Enhancing school leadership: Meeting the challenges of HIV and AIDS

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Over time the role of school leadership in South African schools has become increasingly complex. School leaders, often with very little support or training, are required to respond to and then implement a series of sophisticated education policies. While it has become impossible to ignore the impact of HIV and AIDS on the lives of teachers and learners, school leaders also have to respond to the socio-economic circumstances in their school communities. Research conducted by the South African Institute for Distance Education showed that many school leaders began intuitively to respond to these challenges by creating networks of support for learners around their schools. The research also showed that while the form these networks took unfolded in different ways, many of them resulted in schools implementing learner support programmes around nutrition, aftercare and counselling. While in some schools these initiatives were ad hoc, examples were also found of schools where the approach to implementation and management of these support programmes was more systematic and thus more sustainable. In contrast, this research also showed that while many school leaders were able to respond to learner needs, there was very little evidence to suggest that schools were equally able to respond to the needs of their teachers. Through presenting an analysis of the support strategies, this paper starts to provide an interesting and informative picture of how the landscape of school leadership[1] has begun to evolve in some South African schools.

Keywords/Terms

educational leadership and management
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HIV and AIDS
Orphans and Vulnerable Children (OVC)

Introduction

A great deal of evidence exists to show that school leaders have a crucially important role to play in the successful development of their schools. This evidence comes from a range of research traditions, most notably school-effectiveness literature (see Mortimore 1993; Sammons et al. 1995; Scheerens 2000; Townsend 2001). Similar research has also been conducted in the developing world, where Heneveld and Craig (1996) identified leadership as one of the enabling conditions for school effectiveness. In addition, a range of school-improvement research projects have revealed the importance of school leadership (see Fullan 2007; Hargreaves 1994; Hopkins 2001). This paper acknowledges the importance of school leaders generally in the overall success of the school, and more specifically in terms of the potential they have to mitigate the impact of HIV and AIDS on teachers and learners. It sets out to illustrate that in order to meet the particularly challenging demands of HIV and AIDS, school leaders need to enhance their existing skills.

School leadership is no longer as 'simple' as implementing national policies and managing pedagogical processes to maximise learning – tasks that many South African school leaders already found very difficult. Now

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[1] The term 'school leadership' is used throughout this paper to refer to principals and other senior members of staff who assume leadership roles in schools. 'School Management Team (SMT)' is used interchangeably to denote school leadership as well.

schools also have to manage and mitigate the impact of HIV and AIDS by establishing care and support structures in their schools and by putting prevention strategies in place (Nkinyangi 2003). It has been argued that many South African school principals and managers are ill-equipped to meet these expectations; and that these expectations place unreasonable demands on people, particularly those in under-resourced schools (see Jansen 2007). Yet when one considers the dire situation and the scale of the HIV and AIDS challenge, it is necessary to think beyond the immediate and obvious functions of schools. It becomes crucial to explore the additional roles that schools are well placed to fulfil in terms of identifying and supporting vulnerable children and teachers infected and/or affected by HIV and AIDS.

This paper argues that for schools to function as nodes of care and support for learners and teachers, a particular form of leadership is required to enable this new role. It also argues that there are reasonable actions that school leaders can take even in the face of the HIV and AIDS crisis. It is unrealistic though to expect schools and school leaders to fulfil this new role alone, without any external official support. It is well known that schools need a balance of pressure and support (McLaughlin 1986) in order to effect meaningful change; so while it is important to involve the micro-logic of individual schools, it is also important to involve the macro-logic of the system. Thus the Department of Education (DoE) has a very important role to play in offering meaningful support to schools as they deal with this extremely challenging reality.

The six pen sketches included in this paper (see Appendix 13A) are derived from actual case studies. They demonstrate the range of leadership competences demonstrated by leaders in a range of schools selected to be part of this research project.[2] They reflect the richness and variety of the leadership styles observed during the research; and serve to illustrate that reasonable and 'doable' responses to this crisis are possible, even in the most poorly resourced schools.

Policy context

Three main themes emerged from a review of relevant policies and guidelines dealing with education and issues pertaining to HIV and AIDS in the South African context. These themes relate to a human rights and inclusive approach to education and training, the roles of the School Governing Body (SGB) and the School Management Team (SMT) in mitigating the impact of HIV and AIDS, and the notion of schools as centres of community life. The essential aspects of these three themes are reflected below and the implications for school leadership in this research are highlighted.

Human rights and inclusivity
The human rights policy internationally accepted is reflected in the UN Convention on the Rights of the Child (entered into force 2 September 1990 in accordance with article 49), to which South Africa became a signatory in 1994. The African Charter on the Rights and Welfare of the Child[3] and the Constitution of the Republic of South Africa (Act No. 108 of 1996) cover the spectrum of human rights in South Africa including, in broad terms, the right to education. Regulations pertaining to human rights in South Africa are provided by policy documents that include the South African Schools Act (No. 84 of 1996) and the *Admission Policy for Ordinary Schools* (DoE 1998), both of which provide for quality education for all learners of school-going age. The Act states that the rights of all learners must be upheld and that intolerance and discrimination must be combated. As well as setting out the rights of every child to basic education and equal access to educational institutions, the National Education Policy Act (No. 27 of 1996) endeavours to ensure that no person/child is denied the opportunity to receive an education to the maximum of their ability as a result of any physical disability. Essentially, in these policies a broad, non-discriminatory approach is taken to those infected and/or affected by HIV and AIDS.

