

# UNIT THREE

## Care for vulnerable learners

### Introduction

All children in South African schools are entitled to quality education and a supportive school environment that will allow them to take full advantage of the teaching and learning opportunities to develop their potential. This fundamental right to education for everyone is enshrined in the South African Constitution and is promoted by national education acts and policies.

It is a known fact that large numbers of learners in our schools are unable to take advantage of education because they are the victims of socio-economic issues such as HIV and AIDS, poverty and violence. In Unit 1 we touched briefly on the impact of these socio-economic ills on children and examined the role that schools could play to mitigate the effects on learners. We continued our reflection on the school as a critical partner in the national multisectoral response to HIV and AIDS and poverty in Unit 2, and constructed a picture of what a caring school in which vulnerable learners receive appropriate care and support might look like.

In Unit 3 we place the spotlight on learners and investigate what we mean by vulnerable learners, what challenges they face, and why the school can be such a powerful and positive influence in their lives. We hope that deeper insight into the plight of vulnerable learners will motivate you and your management team to put in place simple information gathering system that enables you to pinpoint accurately who is vulnerable in your school. Dependable management information will enable you to make informed decisions about the support and care strategies that are best suited to your school context. Managing information about vulnerable learners and their needs is an integral part of an overall plan to respond proactively to the dire situation that many of your learners have to cope with. You are encouraged to start thinking about information gathering and storage in preparation for the planning process that you will undertake in Unit 8. **Tool 31** will provide you with detailed guidance on information management.

### Key questions

This unit explores the following questions:

1. What makes learners vulnerable?
2. How does being vulnerable affect a learner's education?
3. Why are schools important in the lives of vulnerable learners?
4. How can you identify vulnerable children in your school?

## Outcomes

By the end of this unit you should be able to:

- Refine your ideas of what makes children vulnerable and what the indicators are of vulnerability.
- Hold a deeper understanding of the effects of HIV and AIDS, poverty and a range of socio-economic issues on the education of vulnerable learners.
- Increase your awareness of the importance of helping vulnerable learners to access school and to provide support for them to attend school regularly.
- Recognise the importance of collecting dependable information about the number of vulnerable learners in your school and their needs in order to inform better planning and management decisions about necessary actions for appropriate support.
- Describe what is involved in setting up and maintaining a reliable management information system to identify vulnerable learners in your school.

## What makes learners vulnerable?

The term *vulnerable children* is used by many agencies and communities around the world and is generally understood to mean children who face hardships of many kinds. But what exactly is the nature of these hardships?



Before examining the term *vulnerable* in some detail, stop and think about your current understanding of it. In Unit 1 you were asked to estimate how many learners in your school you consider to be vulnerable. Did you find it easy to define vulnerable learners? What characteristics or criteria did you use to identify vulnerable learners in your school?



### Activity 1 What does the term *vulnerable children* mean?

Read the following two extracts from different sources that describe this term. Then answer these questions.

1. What are the common indicators of vulnerability listed in both extracts?
2. Which aspects did you not consider when you did the activity in Unit 1 that asked you to estimate the number of learners in your school who are vulnerable?
3. Why is it helpful for you and your management team to have a clear idea of what you mean by *vulnerable learners*?

**EXTRACT 1**

*Some specific indicators for vulnerability in children include the following:*

- Any physical or mental handicap or any other long-term difficulty that would make it difficult for the child to function independently;
- Illness, either HIV or other major illness;
- Emotional or psychological problems;
- Abuse at emotional, physical or sexual level;
- Not cheerful, dull, does not perform well in class, miserable, dirty with torn clothes, sleepy;
- Use of drugs, e.g. glue, alcohol, cigarettes, dagga, cocaine;
- Neglect of schoolwork, does not attend school regularly, does not perform well at school;
- Does not receive sufficient healthy food and constantly shows signs of hunger;
- Constantly shows signs of not sleeping well;
- Poor hygiene or cannot engage in personal care;
- Does not have clothing or has dirty clothing all the time;
- Does not receive care, particularly love, guidance and support.

