when he was very young. A man who was working in Mandeni brought him to his house here, and Thabiso stayed with him until he was about 7 years old. Then he said Thabiso must go and live with the neighbour to look after his goats. The neighbour was paying R50 per month for him to look after the goats. The uncle said that he must work, and he would keep the money so that when Thabiso had earned enough he could use the money to pay school fees.

The boy worked for three years, by then he was 10 years, he said he wanted to go to school. The uncle said 'Fine, go!' – but Thabiso had no clothes, no books, no money. When he was at school, they asked him for uniform because he must look the same as others. He went to the uncle to ask for his money. Uncle kept promising, but never gave it to him. One day he went to the uncle's house, he was not there, only the aunt. The aunt told him to stop

coming there because there is no money. She told him that uncle had spent all of it on beers. 'He didn't even buy us something like food here', she said.

Thabiso was fed up. He left school, and went elsewhere to look after someone's cows. He lived with them for two years. They didn't have money, so he was paid in goats, one per year. One day when trying to stop a cow from running off into the road, he threw a stone which broke a bypassing car's windscreen. The driver was angry and demanded compensation. The people he was living with wouldn't help – all Thabiso had was the two goats to give.

He then moved to *another* family to care for cows – they said they would pay his school fees [at Hlengiwe's school] in return for him spending his afternoons herding their cows. They didn't buy a uniform for the boy. He was a *big* boy, with a *tiny* uniform. So we [teachers] decided to help him – we asked him to make some wooden spoons for the school [for dishing up the feeding scheme food each day], and we would reimburse him with a uniform that fits!

Then at home, they said, 'Oh they have given you this uniform, now you are no longer going to behave because you think you are a better one. Why didn't they buy *you* shorts, and a shirt for the young one (their own child)?' Thabiso promised [his caregivers] that he would make more wooden spoons at school so that the teachers would buy a uniform for his brother. He came to us, he said, 'Here are some spoons. Please buy this boy some uniform because now they hate me, because this one doesn't have'. We said OK. We bought a shirt for the boy.

But Thabiso was having problems. One of the cows was always running away [disappearing from the rest of the herd during the day while Thabiso was at school]. Thabiso asked to keep this cow in the kraal during the day, but they refused. It got lost again, and [the caregivers] told him he was not going to get any food until he found the cow. For seven days, he was without food. They sent him out of the house and that is how Thabiso came to sleep in the bushes near the school".

When Hlengiwe realised that Thabiso was homeless, sleeping in the bushes at school in order to keep attending, she spoke with the School Governing Body, and they decided to let the boy sleep in an old classroom. Since then, four other boys in difficult circumstances have moved in too. A 3-roomed house has been built on the school property, and a neighbour is keeping an eye on them in the evenings. "There at least I know they are safe", Hlengiwe says.

At age 16, Thabiso has just completed Grade 4 and, along with several other children, is cared for by the staff of the primary school.

As she's come to realise more and more of the difficulties the children attending her school live through, Hlengiwe has leapt into action. She was alerted to the weekend-long hunger of many of the children in her school when she noticed a child who lay down, barely touching Monday morning's plate of food and clutching her stomach in pain. The child had not eaten since the previous Thursday when the school feeding scheme last operated. Nor, it emerged, had several other children.

After meetings with her staff and with children's caregivers (and with the financial assistance of a local charity), Hlengiwe instituted an extended

feeding scheme on Fridays and over the weekends so that those children who receive no other food at home could be fed before leaving on Fridays, and return to the school on Saturdays and Sundays for a meal. “At least,” says Hlengiwe, “if they come to the school, we know the children get the food.”

Roughly one-quarter of the learners at her school are now fed by the extended feeding scheme. At first the project was funded out of the pockets of the staff, though Hlengiwe has subsequently managed to rein in random lump sums of funding.

With an ever-increasing number of mouths to feed, Hlengiwe approached the Department of Agriculture for help in learning about food production. The school always grew a patch of mielies and vegetables to augment feeding scheme supplies, but this provided insufficient food for all the children. The result is a school fish pond, and a clutch of hens that lay eggs and provide food for the fish.

The first batch of fish died and Hlengiwe found them floating at the top of their buckets in her car boot before she completed the journey up the mountain to Majwayisa. The second batch, safely installed, are reproducing at a rate. Hlengiwe is now trying to convince neighbours of the school to dig ponds too, before the school pond is full to capacity. The problem however is water!

Hlengiwe described other initiatives to identify and support vulnerable learners, including the “postbox” that she introduced to enable children to share their concerns through writing letters to her and their teachers. The school also uses parent-teacher meetings as opportunities to inform caregivers of how to access social assistance grants and other services or support in the community.

“We’re not just a school anymore these days, we’re a school, a chicken farm, a fish farm, and a home. Now that we have food for the children, the next thing we need is to find counsellors [to support children].”

“Until the researchers from the Children’s Institute came to my school, I did not know that what I was doing was anything special”, says Hlengiwe. Since then, and in collaboration with a local trust, she has organised meetings with principals at other schools in her area and shared with them some ideas for the role that schools can play in supporting children. A principal support group has been established and the 7-day feeding scheme has been expanded to two other schools in her district, with plans afoot to do more....