With particular reference to HIV and AIDS, the national policy for learners, students and educators (DoE 1999) provides comprehensive regulatory guidelines pertaining to the rights and treatment of learners, students and teachers who are HIV-positive. While the policy acknowledges HIV and AIDS as one of the major challenges facing South Africa and clearly spells out its effects, it does not provide guidelines as to how districts or schools

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[2] While based on the actual case studies undertaken as part of this study, school names and the names of school principals have been changed.

[3] Organisation of African Unity (OAU) (1999) African Charter on the Rights and Welfare of the Child. OAU document. CAB/LEG/24.9/49 (1990), entered into force November 29 1999.

could put this policy into practice. For example it states, 'the school…should take into account the needs and values of the specific school…and the specific community it serves' (DoE 1999: 15), without monitoring or supporting schools to implement these policies.

More recently, this non-discriminatory principle is reflected in *Education White Paper 6: Special Needs Education, Building an Inclusive Education and Training System* (DoE 2001), where inclusivity is defined as an approach that maximises the 'participation of all learners in the culture and the curriculum of educational institutions and uncovering and minimising barriers to learning' (DoE 2001: 6–7). Related to this is the notion that barriers to learning and development are predominantly socio-economic in origin. The role required by the DoE is implicit in this White Paper, which refers to district-based support teams that need to be established to provide an integrated, community-based support service. The White Paper also states that it is necessary to:

> …establish a system to identify orphans, coordinate support and care programmes for such learners, put into place referral procedures for educators, and develop teaching guidelines on how to support orphans and other children in distress. (DoE 2001: 34)

The focus of the White Paper is on the school's role in addressing a range of special needs that learners may have, from broad socio-economic barriers to specific learning disabilities. HIV and AIDS is mentioned as just one of many infectious diseases that impact on children's ability to learn. This inclusive approach, set within the context of human rights, has implications for all research conducted in the area of school leadership: schools should *expect* to have learners and teachers whose lives are negatively impacted by HIV and AIDS; schools need to make adjustments to the way they are managed and governed to meet these learners' and teachers' needs; and research needs to help school leaders understand how to make these adjustments in a reasonable manner that takes contextual differences into account.

A certain critique needs to be raised with regard to the policies mentioned here. The policies on HIV and AIDS are located in a 'political domain rather than in the realm of practice' (Jansen 2001: 272), where they have 'symbolic value' rather than enabling characteristics. This 'over-investment' in symbolism at the 'expense of practical considerations' (Jansen 2001: 286), raises a series of questions about the implementation of such policies. If policy and practice were strongly linked, Jansen argues, 'we would expect a government bureaucracy to outline concrete steps that would be taken to implement such policies' (2001: 274). However, this is not the case, as the DoE – national, provincial and district – gives little substance to HIV and AIDS. For example, the five-year broad plan of the department does not include HIV and AIDS as a direct priority area. And while there is a great deal of policy 'busyness' (Jansen 2007: 13) around HIV and AIDS, it lacks depth, direction and detail. Jansen also points out that schools are demanding places and that 'what those in power want is for schools to respond to every conceivable social problem' (2007: 11). Couple this with the pressure on schools from various lobbying groups, and the situation becomes increasingly untenable, as the HIV and AIDS agenda ends up competing with myriad other constituent interests.

Official leadership structures
A number of educational policies detail the role that official leadership structures have to play to enable access to quality education for all children. For example, the South African Schools Act (No. 84 of 1996) stipulates that amongst the functions of the SGB – possibly the most important role – is its commitment to promoting the best interests of the school through the provision of quality education for all learners at the school. The national policy on HIV and AIDS for learners, students and educators (DoE 1999) further explains the role of the SGB:

> It is envisaged that the governing body of a school…should give operational effect to the national policy by developing and advocating an HIV and AIDS implementation plan that would reflect the needs, ethos and values of a specific school or institution and its community within the framework of the national policy. (DoE 1999: 6)

The policy also states that working with the SMT, the SGB:

> …should establish its own Health Advisory Committee as a committee of
> the governing body or council. Where it is not possible to establish such a
> committee, the school should draw on expertise available to it within the
> education and health systems. The Health Advisory Committee may as far
> as it is possible, use the assistance of community health workers led by a
> nurse, or local clinics. (DoE 1999: 16)

These leadership requirements have implications for the present research. School governors are expected to ensure that the responses they make to the HIV and AIDS challenges are contextually relevant to the schools and the communities that they serve. They also need to understand that it is imperative to draw the community into the school in order to address these problems. These stipulations further require the SMT and SGB to know and understand national policy; and to be able to give effect to that policy in a manner that is contextually appropriate. In addition, the SGB has to assume financial responsibility for school funds, help create a sense of trust amongst parents, and give practical support to the SMT. The present research showed that many of these tasks were not within the ability of even the most 'active'[4] SGBs.