*Family and community contexts that make children vulnerable*

Family situations that make children vulnerable:

- Caregivers are not able or willing to care for the children under their care;
- Alcoholic, poor and emotionally disturbed parents;
- Handicapped (physically and mentally) or chronically sick parents, e.g. confined to bed;
- Household is overcrowded or the ratio of children to caregivers is too high;
- Divorced parents;
- Abusive family or parents or caregivers not equipped to provide the care giving role;
- Lack of financial resources to adequately care for the child;
- Lack of parental guidance and direction.

The community context in which the child lives also influences vulnerability:

- Risk of being exposed to dangerous situations;
- Prevented from having a normal life as a child, e.g. schooling, play, etc.;
- Unsafe environments such as informal settlements, lack of toilets, crime;
- High levels of poverty;
- Exposure to crime, gangs and drug use.

(Skinner, D. et al: 2004)<sup>1</sup>

**EXTRACT 2**

In South Africa, the broad definition of *vulnerability*, typically used by organisations such as the Media in Education Trust (MiET), Nurturing Orphans of AIDS for Humanity (NOAH), Save the Children UK and others involved in supporting children at risk, include the following indicators as descriptors of vulnerability. Vulnerable children are children who:

- are orphaned (with regard to orphans there is still much debate as to what constitutes an orphan, whether it is the death of one parent or two?)
- are hungry and do not bring food to eat at school/are unable to pay attention in class
- need clothes and/or shoes/ do not have school uniform
- are living on their own
- are living with grandparents or other family
- are caregivers to others
- have parents who are sick
- are not properly cared for at home
- are physically or sexually abused
- do not attend school
- often do not complete homework because of household chores and lack of support
- are visibly neglected, not clean, need clothes /school uniforms
- have emotional problems (they bully others, cry a lot, are quick to get angry etc.
- are unable to manage their school work (their work is not up to standard and/or their work is often behind)
- are physically sick/ they have no one to take care of them when they are sick
- appear abused
- lack confidence.

(Marneweck, L. et al: 2008)<sup>2</sup>

**Comment**

*In both descriptions a vulnerable child is seen as someone who has no access or limited access to basic needs such as sufficient and nutritious food, shelter, adequate clothing, a safe home and community environment free from abuse and exploitation, family care and support, good health care, and the ability to take full advantage of available education opportunities. In Extract 1 we are reminded that socio-economic problems and challenges in the country such as HIV and AIDS, poverty, high levels of unemployment and unacceptable levels of crime and violence experienced at community level, seriously reduce the ability of families to provide adequately for their children. As a result children suffer enormous physical, psychological, emotional and mental hardships. The indicators of vulnerability are inclusive and offer a broad description that focuses not only on the effects of HIV and AIDS but includes poverty and violence and a range of related socio-economic problems.*

*A clear and agreed definition of vulnerability can provide government, community leaders and schools with a useful set of indicators to inform the planning of suitable care and support responses and interventions. At the same time it is important to gather dependable information about the size of the vulnerable learner population to ensure that planned support can be successfully implemented. For example where the school is organising a nutrition programme, it is necessary for the school management team (SMT) to know how many children need to be catered for, and what the nature of their nutritional needs is.*

*While definitions of vulnerability can be useful we must guard against using the definition as a label as this could easily result in learners becoming targets of stigma. The whole issue of vulnerability needs to be handled in a sensitive and sensible manner.*

The definition of vulnerability as reflected in various reports and articles from international bodies such as UNICEF, UNAIDS, USAID and the World Bank, has continued to change the definition of 'vulnerable children' over time. From a narrow focus on orphaned children it has broadened to include children made vulnerable by HIV and AIDS through parental illness and associated poverty. It now includes children aged 0-18 years who are infected by HIV, children who have lost one or both parents, and children whose survival, well being or development is affected by HIV and AIDS (UNICEF 2006)<sup>3</sup>.

## **How widespread is the incidence of vulnerable children in South Africa?**

The definition used in South Africa incorporates international indicators. So how widespread is the incidence of vulnerable children in South Africa? Here are some statistics from a recent UNICEF report (April 2009), *Situational Analysis of Children in South Africa* from 2007 - 2008, which was commissioned by the Office of the Rights of the Child in the Presidency. The report summarises recent trends in children's well being in our country.