2.2.2 Presentation #3: Providing life skills training to children through schools

Presented by:
Nthathi Mongologa
Naledi Lifeskills Training and AIDS Information Centre

Nthathi presented an overview of the work done by Naledi, an NGO that works through schools to identify and support vulnerable children and their families.

Naledi Lifeskills was established in 1997 in response to the challenges faced by the local community, where poverty, unemployment and illiteracy are high. “We realised that much of attention was given to the sexually active part of the community, little if nothing was done to empower children to take decisions that would ensure that they protect themselves from any possible abuse or even infections” explained Nthathi.

Naledi focuses on providing life skills training to children through schools. “We faced a bit of a problem from the beginning when trying to establish a working relationship with the department of Education. We realised that once again children were left out. Even at times when they were vulnerable there was no provision for care and support at learning centres. This was when we were informed that HIV/AIDS was a health matter whilst emotional breakdown was a matter for social workers. Educators were not ready to offer counseling services in spite of the fact that learners were looking up to educators as their source of strength during hard times”.

Since these early stages however, the organisation has made good progress, reaching an agreement with the Department of Education that they provide life skills training to children at primary level.

The life skills programme within schools operates as follows:

- Children’s caregivers are informed about the programme and the content of the life skills course.
- The timetable for school visits is arranged in consultation with school staff.
- The lessons are designed to be interactive, participative and to address the concerns of the children eg. HIV/AIDS, rape, other forms of abuse, relationships, etc.
- Staff from the NGO develop relationships with the children, spending time with them during school breaks and visiting them at home where necessary, thereby making it easier for the children to discuss their problems.
- During lessons, the NGO is able to identify children who are particularly vulnerable. Additional voluntary sessions are arranged with these children, either after school or during lunch and tea breaks. “We counsel them according to the need and our capacity, all major problems that need professionals we refer to relevant service providers. We also work in partnership with the Department of Social Services, the Child Protection Unit, and the Department of Health”.

“It is a known fact that no matter how many good laws we may promulgate regarding the protection of children’s rights, such will never be relevant to them unless children are informed about them. They cannot find out for themselves either. We inform children of their rights ... and we create a platform for children to voice out any form of criminal action committed against them by anyone”.

“One of the biggest challenges we face is having to address some cultural practices. One finds situations where it is not cultural for a child to lodge a complaint against an elderly person. We found this norm to be very unfair favouring the elderly against children even where the elderly have offended children, in most cases we find a situation where it is regarded as an abomination to take such matters outside the family. The usual practice is that the matter is handled at family level only”.

Despite the challenges however, the NGO has had many successes. “The need for care and support for vulnerable children cannot be overemphasised. If adults who are knowledgeable of their rights and have strong and mature characters need care and support during hard times, how much more support do children need?”

2.2.3 Presentation #4: Putting young children first, through quality early childhood development services

Presented by:
Pam Picken
Director
TREE

Pam Picken is the director of TREE, an organisation doing important and innovative work in the field of early childhood development. Pam presented an overview of their work - exploring possibilities within and through ECD centres for meeting the challenges facing young children growing up in impoverished circumstances, and those made vulnerable by HIV/AIDS.

Founded in 1984, TREE offers training to ECD practitioners at NQF levels 1, 4 & 5. In addition, the organisation offers ECD elective and short courses in HIV/AIDS, ECD site management, childcare, parenting, and toy making and paper technology (to teach caregivers and educators how to make educational equipment from waste). TREE has five regional centres in Kwazulu and trains approximately 3000 people (mostly women) every year. In addition to site-based training and support, TREE also runs an outreach programme, visiting caregivers at home to teach basic early stimulation activities and provide nutritional and health care information.

The TREE vision (see graphic representation overleaf) is to use and extend the existing network of community-based ECD sites (including crèches, pre-schools, and day care centres) to:

- Ensure that every young child has free and easy access to a safe, caring, stimulating learning environment during the day.
- Provide after school care to young children who finish formal school between 12pm to 2pm, and whose caregivers are not available to supervise them.
- Relieve the burden placed on the elderly and on other children, to provide care to young children who have been orphaned.

Each of these ECD sites would be governed by community committees, including traditional, elected and community leaders. The focus of TREE's involvement would be to develop the capacity of parents / caregivers, community leaders and other stakeholders to ensure they have the necessary resources to take responsibility for the welfare of the young children in their community. The NGO envisages an important role for government departments, ensuring the provision of inter-sectoral services, support and resources.