Schools as centres of community life

The conceptualisation of schools as centres of community life, which deal 'urgently and purposefully with the HIV and AIDS emergency in and through the education system' (DoE 2000a: 7–8) was originally set out in the *Implementation Plan for Tirisano 2000–2004*. This notion is detailed in the *Norms and Standards for Educators* (DoE 2000b), where the roles and competences required for the development of teachers are listed. A 'community, citizenship and pastoral role' (DoE 2000b: 10) is included, as teachers are required to act beyond the limits of the classroom and school grounds and expand their reach into the community. This role requires that teachers be able to:

> …respond to current social and educational problems with particular
> emphasis on the issues of violence, drug abuse, poverty…HIV and
> AIDS…accessing and working in partnership with professional services to
> deal with these issues. (DoE 2000b: 10)

This suggests that school leaders cannot work in isolation and that they need to interact with a range of stakeholders to develop their schools. This development is best done through establishing a broad care and support system around schools. Schools are also required to source professional partnerships to become centres of care and support. The present research has found examples of these partnerships in practice, with specific reference to nutrition, aftercare and counselling.

Research project

This qualitative research study began in late 2006 with the South African Institute for Distance Education (SAIDE) setting out to investigate ways of strengthening management of schools in the environment of HIV and AIDS.

While SAIDE found numerous initiatives and interventions aimed at supporting schools to mitigate the impact of HIV and AIDS in schools, a considerable number of these did not appear to continue beyond the pilot stage and many of the pilot projects were also never evaluated. While doing that overview, SAIDE came across the Soul City pilot – Schools as Nodes of Caring – on the brink of being implemented. SAIDE decided to link its first round of fieldwork to that pilot, which focused on building the capacity of principals and SGBs to provide leadership in creating caring and supportive environments for learners rendered vulnerable by HIV and AIDS. SAIDE's intention was to assess the value of this approach and to distil examples of good practice.

Soul City collected data in six schools to develop case studies that described examples of good practice in mitigating the impact of HIV and AIDS on vulnerable learners. These cases revealed a number of common features, including strong leadership by the principal, high levels of community involvement and trust, and

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[4] 'Active' was a term used by many school leaders in this research when asked to describe the role the SGB played in their schools.

targeted interventions by external agencies. The cases also revealed a number of supportive practices ranging from establishing school-based vegetable gardens through setting up of uniform 'banks', to aftercare with supervised homework and home visits. The cases also showed though that these interventions were often uneven in their implementation and generally unsystematic. Based on the examples documented in the case studies, Soul City developed a training guide,[5] used in two-day workshop sessions for SGB members. SAIDE's participation in 6 of these workshops, held with a number of quintile 1 and 2 schools, plus visits to 18 schools in the Soul City pilot across 3 provinces (Free State, Mpumalanga and the Western Cape) led SAIDE to think critically about the role that school leaders need to play in mitigating the impact of HIV and AIDS in the lives of their learners and teachers. Further, given the context of these schools and the lack of capacity of many SGBs, SAIDE also realised that the in-depth involvement of the SMT was crucially important.

This shift to include the SMT as well as the SGB led SAIDE to concentrate attention on school-wide interventions rather than *ad hoc* initiatives implemented by individual teachers, which SAIDE researchers observed in many of the schools visited.[6] Issues pertaining to sustainability also needed to be highlighted. SAIDE acknowledged that to successfully implement and sustain care and support programmes, school leaders needed to be adept at identifying and harnessing resources – human and material – that would best assist them in setting up and running these programmes. Thus the issue of leadership is central to the present research, which ultimately recommends an enhanced set of skills for school leaders.

At this point SAIDE shifted its research focus to concentrate on investigating five school-wide interventions that seemed to have a positive impact on learners and teachers who were infected and/or affected by HIV and AIDS. These interventions were:
1. Creating networks to harness support for learners and teachers.
2. Running effective nutrition programmes for learners.
3. Providing school-based aftercare for learners.
4. Supplying psycho-social support in the form of counselling for learners.
5. Establishing support for teachers and systems for substitution.

To facilitate this investigation, SAIDE began the process of selecting a more purposive sample of schools where several of these interventions were already successfully occurring. The aim was to document examples of good practice that could eventually be shared and replicated. Various stakeholder groups were approached to assist in the identification of schools.[7] After conducting telephone interviews with school principals at the 32 schools identified, a sample of 18 schools across seven provinces was selected. Finally the data were obtained from 16 schools as, despite recommendations by provincial education department officials, site visits to two of the schools proved fruitless as these schools were not actually implementing any of the support interventions identified.

Extensive and specialised data collection tools were developed, including in-depth interview schedules for each of the five targeted areas and a detailed school profile questionnaire. The research team then conducted their directed interview/s in each of the 16 schools and completed the profile questionnaire.