### FACTS AND FIGURES

- In 2006 an estimated 21% or almost 3.8 million children were orphaned with either *one* or *both* parents dead.
- A big proportion of orphanhood is associated with high HIV and AIDS prevalence.
- In each year over a five-year period, the majority of orphans in South Africa were paternal orphans.
- The death of a parent may have an impact on the quality of care, psycho-social well-being and access to services for the orphan, and it may increase risks of abuse and exploitation.
- 3.3% of children in the 2-14 age group were infected with HIV (2005).
- 10.3% of youth in the 15-24 age group were infected with HIV (2005).
- Infection rates are higher among girls.
- Of the approximately 122,000 children living in child-headed households in 2006, half are aged below 15 years.
- The majority of children living in child-headed households are in Limpopo, Kwa-Zulu Natal and the Eastern Cape.
- 68% of children (i.e. close to 12 million children) lived in households with monthly expenditures under R1200 (2006).
- 27% of children under the age of five were chronically malnourished (2003). There is no indication that the nutrition status has changed substantially.
- The total number of crimes against children recorded by the South African Police Services (SAPS) decreased in recent years to 74,000 in 2007 but is still worrisome. After common assault, rape is the second most frequent crime committed against children; 40% of all reported rape victims are under 18 years old.

(Report commissioned by the SA Presidency, prepared by UNICEF: 2009)<sup>4</sup>



Large numbers of children who enter our school gates suffer the effects of social and/or economic problems that significantly compromise their ability to access education opportunities and achieve academic and social success.

## How does being vulnerable affect the learners' education?

It seems that any one single factor described in the previous section places a child at risk. But when more than one factor is present there is a multiplying effect that increases the likelihood that children will be unable to engage fully with education activities and usually experience failure, loss of self esteem and inability to realise their potential.

So what are the most common barriers to education and learning that vulnerable children face?

### 1. Interrupted schooling and drop out

Absenteeism, interrupted schooling and dropping out are problems that predominantly affect children who come from impoverished families and communities. The main reasons include:

- coping with illness;
- looking after a sick parent, a caregiver, brother or sister;
- not being able to find the money for school fees, uniforms and books;
- living far from home and having to walk long distances to get to school;
- assuming the adult caring role which demands that some children have to do outside work in order to earn an income as well as taking on the responsibility of caring for the household;
- girls are usually called on to assist their families in a variety of ways. They are often exploited sexually and frequently leave school because of pregnancy.

### 2. Physical suffering

Children who live in HIV and AIDS affected households usually also have to deal with the effects of poverty. The most immediate experience for children is that they suffer material deprivation that seriously affects their physical well-being and development. Many children go hungry and have to live in crowded, unsafe, unhygienic and poor living conditions that do not give adequate protection. In addition there is no money to get them suitable clothing that protects them from the weather especially in winter or when it rains, that makes them feel comfortable and socially acceptable. Clothing is considered an important indicator of social status and is a recognisable external sign of a child's living conditions. Having no money for what is considered acceptable clothing does not only affect a child physically but also has an emotional and psychological effect. Children and especially adolescents want to fit in, and wearing appropriate clothing is a way of doing that.

Children do not suffer only the immediate effects of not having their basic needs met but if unchecked physical deprivation has serious long-term effects. For example a large percentage of children in South Africa suffer from malnutrition that leads to delayed or reduced physical and psychological development. Malnourished children are also more susceptible to serious illness.

### 3. Emotional and psychological trauma

Childhood is usually conceived of as a time during which a child benefits from the nurturing care of loving parents, caregivers and adults in their immediate environment. It is a time for playing, enjoying time with other children, having energy to engage with the environment and actively learn about the world.

But what do children who live in conditions of physical, emotional and psychological deprivation learn? What do they learn when the adults in their lives are unable or unwilling to give them adequate nurturing and supportive care? What do they learn when the adults in their environment abuse and exploit them? No doubt children are resilient and there are many examples of people in our country and in the world of children who experienced a traumatic childhood who have managed to overcome the odds, grow and become remarkable people and leaders. But for many children who experience continued neglect and lack of emotional warmth and care from their parents and caregivers, the immediate experiences are traumatic. Emotional suffering is probably the strongest effect on children who live in HIV affected and poverty stricken households. Feelings of loneliness, depression and anxiety can overwhelm them. Even if children are unable to talk about their feelings they reveal them in signs such as:

- excessive and ongoing tiredness
- not wanting to eat or eating too much
- sleeping a lot or not being able to sleep
- tearfulness and crying often
- withdrawing from others
- having negative feelings
- being uninterested and not wanting to engage
- being unable to concentrate and remember things
- feeling afraid all the time
- feeling helpless, worthless and even thinking of suicide.