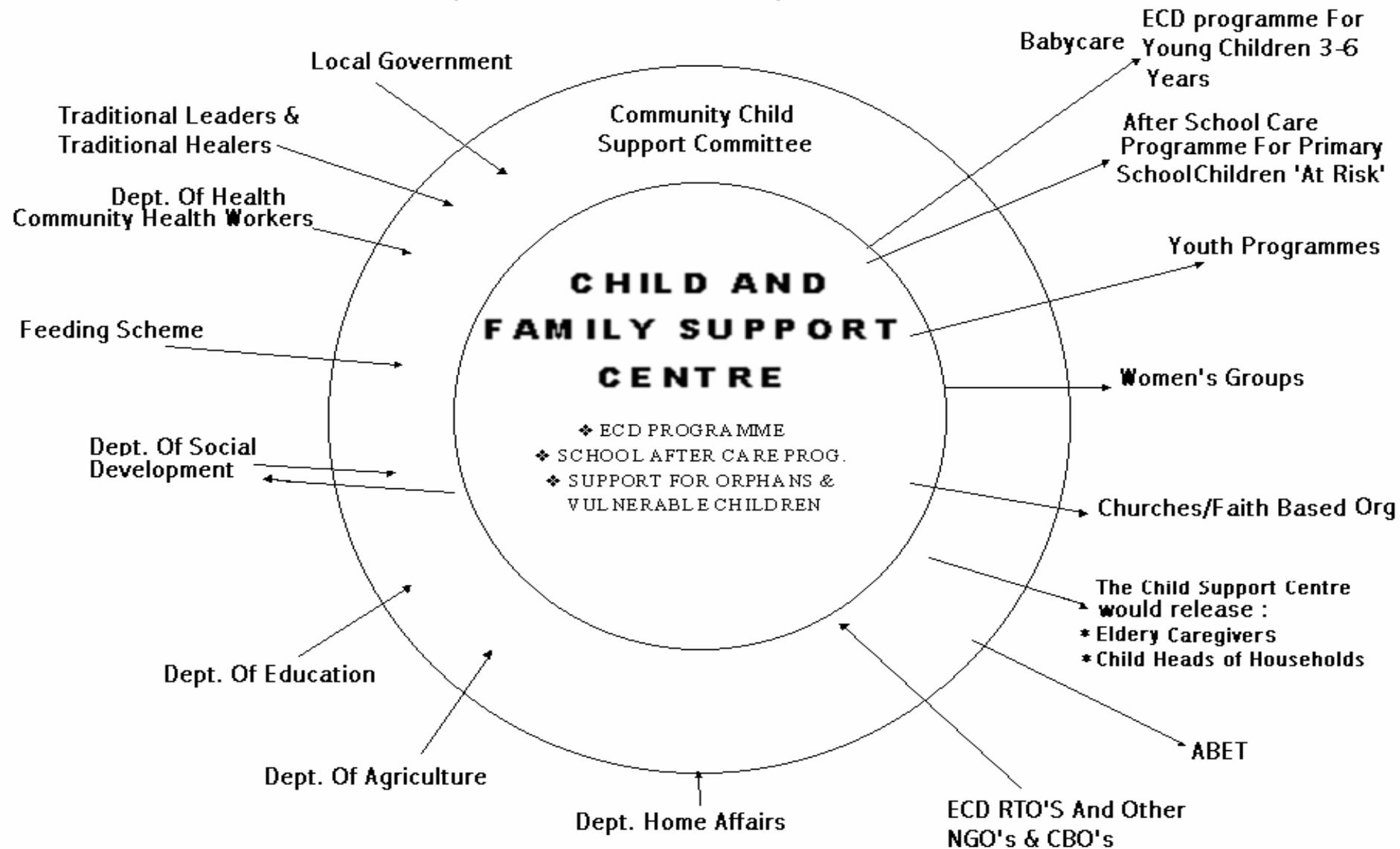
His name is today

We are guilty of many errors and many
faults,
but our worst crime is abandoning the
children, neglecting the fountain of life.
Many of the things we need can wait.
The CHILD cannot.
Right now is the time his bones are
being formed, his blood is being made
and his senses are being developed.
To him we cannot answer "Tomorrow"
His name is "Today"

Gabriela Mistral
Nobel Prize-winning poet from Chile

TREE VISION FOR COMMUNITY BASED CHILD & FAMILY SUPPORT CENTRES

To meet the rights and needs of young orphans and vulnerable children for survival, protection and development



2.3 Departmental policies and practices relevant to the care and support of vulnerable children through schools

One of the key objectives of the education policy round table was to create a forum to exchange information on existing governmental programmes and policies relevant to the care and support of vulnerable children through schools. As such, representatives from the Departments of Education, Health and Social Development were invited to present an overview of their work in this area.

The representative from the national Department of Education was unable to attend the meeting and the presentation time was therefore used to brainstorm among participants the various policies and programmes within the Department of Education that may be relevant to an expanded role for schools.

2.3.1 Department of Education policies and practices relevant to the care and support of vulnerable children through schools

The brainstorming session generated the following information on a range of relevant departmental initiatives:

- In July 2002 the Department of Education co-ordinated a national conference on HIV/AIDS and the education sector. The conference report has recently been released and outlines a plan of action for taking forward the ideas emerging from the conference. For a copy of the report visit www.education.gov.za.
- The Inclusive Education Directorate recently co-ordinated an intersectoral workshop addressing the needs of children awaiting trial and in prisons, in order to inform the deliberations around the Child Justice Bill. A working group was established to take the process forward.
- National norms and standards require that schools be ranked in terms of poverty and provide for poorer schools to get additional funds. Participants pointed out however that some of these funds were allocated to particular line items which were difficult to procure through the formal processes. Many of the poorer schools are therefore not benefiting optimally from the additional resources.
- The Department of Education recently undertook a review of school funding, resulting in a plan of action to review norms and standards, transport subsidies, uniforms etc. The key recommendation emerging from this process was that the Department of Education would introduce free education for 60% of learners. In real terms, this will effectively remove school fees for the lowest two quintiles of schools. For the other three quintiles, the exemption system will be tightened, with richer learners subsidising poorer learners. The report looks at the issue of uniforms, with the possibility of introducing a uniform policy in 2004. There is also mention of establishing an education complaints office to handle problems related to school fee exemptions.