Researchers used their interview data to develop case studies on each of the interventions. In total 30 school-based case studies were developed. The case studies were used to write up a detailed synthesis document for each of the five intervention areas. These synthesis documents and the case studies were analysed to ascertain the range of leadership skills demonstrated across the sample; the analysis revealed a particular manner in which school leaders established support networks.[8]

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[5] *Supporting Vulnerable Children: A Guide for SGBs* (2006)

[6] This shift was not meant to diminish the impact of these individual teachers' actions, but rather to seek out interventions that could be systematised and had the potential of making a difference on a larger, school-wide scale.

[7] The following organisations/agencies were involved in sourcing schools that already had effective programmes in place for Orphans and Vulnerable Children (OVC): provincial HIV and AIDS life skills coordinators; the head of the South African Democratic Teachers' Union (SADTU) HIV and AIDS desk; and representatives of Media in Education Trust Africa's (MiETA) Schools as Centres of Care and Support (SCCS) programme.

[8] As this research set out to investigate the extent to which school leadership skills needed to be enhanced to deal with the specific challenges of HIV and AIDS, issues of curriculum delivery in schools' life orientation or other programmes were not investigated. The focus was on how leaders in certain schools managed the health and social needs of vulnerable children and teachers infected and/or affected by HIV and AIDS.

Four interconnected challenges

Four interconnected challenges emerged out of conducting research in this context, all of which meant that it was difficult to hold a tight focus on supporting learners and teachers infected and/or affected by HIV and AIDS.

First, the deep silence and stigma around HIV and AIDS meant that much of the information gathered during school-based site visits was often rather opaque and that the identification of vulnerable children requiring specific assistance proved to be vague, understated, unsystematic and largely unrecorded. The process for identifying Orphans and Vulnerable Children (OVC) is highly complex as it involves screening, identification, assessment and support. It also requires a level of management from leaders that is often absent in South African schools.

Second, researchers found that it was almost impossible to probe learner needs exclusively in the context of HIV and AIDS. Given the way in which HIV and AIDS is embedded in a range of socio-economic problems, the multifaceted nature of the HIV and AIDS crisis in South Africa must be acknowledged (Badcock-Walters & Whiteside 2000; Coombe 2000; Giese, Meintjies, Croke & Chamberlain 2003). Children made vulnerable by HIV and AIDS cannot easily be separated out from those made vulnerable for any other reason. It is this interconnectedness of HIV and AIDS with other socio-economic issues that makes it difficult to keep a single focus and, instead, gives rise to the need for a more integrated or holistic approach to care and support.

This led researchers to consider a wide definition of the notion of 'vulnerability', which was used to guide the research. The definition emerged over time and takes into account work done by UNICEF (2006) and the *National Plans of Action for Orphans and Vulnerable Children in sub-Saharan Africa* (Engle 2008). In addition, the definition was informed by work done by many South African institutions and organisations concerning the provision of support and care to vulnerable children in South Africa (Children's Institute, Soul City, Save the Children, Media in Education Trust Africa [MIETA]). Embedded in the resulting definition is the notion of children orphaned by HIV and AIDS, and the notion of children made vulnerable by a wider range of socio-economic issues resulting from varying degrees of poverty. In this study, vulnerable children are those who meet one or more of the following criteria:

- Are orphaned (one or both parents have died).
- Are hungry and do not bring food to eat at school, resulting in an inability to pay attention in class.
- Are living on their own, or with grandparents or other family.
- Have parents who are sick.
- Are care givers to others who may be sick.
- Are not properly cared for at home.
- Are physically or sexually abused.
- Do not attend school.
- Are visibly neglected (not clean, need clothes and school uniforms).
- Have emotional problems (bully others, cry a lot, are quick to get angry, are sad).
- Are unable to pay attention in class.
- Are unable to manage their school work (their work is not up to standard and/or their work is often behind).
- Are physically sick/have no one to take care of them when they are sick.
- Appear abused.
- Lack confidence.

This type of broad definition was also used at the 17th International HIV and AIDS Conference, where UNICEF HIV and AIDS project officer Penelope Campbell argued that broader targeting is appropriate in high prevalence settings (Campbell 2008). These issues also contributed to the difficulty of holding a tight focus on HIV and AIDS during the research.

Third, while schools made an attempt to support OVC at school, nothing was done when such learners did not present themselves at school. Given that absenteeism is one of the most common problems associated with

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Given that schools find it difficult to respond in 'deep and sustained ways' (Jansen 2007: 13) to this crisis and that both teachers and learners need 'guidance, assistance and treatment' (Jansen 2007: 27), this makes this research of particular importance.

OVC, there is a need for schools to provide academic compensatory support in order to enhance the academic achievement of these vulnerable learners.

And fourth, very little support directed at the specific needs of school teachers was discovered. Only two schools had any initiatives for teachers; and even in these schools there was a lack of clarity concerning the Prevention, Care and Treatment Access (PCTA) programme.[9] Despite the lack of clarity in certain instances and contradictions in others, what is clear is that the PCTA programme allowed for the dissemination of further information on HIV and AIDS and support to teachers.