Probably one of the most devastating experiences for children is to cope with the serious illness and eventual death of an AIDS infected parent, caregiver, brother or sister. They can often not grieve properly because of the silence that exists around HIV and AIDS and the inability of those around them to know how to handle the grieving process.

The stress of living in poverty-stricken environments and coping with associated emotional deprivation can also result in aggressive, impulsive and attention seeking behaviours.



## 4. Learning difficulties

The combination of the effects of physical deprivation and emotional and psychological trauma results in serious barriers to learning as highlighted in the excerpt below.

Emotions are a significant aspect of life for children of poverty. Emotions have a connection to memory in that they help to store information and also trigger recall. Emotions affect the actual capacity of children to grasp ideas. One of the most prominent emotions in children of poverty is fear. Brain research indicates that constant fear has a negative effect on learning. Additionally, a person's physical and emotional well-being are related to their ability to think and learn. Considering that children living in poverty may be poorly developed, both physically and emotionally, and that their home environments are often emotionally stressful can explain why they often encounter difficulties in school.... Emotional draining and negative self-status can literally zap the motivation to learn out of children.

(The Effects of Poverty on Teaching and Learning accessed on <http://www.technology.com>)<sup>5</sup>

The factors that contribute significantly to placing learners at risk for academic failure are those that are experienced in households and communities affected by HIV and AIDS. They include unemployment, poverty, crime, violence, homelessness, dangerous neighbourhoods, abuse and neglect, and exposure to inadequate or inappropriate educational experiences.

## 5. Coping with stigma and discrimination

Despite all the information circulated about the HIV and AIDS epidemic and the launch of initiatives to encourage people to be tested so that they can receive suitable medical treatment, there is still widespread stigmatisation and discrimination against people who are infected or affected by HIV and AIDS.

Is stigma the same as discrimination? A stigma is a characteristic which is considered negative or undesirable by others whereas discrimination has to do with behaviours that treat people differently because of their stigma. Throughout the world people who are infected and affected by HIV and AIDS are discriminated against, rejected and even physically hurt. The nature of the discrimination is different from country to country and community to community but essentially many people who live with HIV and AIDS have to cope with the illness as well as the stigma attached to it.

Why does the HIV and AIDS stigma exist and why do people engage in discriminatory behaviours and practices? Fear of contagion and contracting the disease, coupled with assumptions about people who are infected continue to fuel the stigma. Since most people become infected with HIV through sexual behaviour, there is a perception that people with HIV are irresponsible, promiscuous and immoral. Such behaviours are considered socially unacceptable by many people.

As long as the stigma endures, discriminatory behaviours will continue. In 2003 the World Health Organization (WHO) stated:



**As HIV/AIDS becomes a disease that can be both prevented and treated, attitudes will change, and denial stigma and discrimination will rapidly be reduced.<sup>6</sup>**

But at the current time stigma and discrimination continue to affect people. There are two types of stigma that adults and children who live with HIV and AIDS have to endure: external and internal stigma. External stigma results in discriminatory behaviours by others such as avoidance, rejection, denial of jobs and services, abuse and injury. People living with HIV display evidence of internal stigma when they withdraw socially and do not attend gatherings, do not access support services, or apply for jobs for fear of disclosure. Some people respond by overcompensating. They think that they have to work harder or make a greater effort to prove themselves. Self-stigma and fear of negative reaction from the community perpetuates the wall of shame and silence surrounding the HIV pandemic and seriously undermines national and local efforts to deal constructively with this complex issue.

Stigma and discrimination do not stop at the school gates. Learners at your school who are infected with HIV and who live in HIV affected households often become victims of discrimination by other learners and even by teachers. Teachers may treat these learners differently and may unwittingly encourage abusive behaviour towards them by others.



## **Activity 2**

### **How can an anti-bullying policy help you to combat stigma and discrimination?**

Teasing and the more serious problem of bullying are present in all schools. There are many underlying reasons for this socially unacceptable behaviour that usually targets learners who are most vulnerable. In responding to bullying behaviour management has both to understand why children engage in bullying practices and manage the problem firmly by promoting zero tolerance of abusive behaviour of any kind.