- The Department of Education has an advisor to the Minister on HIV/AIDS.
- Participants described a national departmental initiative to get the Deans of Education in Higher Education Institutions together to develop minimum standards for the inclusion of HIV/AIDS-related material in educator training programmes.
- There is some talk of a policy on the care and support of orphans and other vulnerable children being developed within the Inclusive Education Directorate, although none of the participants were clear on timeframes.
- The Department of Education is also one of the key departments represented on the National Action Committee for children affected by HIV/AIDS (NACCA). NACCA is currently briefing provinces on the establishment of co-ordinating structures, to be cascaded down to district level.
- Other relevant policies include the policy on non-discrimination in schools, the HIV/AIDS Life Skills policy, the Tirisano plan of action (which includes an HIV/AIDS programme and promotes the notion of schools as centres of community life) and the whole school evaluation policy.
- The role of schools in identifying vulnerable children was provided for in the draft Children's Bill submitted by the South African Law Reform Commission (SALRC) to the National Department of Social Development in January 2003. However, this provision has been removed from subsequent drafts of the Bill, as has the provision that children in foster care and residential care be exempt from paying school fees.
- Responsibility for managing the primary school nutrition programme, currently operated through schools but managed by the Department of Health, will be taken over by the Department of Education in 2004.

There was some discussion around the need to ensure that the Department of Education was on board in this process and to engage the Department in the debates and outcomes of the education policy round table.

2.3.2 Presentation #5: Department of Health policies and practices relevant to the care and support of vulnerable children through schools

Presented by
Dr Ray Mohlabi
National Department of Health

In considering policies relevant to the care and support of vulnerable children through schools, the DOH outlined those categories of children deemed vulnerable. The categories included: Children who have been orphaned; children living in extreme poverty; children looking after sick parents; children with chronic diseases eg. asthma, HIV/AIDS etc.; children suffering malnutrition, or who are undernourished or obese; children in disaster situations eg. refugee children, floods, war; children with physical or mental disabilities; children from broken homes ; abused children, including physical,

emotional, and sexual abuse; homeless children; children experiencing or witnessing violence; child labourers and children using drugs.

DOH policies relevant to the care and support of these children include:

- Child and mental health policy guidelines: Recently launched, implementation of this policy is at various stages in different provinces.
- Health promoting schools policy: still in draft. The aim is for all schools to be health promoting, and child-friendly.
- Youth and adolescent health policy: Launched in 2001, at different stages of implementation in different provinces. Caters for empowerment of adolescents, and making health services user-friendly for youth.
- Integrated Nutrition Programme: Initiated in 1998. Incorporates the Primary School Nutrition Programme, growth monitoring, Vitamin A supplementation, food service management, and food fortification.
- Policy framework for non-communicable diseases and chronic conditions in children: The final draft is ready. Implementation guidelines are currently being developed. Asthma guidelines are available and will be reviewed in 2003.
- Policy guidelines for the management and prevention of genetic disorders: Launched in 2001. Implementation of this policy is at various stages in different provinces.
- Guidelines for home based care: A curriculum for the training of community home based carers is in place, and being piloted in some provinces.
- Guide to educators in the care and support of affected and infected learners: Developed in 2001, currently being piloted in some provinces.
- School Health Policy and implementation guidelines: Launched 22 July 2003. The Department is planning dissemination workshops in provinces.

School health policy:

The objectives of the school health policy are:

- To support educators and school communities through health promoting schools.
- To address barriers to learning.
- To create a safety net for children who did not have access to services in their pre-school years.
- To provide appropriate health education and promotion within schools.

Plans for implementation

The Department of Health plans to implement the School Health Policy in three phases:

- Phase 1: Comprises the absolute minimum set of activities that all districts must have in place
- Phase 2: Includes additional activities that would improve service quality
- Phase 3: Represents the ideal service that all districts should provide

All provinces should aim to provide a Phase 1 service in:

- 30% of districts by end of 2004
- 60% of districts by end of 2005
- 100% of districts by end of 2005

Challenges to implementing the School Health Policy

The DOH identified several challenges to implementing the School Health Policy. These include:

- Lack of adequate resources, especially human and financial resources
- Reaching remote areas
- Getting buy-in from all relevant role players
- Lack of adequate infrastructure
- Educating educators, learners, parents, and communities
- Collaborating with NGOs working with vulnerable children
- Setting up effective referral systems
- Putting in place follow-up mechanisms

Factors which are critical to the successful implementation of the School Health Policy include good coordination between this service and other programmes, joint planning between the DOE and the DOH, advocacy for school health at all levels of governance, the prioritisation of school health based on the understanding of the integral link between health and education, a reorientation and training of primary health care workers to assist and support the delivery of school health care services, the involvement of schools in the development and delivery of this service, the development of capacity of school communities to take responsibility for their needs, and active monitoring and evaluation of the service to ensure ongoing improvements.

In conclusion, several policies and programmes are in place, aimed at improving the quality of life for vulnerable children. The key to success is strengthening intra-departmental and intersectoral collaboration in these efforts.