In conclusion, the present research set out to investigate school leadership specifically in the context of HIV and AIDS. Yet due to the circumstances discussed above, it became impossible to hold such a tight focus, as broader socio-economic problems were seen to impact on the school leadership actions observed in the schools.

Establishing supportive networks: nutrition, aftercare and counselling

This study confirmed what other reports have conveyed regarding the majority of schools in South Africa, and indeed in developing Africa; that they are in communities that are too poor to support themselves in a meaningful way and, as a result, operate under severe resource constraints.[10] This has led to schools being overwhelmed by the problem of increasing numbers of learners at risk, commonly referred to as OVC. In the 16 schools visited for the present research, an average of 20% -25% of all learners were deemed to be vulnerable, though many principals believed the number to be much higher. Two key concerns are raised from this scenario; the first relates to the scale of the problem. With such large numbers of learners coming to school in traumatised or vulnerable states, no meaningful learning can occur unless measures are taken to mitigate the effects of learners' social conditions. The second concern relates to the extent that school leaders can manage this extensive problem. Even though the situation is desperate, schools have little capacity to support the psycho-social or other needs of their learners. This study showed that as a response schools with limited resources drew in some of the additional help their learners needed through establishing supportive networks around their schools. It also demonstrated that creating a culture of care for OVC resulted in many schools institutionalising nutrition programmes, aftercare facilities, and counselling opportunities for learners.

Two key issues are probed in this section: first, the form that the nutrition, aftercare and counselling programmes took is described; and second, the manner in which school leaders established support networks around their schools is analysed.

Describing the programmes
Nutrition
Good nutrition is a key factor contributing to learner attendance and performance at school, especially for OVC and children living with HIV and AIDS. This was clearly demonstrated in all six of the case studies (see Appendix 13A). The DoE report prepared by the Community Agency for Social Enquiry (CASE) and JET Education Services on absenteeism (2007) confirms the benefits of school nutrition programmes and cites food as a key motivating factor in school attendance. Teachers in several schools noted that learners looked more alert and participated better in class after a meal. This observation lends credence to Maslow's (1970) theory of human motivation being based on a hierarchy of needs. The needs at the lowest level of the hierarchy are physiological, including hunger and thirst, and must be satisfied before a person can realise safety, emotional and self-actualising needs. Thus nutrition, which meets a primary human need, is a foundation for ensuring development and learning.

This basic need for food has been acknowledged by the DoE, which funds a decentralised provincial feeding programme. The minimum norms set by the national DoE require that primary school learners in quintiles 1, 2 and 3 be fed a cooked meal every weekday of the school term. Provinces receive their grants based on the number of learners registered in schools. National guidelines set in 2004 allocate R1.50 per learner per day, with 93% of the

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[9] This is a collaborative intervention set up by a number of teacher unions, with SADTU and the National Professional Teachers' Organisation of South Africa playing the lead roles.
[10] Of all South African schools, 60% (i.e. all quintile 1, 2 and 3 schools) are non-fee paying, which bears testament to the poor socio-economic status of the communities in which they are located.

grant being allocated to food and 7% to administration. So while R1.50 is allocated for each learner, R0.80 is spent on food, R0.30 on administration and a further R0.40 on preparation and cooking by community 'volunteers' who are paid a stipend. Schools in quintiles 4 and 5 with learners requiring the nutrition programme have to apply to the provincial education department, documenting the number of vulnerable or 'needy' children in the school. As Case Two illustrates, however, this process is not clear cut and an equitable solution cannot be guaranteed.

Problems have been experienced with this national programme, most notably in terms of provincial variations to the norm. For example, during the research undertaken in KwaZulu-Natal, it was reported that per child spending on the nutrition programme was R1.30 and not R1.50; and in the North West Province, only schools in quintiles 1 and 2 (i.e. not quintile 3 schools) were receiving food from the nutrition programme. Another challenging issue relates to the responsibility for implementation being delegated to the school, which has to identify the number of OVC requiring the nutrition programme. The school must also identify people in the community who will be responsible for supplying food and preparing meals for these learners on a daily basis, and provide the facilities and storage space needed to run the programme. The principal must nominate a senior teacher to oversee the programme. Members of the SGB also play active roles in the nutrition programme; for example, by helping to identify vulnerable children in the broader community, by nominating cooks, and by being signatories for payments. Schools are required to keep records: of invoices from suppliers, payments made, and the number of learners fed daily. Payment systems vary between the education department paying the service provider directly and the department making a grant available to the school, which then pays the service provider. Cases Three and Six reflect on the financial roles played by their SGBs in relation to programmes implemented in the schools.

Of the 16 schools included in the sample, 10 had this type of programme. In summary, the following problems were identified in relation to the implementation of the school nutrition programme:
- Nutrition programmes do not operate over weekends and school holidays.
- Nutrition programmes do not serve secondary schools.
- Nutrition programmes in some provinces or districts are ad hoc and diminishing.
- There are no set criteria for deciding how many children are eligible to receive food in any given school.
- It is difficult for schools to update the information they provide to the education department concerning the growing number of children who require food.
- The education department stipulates administrative procedures but rarely inspects files and records kept at schools.
- The quintiles in which schools are placed are inaccurate.
- The food provided in the programme is repetitive and often of poor quality.
- Quintile 4 and 5 schools have to look for funds to implement their own nutrition programmes for vulnerable learners.