As part of an overall strategy to combat the stigma and discrimination associated with HIV and AIDS and poverty, the school management team can implement an Anti-Bullying Policy that spells out clearly the kind of abusive behaviour that is unacceptable as well as the consequences of bullying behaviour.

1. What are you currently doing to manage bullying behaviour in your school?
2. Read the exemplar of an Anti-Bullying Policy in the Toolkit.
3. Which aspects are applicable to your school?



## Tool 8

### What should be included in an Anti-Bullying Policy?

An Anti-Bullying Policy can be an effective management tool that provides your learners and teachers with a common understanding of acceptable and unacceptable abusive and discriminatory behaviour. You can use the exemplar policy (**Tool 8**) in the toolbox to:

- Review and refine an existing Anti-Bullying Policy, or
- Compile a new Anti-Bullying Policy

While you may choose to develop your Anti-Bullying Policy framework initially with SMT members, it is a good idea to workshop the proposed policy with all your school-based stakeholders - teachers, learners and parents. In this way you are more likely to achieve buy-in and support for the policy implementation.

### Comment

*All children have the right to respect and to a safe school environment in which they do not have to fear humiliation, abuse and injury. It is your responsibility to create a non-discriminatory, non-threatening environment in your school, which promotes feelings of security and influences the learners' ability to engage with the learning process.*

*By implementing and monitoring an Anti-Bullying Policy you demonstrate your commitment to caring for the most vulnerable learners in your school and to protecting them from becoming victims of emotional, psychological and physical abuse by other learners.*

*We have a duty to challenge the many forms of bullying and discrimination that vulnerable learners experience at school. This might include difficult and unpopular interventions like calling in the police to check learners for drugs and weapons. You may need to work with teachers and parents to identify gangs and their leaders. Or to talk to learners and teachers to assist with identifying individual learners that bully others as well as challenging the behaviour of teachers who threaten learners to boost their authority, or abuse their position for personal and sexual favours.*

*In building a school environment in which learners and teachers respect each other and where there is a culture of zero tolerance for abusive behaviour of any kind you are making a significant contribution to combating stigma and discrimination.*

## Why are schools important in the lives of vulnerable learners?

In Units 1 and 2 we reflected on the critical role that schools can play to mitigate or lessen the effects of socio-economic issues such as HIV and AIDS, poverty and violence. In this section we view the benefits of school attendance from the perspective of learners, and in particular, from the perspective of *vulnerable* learners.

There may not be a medical vaccine for HIV infection at the present time but we have at our disposal a ‘social vaccine’.



**Education and schooling provide almost the only known antidote to HIV infection.** (Coombe, C. and Kelly, M.J.: 2001)<sup>7</sup>

Why is ‘education and schooling’ referred to as a social vaccine and what exactly does it mean?



### Activity 3 Why are education and schooling regarded as social vaccines?

The following extract from the Journal of Epidemiology and Public Health gives a summary of the findings of a study conducted in countries in sub-Saharan Africa on the association of school attendance and levels of HIV infection.

Use these questions to guide your reading of the extract.

1. What was the purpose of this study?
2. What were the key findings?
3. What does this mean for school management?

### KEEPING YOUNG SOUTH AFRICANS IN SCHOOL: A “SOCIAL VACCINE” AGAINST AIDS

A study published today in the Journal of Epidemiology and Community Health suggests that secondary school attendance is linked to lower risk of HIV infection among young people in rural South Africa.

The study, a collaboration between the School of Public Health, University of the Witwatersrand and the London School of Hygiene and Tropical Medicine (LSHTM), examined sexual behaviour and HIV prevalence among 916 young men and 1003 young women aged 14 to 25 in rural South Africa. The researchers wanted to know whether youth who remain in school are at higher or lower risk of HIV infection, compared to similar, out-of-school peers.

The team, led by Dr. James Hargreaves of the LSHTM’s Infectious Disease Epidemiology Unit, found that among both sexes, those in school reported fewer sexual partners, compared to their out-of-school peers. For female students, this partner reduction was accompanied by other protective behaviours such as greater condom use, less frequent sex, and partners who were closer to their own age. Strikingly, male students were much less likely to be HIV positive than their out-of-school peers.