2.3.3 Presentation #6: Department of Social Development policies and practices relevant to the care and support of vulnerable children through schools

Presentation by:
Khomosto Kgothadi
National Department of Social Development

The role of the Department of Social Development in addressing the needs of vulnerable children was identified as follows:

- To mitigate the impact of HIV/AIDS amongst vulnerable groups.
- To contribute to reducing the risk of HIV infection, with a special focus on children.
- To develop policies, practice models, standard implementation procedures and guidelines regarding HIV/AIDS.
- To offer comprehensive integrated services to vulnerable groups who are affected by HIV/AIDS (children, youth, women, older persons and people with disability).
- To build partnerships with NGOs and the business sector.
- To encourage workplace programmes.
- To facilitate relevant research.

DSD laws and policies relevant to the care and support of vulnerable children include:

- Guidelines for services for children infected and affected by HIV/AIDS
- The Child Care Act 74 of 1983
- The Social Assistance Act No59 of 1992
- Transformation of the child and youth care system

Other initiatives that were presented include:

- The National Action Committee for Children Affected by HIV/AIDS (NACCA)
- Community-based care and support programmes
- Social assistance and social welfare services
- The food emergency programme
- Research on baseline data and impact assessment (population development unit)

- Capacity building to improve service delivery eg. to address the slow delivery of the foster care grant
- The piloting of drop-in centers to address needs of orphans and other vulnerable children
- Establishing outreach programmes through which social workers visit schools to give talks on HIV/AIDS, child abuse, child protection etc.
- Strengthening sustainable poverty alleviation projects to avoid dependence on food parcels
- Child care forums – to highlight problems faced by children in particular communities
- The placement of children in foster homes, adoption and residential care where necessary

In terms of more direct linkages with the Department of Education, social workers receive referrals from schools when children play truant, when there is evidence of child abuse, when a child appears withdrawn, hungry or is experiencing behavioural problems, when children present in dirty clothes etc.

The Department of Social Development identified several **challenges** in realising the goals of their policies and programmes. In particular,

- The need to strengthen co-ordinated action
- The shortage of social workers to meet the demand for foster care grants
- The absence of social workers in schools, to handle referrals from educators of children who may be vulnerable

2.4 Presentation #7: From policy to practice, exploring issues of accountability

Presented by:
Jane Kvalsvig
Child Youth and Family Development Programme
Human Sciences Research Council

Jane presented two case studies, illustrating through these the importance of accountability in determining successful outcomes. Drawing on the work of Malcolm Wallis, the presentation explored the concept of accountability further.

The concept of accountability has been part of the language of governments and political science for many years. It refers to the idea that a government must provide an account in relation to how it discharges its various responsibilities and actions.

For example, the responsibility lies with Cabinet Ministers who must give accounts of their departments to Parliament. Within provinces, similar

requirements apply. Local government is rather different but the accountability principle applies. Whilst these provisions are essentially about the accountability of political officials such as ministers, it is nevertheless essential to be aware that a cascade effect is involved so that accountability also rests with individuals where interventions are to take place. School principals, for example, are accountable for the implementation of projects in the schools they manage.

The new emphasis on service delivery, as reflected in the Batho Pele concept, is mainly about making implementation more effective and efficient. It also implies that there need to be clear lines of accountability through which responsibility for, and reporting on, the performance of departments with responsibility for water, health and education are understood and made operational. Allied to this are other aspects of implementation such as monitoring (which can provide an excellent way of checking on progress or the opposite), and coordination (which can assist in clarifying the assignment of responsibilities).

Wallis raises several issues for consideration in relation to accountability.

- In the case of HIV/AIDS there are no panaceas out there waiting to be applied.
- The Public Finance Management Act of 1999 requires accounting officers (in this case top public servants such as Directors General) to fulfil certain reporting requirements in terms of variables such as performance and efficiency.
- The growing tendency to allocate a prominent role to the private sector carries with it problems in relation to accountability: the delivery of services may be out of the direct reach of the responsible government department.
- There are issues concerned with performance management, auditing and monitoring which must be considered. In principle the setting of precise targets for organisations and individual officers, can assist in promoting accountability by allowing assessments to be made.
- There is the political dimension. Ministers are answerable to Parliament, as we have shown. However, the extent to which this represents mere lip service instead of genuine disclosure and transparency is another matter.
- There is a need for organisations to develop new and more effective cultures; part of what is required is a greater acceptance of accountability as a core value.

In taking forward our recommendations from this meeting, we can learn from the outcomes of a recent colloquium on improving the health of school age children through the implementation of the School Health Policy. The colloquium emphasised the need for political will and intersectoral collaboration at all levels if the policy is to be successfully implemented. The suggestion was made that, for health promotion purposes, schools should be placed in clusters and management should develop a detailed plan and time frame as to how to service each cluster of schools. Middle management should be retrained in preventive/promotive health approaches, with capacity building included as a budget item from the start. A uniform tool is needed for

conducting situational analyses at a District level, including an audit of human, physical and financial resources. And finally, lines of accountability must be clearly stated at national, provincial, district and community levels, with careful monitoring of implementation so that any problems that may arise can be identified and dealt with timeously.

PART 3 – GROUP WORK AND DISCUSSIONS

Group work sessions were organised around a set of questions or activities. The following is a summary of the key points emerging from these discussions.