Nonetheless, the nutrition programmes observed at many of the schools went beyond the official nutrition programme offered by the DoE. School leaders recognised that the levels of hunger and poverty amongst learners in their schools required that they supplement the provincial nutrition programme. The most common enhancing activities initiated by school managers included raising additional funds from local businesses to feed more learners, establishing vegetable gardens on school property, and networking with CBOs and FBOs in their communities to augment the programme. These actions are clearly seen in Cases Two, Three, Four and Five. Many schools have enough vacant land on the school property to allocate space for a vegetable garden, which creates a source of food to supplement the nutrition programme and benefits others in the local community. In communities where many are poor and unemployed and have no access to land, and where rates of HIV and AIDS are high, establishing vegetable gardens is an important way of maintaining the health and strength of families.

Aftercare
Aftercare facilities were established in four of the schools visited, in acknowledgement of the lack of a safe place for learners to spend their afternoons. Across the four schools included for the original case studies, three different approaches emerged to setting up and managing aftercare programmes. In the first approach the school, under the leadership of the principal, made the necessary arrangements to set up and manage homework support and an aftercare facility. Case Two is an example of this approach. Second, an approach was observed where a group of concerned adults in the community approached the school with the idea of setting up and running an

aftercare facility on its behalf. And in the third approach, the aftercare facility was the initiative of an external agency (see Cases Three and Six). In this third approach some of the external programmes were in collaboration with the provincial education department – for example, MIETA's Schools as Centres of Care and Support (SCCS) programme – and some were introduced independently of the department – for example, Nurturing Orphans of AIDS for Humanity (NOAH). With the exception of the first approach (where the principal took the initiative), in the other two types of approach little or no involvement from school leadership was evident.

Aftercare arrangements for learners played a key role in supporting OVC in a number of ways across the schools. Typically most aftercare facilities offered a meal, and for many children this was the only proper meal they received for the day. Some aftercare facilities functioned only as safe places for children to stay after school, while others extended this service to offer structured homework support, programmes of extramural activities, opportunities for psycho-social counselling, and a referral system for accessing social security grants.

Counselling
Various forms of counselling service were introduced in six of the schools in this study to address the psycho-social needs of traumatised learners. Generally, the common responses identified through this study included setting up systems for identifying learners at risk and providing them with some first-level counselling at school level, in most cases on an ad hoc basis. This type of counselling was mostly provided by teachers who were not trained and who offered the service out of their own sense of care and responsibility (as was the situation in Case Five). In a few instances, more systematised counselling systems were identified, where counselling was provided at school level by a designated teacher who had undergone some form of psycho-social training. In such cases, there was also a referral system, where learners were sent to external professional counsellors. Some of these counsellors were interns who came to the school under the supervision of their lecturers. However, if the problem was serious enough the intern referred the child to more experienced help. In these few instances, the counselling service was systematised and professional as well as being dependent on a substantial investment of resources from the school (see Case Two for a description of this form of counselling).

The actual choices that school leaders made in terms of aftercare and counselling, in particular, were often based on which organisations and agencies were to be found in the vicinity of the school. An example of this can be found in Case Two, where the principal entered into a formal partnership with the Johannesburg Parent and Child Counselling Centre (JPCCC), as this organisation is situated close to the school. While other schools may also have benefited from this type of partnership, they could not access it due to their geographical location.

Analysing networking
After analysing the data collected, a particular framework emerged from the schools in terms of how networks were established across the sample, and how this framework impacted on the manner in which the three selected support programmes of nutrition, aftercare and counselling were implemented and managed. This framework is based on two distinct approaches that school leaders used to set up and manage these networks of support. The first approach, the proactive approach, is characterised by school leaders who took the initiative in terms of how care and support interventions were implemented in their schools; and the second approach, the passive approach, involves leaders who played a limited role in the external care and support projects implemented in their schools. Given that this paper aims to provide examples of good practice, it concentrates on school leaders who used a proactive rather than a passive approach.

Evidence suggests that the proactive approach in this study is defined by the following leadership characteristics in school leaders. For example, proactive school leaders:
- openly acknowledged the challenges their learners faced on a daily basis;
- used their knowledge of the context to direct their networking attention to specific organisations and institutions;
- established webs of interconnected activities to support learners;
- took ownership of external programmes through their direct involvement in managing, administering and implementing projects;
- built on developments that had already begun in their schools; and
- included the role of community activist in their official roles.

School leaders who were able to *openly acknowledge the challenges their learners faced* were more likely to proactively source appropriate supportive networks to address these problems. As already explained, little or no mention was made of the problems associated with HIV and AIDS in particular. In fact it was only the principal in Case Six who was found to be fairly open concerning HIV and AIDS in his school. Thus the most constraining challenge generally identified was that of poverty and its associated social and emotional problems (as typified by Case One.) However, the school leaders who acknowledged this context did not become paralysed by the magnitude of the problem; rather they concentrated on addressing some of its constitutive parts, like nutrition, aftercare and counselling. And by doing this they made enormous differences in the lives of their learners and indirectly began to mitigate the impact of HIV and AIDS in their schools and communities.