In light of recent setbacks, such as the disappointing closure of the Merck HIV vaccine trial, such findings suggest that we should not overlook potential “social vaccines” which, in addition to biomedical interventions, can play a critical role in HIV prevention. Dr James Hargreaves comments: “Our study suggests that, in South Africa, being in school can shape young people’s social networks, leading to less high-risk sexual behaviour and, therefore, lower rates of HIV infection. We also recently conducted a review of 36 studies across sub-Saharan Africa which came to the same conclusions – that across a number of countries, those with higher education may now be at lower risk of HIV infection, reversing previous trends. We need to accelerate efforts to increase access to education, including secondary education, if we are going to make an impact on this epidemic. It’s encouraging that African governments, the G8, the World Bank, and others have committed to these goals – now there is even more evidence why we should do it.” (The Journal of Epidemiology and Community Health: 2008)<sup>8</sup>

### Comment

*Let’s think about the use of the word ‘vaccine’. Vaccines are used in medicine to prevent disease. Children who have been vaccinated are thus at lower risk when they are exposed to germs and infectious diseases that can harm them. By calling schooling a ‘social vaccine’, the report implies that the process of education itself, the interactions with peers and adults, the acquisition of attitudes, the strengthening of values, the ability to use information critically: all of these aspects have an impact on learners helping them to modify their behaviour and make appropriate decisions.*



*The study did not comment on the quality of schools in particular. Just going to school had a protective influence on the young people involved. It seems that is better to go to school – even if the quality of education is quite poor – than to drop out and stay at home. Can you imagine how much more young people could benefit if they attended a school with a caring and supportive environment?*

*These research findings clearly support the ideas we have explored so far. First, schools are well placed to make a difference in the lives of their learners. Second, the work of principals and teachers is much wider than the formal curriculum. It has to do with creating a particular social structure and environment that nurtures and protects the young. Finally, the power of schooling comes from the actual school procedures and routines that help learners to develop valuable habits and that create stability in the lives of vulnerable learners whose home environment is often fragmented and unstructured.*

Schools can obviously benefit children only if they are in school in the first place. Even though national policies are in place that show the government's commitment to education access for all, vulnerable children face many obstacles that prevent them from attending school regularly. Here are some facts and figures about school access from the recent UNICEF report (April 2009).

### **SCHOOL ACCESS - FACTS AND FIGURES**

#### ***Inclusive education policy***

- A strong suite of laws, policies and programmes lays the foundation for getting all school aged children into schools and ensuring learner-friendly school environments.
- Children's access to basic education (Grades 1-9) is extensive and most children stay in school at least to the end of primary school (Grade 7).
- The proportion of children in the education system declines significantly for the age-group 16-18 years.

#### ***Out of school children***

- Out-of-school children are a concern. In 2006, an estimated total of 446,568 children between the ages of seven and seventeen were not enrolled in any educational facility.
- After Grade 9, the last grade of compulsory education, estimated drop-out rates were significantly higher suggesting one in five learners dropping out at Grades 10 and 11 and thus not completing secondary education.
- Deep poverty, severe disability, unstable families and duties of care and labour within families are among the most common reasons for children not enrolling in school.

#### ***School fees***

- School-related costs such as fees, uniforms and transport costs seriously limit children's exercise of their right to basic education.
- 58% of public ordinary schools apply the No-Fee Schools policy.

***Physical access of schools***

- The distance that children travel to school is also an impediment to meaningful participation.
- Physical access to schools is limited for children and educators with movement disabilities.

***Nutrition programme***

- The National School Nutrition programme aims to provide the poorest children with at least one meal per day and thus to relieve child hunger and serve as an incentive for school attendance.

***Barriers to quality education***

- High enrolment rates have not yet been matched by improvements in educational quality:
  - o Qualified teachers are unevenly distributed across districts, with rural schools at a distinct disadvantage.
  - o Large class sizes and consequent overcrowding in the early years of schooling impedes critical foundational learning.
  - o Improving the qualifications and skills of teachers to deliver subject material effectively and to manage the class environment have to be among the top priorities.