3.1 Is there support among participants for the concept of schools as nodes of care and support?

In principle, the groups supported the idea of an expanded role for schools as nodes of care and support for vulnerable children. Groups identified characteristics of the school environment and the school system that were conducive to this expanded role.

- The examples of good practice that were presented earlier in the day highlight the potential for schools to function as nodes of care and support for vulnerable children and illustrate how much can be done with very little.
- The education system has an existing infrastructure of around 28 000 schools.
- This system reaches approximately 11 500 000 children, including those most affected and most at risk of infection.
- Relatively speaking, schools are a “community in tact”.
- The school environment is an inclusive environment centered on children and committed to children’s development.
- Schools are central and relatively accessible.
- Educators see children every day for five days of the week and are therefore ideally placed to recognise change in children’s lives.
- Support within schools will bring children to schools.
- From the earlier presentations it is clear that one compassionate person in a school can make a significant difference.
- Schools are made up of many components, each potentially valuable as a resource for care and support, including the physical infrastructure of the school (building and grounds), school staff, learners, their caregivers, school governing bodies and the broader school community. When looking at the role of schools as nodes of care and support, we need to look at the function of each of these various components.

3.2 What are some of the broad challenges/barriers to implementing an expanded role for schools as nodes of care and support?

While there was generally support for the concept of schools as nodes, several broad challenges/barriers to implementing an expanded role for schools were identified and discussed. Participants raised the following concerns:

Education system challenges

- Participants recognised the challenge in changing the traditional ways in which things are done and in which people see their roles and the fact that this calls for a paradigm shift in attitudes and practice.
- Participants were concerned about whether the concept would be supported by the Department of Education and emphasised the importance of getting buy-in from the Department for the idea.
- Furthermore, it is clear from the departmental presentations that several processes and structures are in place. It is essential that we make the most of these and do not duplicate or undermine other efforts.
- The main functions of schools are as learning institutions to teach children. In considering an expanded role for schools, we need to be careful not to undermine the teaching role. It is important to show how the expanded role of schools will add value to the core business of schools i.e. as teaching and learning institutions.
- We would need to identify who would be responsible, within individual schools, school districts and beyond, for co-ordinating an expanded role for schools.
- An important component of accountability is being able to measure performance and outcomes. We therefore need to review the criteria on which schools and school staff are evaluated to ensure that the system takes into account the degree to which schools are functioning as nodes of care and support.

Challenges related to capacity within schools

- In contexts of poverty and HIV/AIDS, the sheer numbers of vulnerable children are daunting and many educators are themselves infected or affected by HIV/AIDS. Participants raised the question of how vulnerability would be defined in the contexts of an expanded role for schools.
- Educators are already overburdened and many are not adequately supported. There is therefore a reluctance on the part of some educators to assume any more responsibility than they already carry.
- Many educators lack the skills that would be necessary to provide care or support to children.

- School staff frequently lack knowledge on the services available to them and their learners.
- So much depends on individuals within a school system and we need to think of ways to incentivise individuals and to encourage creative and compassionate leadership.
- Middle management needs to be strengthened within all the relevant sectors.

Challenges related to collaboration

- Collaboration and joint planning across sectors are essential in order to implement an expanded role for schools, and yet these remain major challenges.
- Human resources constraints in other relevant departments impact on the ability of schools to function as nodes of care and support eg. the shortage of school nurses and the absence of school-based social workers
- The existing model of school funding leads to alienation of children and caregivers by putting pressure on school staff to obtain school fees in order to sustain school services. Building relationships of trust within and between schools and communities, where previously relations may have been adversarial, is a challenge.

Learner-related challenges

- Schools are not always safe places for children and in many instances, the school environment actually contributes to children's vulnerability.
- Many of the most vulnerable children struggle to access school because of a range of factors, including the prohibitive costs of education and the responsibilities that children bear for household chores and income earning.

Key points underpinning further discussions

The following key points emerged during the plenary discussions and the early group work activities. These points informed the later discussions.

- The AIDS pandemic presents us with an opportunity in crisis, exposing barriers to service access and service delivery and forcing us to think creatively about solutions.
- The education system is one which has several comparative advantages over other services when it comes to the care and support of vulnerable children. However, schools functioning as nodes of care and support can not and should not exacerbate the burdens that educators already carry. It is important to recognise the limited role that educators themselves can play in care and support activities. The emphasis for an expanded role for schools should therefore be on better utilising schools as vehicles through which services can reach children and children can access support, and on viewing schools as one important link in a service chain.
- Furthermore, there cannot be a “one size fits all” role for schools. What is appropriate or possible will differ from one school to another and while the concept remains the same, it would need to be operationalised very differently in different contexts.
- The potential of schools as nodes of care and support could be strengthened further if we think in terms of school clusters. Several benefits to clustering schools were identified, including the following:
 - Not every school will have the capacity to function as a node of care and support. By clustering schools, each one of these schools can benefit from the aggregate capacity of the school cluster and one school may serve as a resource to others.
 - Different schools have access to different resources (human, informational and financial) which could be shared if schools operated within clusters,
 - Clustering schools would create opportunities for providing educators and middle management with more support,
 - The case studies presented highlight the importance of there being a committed and innovative individual to “champion” the process. The chances of finding such an individual within a cluster of schools is greater than the chances of finding one in every school.
- We need to view this process within a child rights-based framework, in which it is recognised that all children have basic rights and that with these rights comes an obligation on the part of duty bearers. While we recognise the need for local “champions”, it is important to come up with a mechanism to systematise the process so that the use of schools as nodes of care and support is engrained within and supported by the education system as a whole, and not wholly dependent on the actions of any particular individual person or school.