In a ministerial review of what makes schools work, Christie et al. define quality leadership as principals who 'demonstrate an understanding of the history and identity of the school and deep commitment to the community in which the school was located' (2007: 78). The examples of school leadership provided here are similar to this and to what Hersey et al. call the school leader as responder and diagnostician (1996). Useful concepts for understanding this type of leadership are distributed leadership and contingency leadership, both of which have interactive natures where value is placed on the ability to take cognisance of the particular situation in a school (Diamond 2007, cited in Henry 2008). Several examples taken from the data collected reflect this style of leadership, where responsibilities for networking were shared as 'varieties of expertise [which] are distributed across the many and not the few (Bennet et al. 2003: 7). For example, the principal of Zama Intermediate School (Case Six) became aware of the growing number of child-headed households in his area and realised that there was a need to enhance the nutrition programme that the education department offered to some of his learners. A local businessperson and the owner of the biggest football club in the region were approached by the principal for assistance with food donations and the purchase of a stove and gas. The ability of the principal to acknowledge the problems his learners faced led not only to the provincial feeding programme being enhanced but also to the beginnings of a comprehensive aftercare programme in his school. Similarly, the principal of Oxford Girls Primary School (Case Two) acknowledged the fact that many of the learners in her school required psycho-social assistance. She was also sensitive to the fact that neither she nor her teachers were equipped to offer this support. So, through her knowledge of the context and her initiative, suitable professional counselling services were introduced and institutionalised in the school.

In a related issue, proactive school leaders used their understanding of the challenges their learners faced to *direct their attention to specific networks*. This relates to how school leaders mapped community resources with a view to entering partnerships. While these partnerships seemed to focus on helping schools create a caring and supportive environment for OVC, learners and teachers, ultimately they could also serve to mitigate the impact of HIV and AIDS. The examples cited here are illustrated through a continuum of possibilities related to the school leaders' roles in community mapping and entering partnerships: at one end of the continuum are school leaders who first establish supportive and caring environments in their schools and then seek out particular partnerships to enhance the culture of care that already exists; at the other end of the continuum are schools that have externally initiated projects implemented by outside agencies, with little or no support from the school leaders. Drawing on examples from the data collected, cases are situated along this continuum with a view to considering which have the greatest chance of experiencing sustainability.

For example, the principals of Hlophe Secondary School (Case Five) and Vuwani Primary School (Case One) both established school-based committees aimed at supporting OVC; the committees comprised and were run by teachers, under the leadership of the principal. The principal of Oxford (Case Two) also looked inward to provide learners with support with their school work. She did this through implementing a very simple strategy that could be replicated in any school; every teacher is required to stay in their classroom for an hour at the end of the school day to make themselves available to support learners with their school work. The principal also established an aftercare programme, which runs during both the school term and school holidays for approximately 30 children. Blase and Anderson's (1995) conception of the facilitative role of school leaders, and the notion of Leithwood et al. (1999) of participative leadership, are evoked by these actions. And Lambert (1995) theorises about reciprocal processes where leaders:

> …enable participants in a community to evoke potential within a trusting
> environment, to reconstruct or break set with old assumptions, to focus on

the construction of meaning, or to frame actions based on new behaviour
and purposeful intentions. (Lambert 1995: 47)

The principal of Manguzi Secondary School[11] also drew on in-school expertise to provide counselling support for her learners. A support team made up of teachers was established to take care of learners' counselling needs. The team's main role was to work with teachers to identify learners in need of special care, including counselling. This identification process was systematised in the school and teachers saw it as one of their official roles. The school principal documented the process and invited learners' parents/guardians to explain the problems being faced and the measures the school proposed to take to mitigate the effects of the problems. Essentially Manguzi assumed a new role not found in many schools in the country – that of caring and supporting learners in emotional and psycho-social stress through a well-planned system of counselling. This support encouraged vulnerable learners to remain in school – and research has shown that access to schooling is an important 'social vaccine' that can help reduce the spread of HIV (Coombe & Kelly 2001). The actions of this principal are demonstrative of the work of Hersey et al. (1996) with leaders who adapt through changing human behaviour to meet the demands of the situation. These types of leaders also learn to operate differently to suit the situation; they call for change and manage it.