***Retaining learners***

- One way of encouraging and supporting learners to complete their schooling is to remove the financial incentives to leave by addressing the policy gaps for poor teenagers who are not targeted by some of the critical poverty alleviation programmes – notably the Child Support Grant and the National School Nutrition Programme.
- Another way to retain learners is to improve the quality of education and school safety through concerted efforts of school administration, school governing bodies and school communities.

(Report commissioned by the SA Presidency, prepared by UNICEF: 2009)<sup>9</sup>

Keeping vulnerable learners at school is possibly as challenging as ensuring that they receive adequate support to be able to engage with the learning and teaching process.

## Identifying vulnerable learners in your school

South African schools are filled with vulnerable children, but it is not always easy to know who they are. Poverty, lack of parenting, violence and illness harm our children, but they do so in systemic and invisible ways. In addition, there is often a cultural imperative for children to stay in the background, and not to make demands. Many children who are hungry will not complain. Instead they become passive and stop expecting decent meals. Children who are affected by illnesses such as HIV may become more and more isolated and may even go to some lengths to hide their needs.

Children who are abused feel powerless and often protect their perpetrators to avoid further harm. Thus it is quite possible for teachers to be with vulnerable children and not perceive their needs. Because of the endemic suffering, the passivity and the silence in our communities, it is possible to work with children on a daily basis and still miss the signs that tell us they need help.

We can help vulnerable children only if they come to school and are enabled to stay at school. Any education, support actions and other constructive influences and benefits, which the school can offer vulnerable learners starts with this simple basic fact: *learners have to be in school to benefit from education and the school environment*. School attendance patterns are signs that give us an insight into which learners may be vulnerable. Let’s consider a few examples:

What does the attendance register reveal about learners?	What do the learner performance and teacher’s observations show?
1. Mpho has been absent for four days this term, and has been late on several occasions. On two days she was ill and on the other days she said she needed to care for a sick relative.	Her performance has declined, but only slightly. Although her concentration is poorer, she has a positive attitude and appears to be healthy.
2. Maria has been absent for 8 days this term. She has not provided any reason for the absenteeism. Follow up with her guardians has not provided sufficient information on the cause of the absenteeism.	Maria looks tired and listless and is unable to concentrate. She often does not do her homework.
3. Andrew is always absent on the same day every week.	Andrew seems to be taking medication. He often looks faint and tends to be restless and finds it difficult to concentrate. His performance on assessment activities has dropped dramatically during the past two months.
4. Thabo has been absent for three weeks in May. This is the first time Thabo has been absent this year.	Thabo has been in several fights with other learners in class. He gets angry quickly and has taken to bullying other children on the playground. Thabo’s work has become untidy and sloppy.
5. Monge always comes late for school and leaves early every day.	Monge’s performance on assessment activities and in class is average and remains unchanged. She often has to borrow books from a classmate. She does not like to talk about her family.

The examples illustrate that analysing attendance records can alert teachers to problems that learners may be experiencing in their home environment. Attendance data on their own though do not tell the whole story. But in conjunction with the learner’s performance and the teacher’s observations, it is possible to start identifying which learners may be vulnerable. We must be careful though as our assumptions about learners could be inaccurate. Keeping accurate data on attendance and linking it to school performance is a necessary first step in identifying vulnerable learners, but we may need more information to be sure. We need to really know the child and her/his context to make an accurate assessment of her/his vulnerability and needs. Do you have reliable methods for identifying vulnerable children?



## ACTIVITY

### Activity 4

#### What is involved in collecting accurate data about vulnerable learners?

Collecting reliable data about vulnerable learners in your school enables you to compile a picture of the scope and nature of the challenge. Accurate information will enable you to focus your efforts and plan the most appropriate actions to support vulnerable learners.

In this activity the purpose is to raise your awareness on what is involved in setting up an information system to pinpoint vulnerable learners and to identify what their support requirements are.

The principal and management team need to organise a discussion. Ask each member to read the following Toolkit resource first:



## TOOLKIT

### Tool 9

#### Collecting basic information about vulnerable learners

Now use the questions that follow below to structure your discussion and reflection on setting up a reliable information system on vulnerable learners.

1. What are the benefits of setting up a system that generates accurate and reliable information about vulnerable learners?
2. What are your biggest concerns about setting up a system for collecting information about vulnerable learners?
3. What does it take to make this kind of information system work in your school?
4. Which resources do you have that you could harness to set up the information system?