3.3 What kinds of care and support activities are suited to the school environment?

Groups developed a number of conceptual frameworks for understanding the role of schools as nodes of care and support. Common to each of these frameworks were the following two premises:

1. Participants agreed that it is essential that individual schools (or school clusters) and school communities determine the most locally appropriate strategies for their school/s. Community ownership and participation in this process was identified as centrally important. *The type of support that is appropriate will depend on the needs of learners within any particular school / school cluster and the type of support that can be offered will depend on the capacity of that school / school cluster.*
2. The frameworks distinguished between the school as a *service provider* and the school as the *site of service provision* or as the *referral agent* to services. Certain activities were thought to be suited to the school as the service provider - where school staff would play a more direct role in the delivery of the service (intra-school activities). Other activities were seen to be the responsibility of an agency outside of the school who may use the school as the site of service provision (extra-school activities).

3.3.1 Intra-school activities

The types of activities that might be considered as intra-school services included:

- Reducing barriers to school access.
- Making every effort to keep children in school and addressing school based obstacles to attendance.
- Creating school environments that are emotionally and otherwise supportive, including instituting measures to ensure:
 - Zero tolerance for abuse and discrimination
 - Gender equity
 - That the school environment is an emotionally and physically safe space for children.
- Identifying vulnerable children, through for example monitoring school attendance and drop-out, and recognising changes in children's behaviour.
- Establishing and maintaining effective referral systems i.e. referring vulnerable children to services and providing information in accessible formats to learners on where services and support can be accessed. (Although there was some discussion as to whether it was a function of the school to be actively identifying and mapping resources within the

community, which may be useful to educators and learners and to which children could be referred).

- Feeding children through school-based feeding schemes.
- Facilitating life skills programmes, or inviting outside organisations to facilitate life skills programmes, which address the concerns of the learners in appropriate ways.

3.3.2 Extra-school activities

Additional activities that were seen as suited to the school environment, but not necessarily the role of school staff included the following:

- Providing psychosocial support to learners and educators through school-based support groups.
- Establishing community service programmes within schools, providing learners with the opportunity to provide support to others.
- Building bridges with the broader community and finding ways for the community to become more involved in, and benefit from, school-based activities eg, establishing agricultural projects on school premises which not only feed the children but also provide food to households that need support.
- Drawing on the formal and informal resources within the community, providing for example emotional support to children through traditional practices such as story telling, and co-ordinating unemployed locals to supervise and provide support to children after school hours or to assist with food production on the school premises.

3.4 How can we best facilitate an expanded role for schools within schools/ school clusters?

The following steps were identified as important in facilitating this process:

1. Together with school staff (and possibly the broader school community), identify the needs of learners and educators within a particular school / school cluster.
2. Prioritise needs, through for example developing indicators of vulnerability relevant to that school community / neighbourhood.
3. Map school-based and extra school resources and services that exist locally to address these needs.
4. Facilitate a process whereby school staff come up with ideas for the types of services and support that their school / school cluster can provide or help children to access.
5. Determine target outcomes and measurable indicators of school and educator performance and programme success.

Importantly,

- Schools that are “vulnerable” will coincide with where children are most vulnerable. Therefore these schools or school clusters can be prioritised in terms of geographic targeting.
- It is essential that the support that is provided through schools is available to *all* children and that support is not targeted at particular categories of children eg. children who have been orphaned. Participants pointed out that programmes that benefit all children will be most effective in identifying and supporting those children who are most vulnerable.
- Given the tremendous burden already experienced by educators, in most instances, schools are more appropriate as *sites* of service delivery, highlighting the importance of inter-sectoral and inter-agency collaboration in realising the potential of schools as nodes of care and support. Putting in place structures and strategies for facilitating collaboration between schools and formal and informal support structures within the broader school community is therefore essential to the success of the process.

3.5 How can we take this process forward and further develop and share the concepts that have been discussed over the past two days?

Several practical suggestions were made for activities that could be undertaken by participants following the meeting. They included the following:

- Provide support, through the combined expertise of participants, to the Department of Education, to strengthen their existing initiatives (eg. efforts within the Inclusive Education Directorate to develop a policy on the care and support of vulnerable children).
- Commission and undertake research that will enable us to pilot the tools and processes necessary to realise an expanded role for schools.
- Identify and link up with other key stakeholders, government departments and service providers eg. NACCA, the National and Provincial Programmes of Action, and the Alliance for Children’s Entitlement to Social Security (ACESS), providing them with information on an expanded role for schools.
- Map relevant initiatives around the country so as to keep track of what is happening and to facilitate joint planning and learning.
- Document and share good practices within schools, describing the range of care and support activities currently in place and innovative ways in which schools have overcome resource limitations and other challenges.
- Establish school / principal mentoring programmes, linking these “good practice” schools with others who are interested in developing similar programmes within their schools.
- Reach out to other key roleplayers, using for example the print media and the South Africa Democratic Teachers Union newsletters.

- Identify policy gaps that need to be addressed and decide on a strategy for addressing these gaps.
- Develop material to be included in educator training programmes at colleges and universities in South Africa and in in-service educator training modules.
- Produce reader-friendly and accessible resources targeting school governing bodies, school principals and educators on the role of schools as nodes of care and support.
- Establish an ongoing forum for debate, research sharing and advocacy around the expanded role of schools. Possibly facilitate further meetings to share ideas, successes and lessons learnt.
- Ensure good evaluation of existing and planned programmes so as to facilitate accurate reporting, provide useful feedback to programme implementers, recognise high achievers and promote accountability.
- Undertake costing exercises to determine the feasibility of an expanded role for schools.
- Keep interrogating the issues and testing the process as we learn from discussions and practice.
- Distribute names and contact details of participants so as to facilitate ongoing discussion and networking.

In taking this process forward, participants agreed that it was important to:

1. Strengthen collaborative and ongoing partnerships with the National and Provincial Departments of Education, while at the same time further develop and implement the concept of schools as nodes of care and support at local levels.
2. Link the concept of schools as nodes of care and support to processes that are already underway eg. the revamp of school feeding scheme, and the implementation of the School Health Policy.
3. Ensure that the outcomes of the workshop are accessible to all participants, in the form of:
 - a. A full workshop report which documents the presentations and debates (this document).
 - b. A brief advocacy document which will enable participants to move forward with this concept in a manner which is appropriate and consistent with the thinking of the group.
4. Establish a working group to take this process forward and to facilitate ongoing dialogue, research and advocacy.

The facilitators of the workshop undertook to facilitate these processes.

Appendix 1 Participants of the Education Policy Round Table

NAME	SURNAME	ORGANISATION	E-MAIL
Peter	Babcock-Walters	Mobile Task Team on HIV/AIDS & Education	peterbw@eastcoast.co.za
Linda	Biersteker	Early Learning Resource Unit	research@elru.co.za
Linda	Chisholm	HSRC	Lchisholm@hsrc.ac.za
Nancy	Coulson	Health & Development Africa	ncoulson@hda.co.za
Andy	Dawes	HSRC	adawes@hsrc.ac.za
Chris	Desmond	HSRC	cdesmond@hsrc.ac.za
Liesel	Ebersohn	HIV/AIDS in Education, University of Pretoria	lebers@hakuna.up.ac.za
Irma	Eloff	University of Pretoria	ieloff@hakuna.up.ac.za
Sonja	Giese	Children's Institute	sonja@rmh.uct.ac.za
Fatima	Hassan	Aids Law Project	hassanf@law.wits.ac.za
Khomotso	Kgothadi	National Department Social Development	khomotsok@socdev.gov.za
Jane	Kvalsvig	HSRC	jkvalsvig@hsrc.ac.za
Jim	Lees	UWC	jlees@uwc.ac.za
Beryl	Lourens	The Valley Trust	blassoc@mweb.co.za
Ntobizami	Makhathini	COUNT	count@futurenet.co.za
Dipholo	Mattliso	SADTU	Tdipholo@sadtu.org.za
Elaine	Mckay	Nelson Mandela Foundation	elaine@nelsonmandela.org
Carolyn	McKinney	HSRC	cmckinney@hsrc.ac.za
Helen	Meintjes	Children's Institute	helenm@rmh.uct.ac.za
Mark	Milner	Ibis	markmil@mweb.co.za
Ray	Mohlabi	National Department of Health	mohlar@health.gov.za
Nthathi	Mongologa	Naledi	not available
Jonathon	Morgan	ASRU	jmorgan@commerce.uct.ac.za
Makano	Morojele	Nelson Mandela Foundation	makano@nelsonmandela.org
Wally	Morrow	DOE Ministerial Task Team on teacher education	morrow@netactive.co.za
Hlengiwe	Mtimkulu	Mpontshini Primary School	not available
Joan	Mumaw	Catholic Institute of Education	joan@cie.org.za
Paseka	Njobe	SADTU	cmashike@sadtu.org.za
Nomusa	Nkambule	SADTU	nnkambule@sadtu.org.za
Pam	Picken	TREE (ECD)	pam@tree-eed.co.za
David	Power	Institute of Child Health	dpower@ich.uct.ac.za
Agnes	Qwabe	Fanang Diatla Self Help Project	not available
Norma	Rudolph	Independent	normar@netactive.co.za
Saajidha	Sader	University of Natal	saders@nu.ac.za
Jane	Shityuwete	Ibis	js@ibis.org.za
Maylene	Shungking	Children's Institute	maylene@rmh.uct.ac.za
Donald	Skinner	HSRC	dskinner@hsrc.ac.za
Rose	Smart	Mobile Task Team on HIV/AIDS & Education	rsmart@netactive.co.za
Jill	Tomlinson	Self-employed	jilltom@yebo.co.za
Lynn	van der Elst	The media in Education Trust	lynn@miet.co.za
Faranaaz	Veriava	ERP, Education Policy Unit	veriavaf@law.wits.ac.za
Bridget	Walters	READ Educational trust	bridgetw@iafrica.com
Daniel	Wilson	Edu Action	daniel@education.co.za
Tom	Zhuwau	HEARD	zhuwaut@nu.ac.za