Keep a record of the main points of your discussion. You can refer to them when you prepare your school care and support plan in Unit 8.

### *Comment*

*Accurate and reliable information serves to inform the plans and decisions that management make about the use of resources in their schools. There are ample examples that show how money and effort was wasted on actions that did not have the desired effect. A contributing factor is frequently that information is incomplete, superficial and unreliable. Often plans are put together without due consideration and a thorough analysis of the reality on the ground.*

*People frequently have a negative attitude to the collection of data because they experience it as a time consuming and tedious activity, and commonly do not see the purpose or value of collecting it. This is because, often as not, feedback to those involved in the data collection process is not provided and the people involved never get to know the results of the data or how the data is supposed to be used.*

*Collecting reliable information about vulnerable learners is quite tricky. It needs to start with the clear description of vulnerability that the school has adopted.*

*Children who live with HIV or in households affected by HIV and AIDS, orphans, children who live in poverty stricken conditions and those who are severely affected by violence are clearly at risk and would be identified as being vulnerable. However, confirming their vulnerability status might prove to be quite challenging. Learners, their parents and caregivers often do not want to reveal this information. Additionally, persisting stigma and discrimination associated with these types of issues means that school management will have to deal sensitively with the information and respect individuals' right to confidentiality.*

A key finding of the research we conducted is the importance of implementing a holistic, school-wide intervention that protects and supports orphans and vulnerable learners. Such interventions need to be systematised and taken up by the whole school community to be sustainable. *Ad hoc* initiatives implemented by individual teachers, while offering support to those who have been identified as needing it, often become too onerous on the individuals who are offering the support and are therefore seldom sustainable. This wider focus is not meant to diminish the impact of individual teacher's actions, but rather to plan for interventions that can be systematised and have the potential of making a difference on a larger scale. We identified five school-wide interventions that worked like a 'social vaccine' and helped to protect vulnerable learners in powerful ways. These interventions are:

- creating networks of support for learners and teachers
- running effective nutrition programmes for learners
- providing school-based aftercare for learners
- providing psycho-social support for learners in the form of counselling
- supporting teachers in their expanded pastoral roles.

We will deal with each of these areas in the next five units. By engaging with, and doing the activities in these units you will get an in-depth understanding of what is involved in implementing these types of support programmes at your school. When you compile your overall plan of care and support in Unit 8 you can draw on the information from these units.

## Key points

We examined the meaning of the term *vulnerable* and reflected on the devastating effects that socio-economic issues such as HIV and AIDS, poverty and its related challenges have on learners. We established that regular attendance at school is critical for vulnerable learners since schools can provide them with the stability and support they need.

### In Unit 3 we explored:

- What makes learners vulnerable
- How being vulnerable affects a learner's education
- Why schools are important in the lives of vulnerable learners
- How you can identify vulnerable children in your school.





### Some important insights we gained:

1. A vulnerable learner is someone who does not have access, or who has limited access to basic needs such as sufficient and nutritious food, shelter, adequate clothing, a safe home and community environment free from abuse and exploitation, family care and support, good health care, and the ability to take full advantage of available education opportunities.
2. The most common barriers to education are: poverty, irregular school attendance, physical suffering, emotional and psychological trauma, learning difficulties, and social stigma and discrimination.

3. Bullying is a form of discrimination that is usually targeted at the most vulnerable learners. By implementing an Anti-Bullying Policy management can show commitment to caring for vulnerable learners in the school and can try to protect them from becoming victims of emotional, psychological and physical abuse by other learners.
4. Schooling is considered to be a 'social vaccine' and is presently the only known 'antidote to HIV infection'. It seems that schooling itself, namely, school procedures and routines can help learners to develop valuable habits. At the same time the school structure creates stability in the lives of vulnerable learners whose home environment is often fragmented and unstructured. Additionally, accurate, relevant information on HIV and AIDS learnt at school as well as positive attitudes and values formed in the school context, help in mitigating the impact of this pandemic.
5. Managing information about vulnerable learners and their needs is an integral part of an overall plan to respond proactively to the needs and support requirements of vulnerable learners. Accurate and reliable information enables management to use resources wisely and to implement appropriate support.