School leaders also looked externally for support from official structures or from more informal organisations outside the school. For example,Vuwani (Case One) formed partnerships with a range of provincial departments; whereas the principals in both Ndlovu Primary School (Case Three) and Madiba Combined School (Case Four) sourced help from local businesses and NGOs. Some of their fundraising efforts resulted in one-off support for specific projects or events, while other funding provided sustained support. Examples of the more sustainable initiatives are Ndlovu (Case Three), which developed a link with Phinda Game Reserve; and Naledi Primary School,[12] which has a long-term relationship with the East Rand Trust to support aftercare and nutrition programmes. The principal of Oxford (Case Two) carefully investigated organisations that offered counselling services in her area and identified the JPCCC – a nonprofit organisation located within the vicinity of the school – as a key partner. The principal then negotiated with this organisation so that it would offer counselling to learners at her school. The school entered into a contractual arrangement with the JPCCC, which included practical arrangements made by the counsellor and, very importantly, the role the school was expected to play in the partnership. Hayward (2008) writes of the invitational leader, who helps the schools through including the community in its key activities.[13]

No matter, though, whether school leaders looked inwards or outwards (or both) for support, they all drew on their understanding of the context to prioritise areas of need. In other words, it was not ad hoc support that they sourced but rather assistance directed at specific individuals, institutions and/or organisations that could address acknowledged challenges. In all these examples it is important to note that principals took the initiative to approach the individuals or organisations based on a clear vision of what they wanted in their schools. This part of the framework is best understood in terms of Fullan's (2000) three stories of educational reform: the 'inside' story shows that there is no substitute for internal development, while the 'inside-out' story demonstrates that schools cannot develop on their own and that they need assistance from parents, the community, corporate connections and government policies. Fullan cautions that these external forces do not come in helpful packages and that the role of school leaders is to work out how to make the school's relationship with them a productive one. And finally, Fullan's 'outside-in' story (2000) is strongly suggestive of assistance from the DoE in general and the district office in particular.

Successful support networks functioned as *webs of interconnected initiatives*, where one initiative led almost seamlessly to the next. The data present some good examples:
- Hlophe (Case Five): successfully involving the South African Police Services (SAPS) in creating a safe and stable environment around the school led to the network expanding to include the Community Police Forum and the Justice Forum.
- Vuwani (Case One): the Women's Project established in partnership with the Centre for Community Development led to interest from the National Development Agency, which started off by supporting the

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[11] This school is not included as a case study here.
[12] This school is not included as a case study here.
[13] Hayward R, Quality in leadership. *The Teacher, Mail and Guardian, March 2008.*

existing initiative but soon branched out into other areas such as literacy, management and governance training.

- Ndlovu primary School (Case Three): the combined efforts of NOAH, MiETA, Phinda Game Reserve and the school, working together in an interconnected manner to implement a successful aftercare programme, helped to maximise limited resources and minimise the deep rural location of the school.

It is a tribute to the networking efforts of these school leaders that many organisations worked towards the same goal and were able to pool resources to meet these common purposes and the final objective: namely, supporting OVC to participate fully in achieving a quality education. Support networks of this nature also helped to promote sustainability, as the burden of support was spread and did not all hinge on one organisation. It is evident that assertive and proactive leadership in these schools led to the establishment of strong networks of organisations that supported the schools in their areas of need. Many of the organisations with which the school leaders worked led them from one organisation to another, thus creating *webs* of support networks. Networking is vital if schools are to succeed in offering sustainable support to their learners. Where schools try to operate in isolation and neglect the social capital in their communities, they fail to mobilise enough resources to develop sound support programmes; all of the cases set out in this paper are illustrative of support networks of one form or another.

Whether it is the provincial department of education or any other external agency that brings a caring and support project to a school, it has a greater chance of success and sustainability if school leaders *take ownership of the external programme.* There is a need for support programmes to be initiated within schools, which in turn should seek external support but still remain at the core of the programmes' implementation, thus ensuring ownership of the external initiatives. This was the case in both Madiba (Case Four) and Zama Intermediate School (Case Six), where the principals internally managed, coordinated and reported on projects implemented by MiETA and Save the Children (UK) respectively. However, the case of Zama and Save the Children (UK)'s Caring Schools project is of particular interest here given the contractual agreement entered into, which served to enhance notions of school leadership with respect to external projects. The agreement stipulated the actions and responsibilities of school structures like the SMT and the School-based Support Team (SBST): the SMT was expected to take ownership and responsibility in providing leadership for the programme and ensuring that it succeeded in creating a caring school for learners, and was also expected to ensure that the school integrated all other support initiatives that it might have into the Caring Schools programme; the SBST was responsible for day-to-day liaison, support and guidance provided to the programme's youth facilitators. The school reported a drop in absenteeism from the time of the introduction of the nutrition and aftercare programmes in the project. They also reported that the children were in better health and that there was a noticeable improvement in learner performance. The fact that the Save the Children (UK) programme was underpinned by a contractual agreement seems to be a useful device for trying to promote a systematised approach to this type of care and support programme, an approach that almost forces the school to assume ownership and responsibility.

A similar example is that of Oxford (Case Two), which entered into a contractual agreement with the JPCCC. Ongoing communication between the counselling service and the school was built into the contract, and roles and responsibilities were clearly defined. The principal was responsible for contacting parents and preparing written referrals detailing the personal information pertaining to the learner and his/her home circumstances. The principal also briefed counsellors on new referrals and received feedback from them on progress of learners undergoing counselling. In this respect the role of the principal was central in enabling, coordinating and managing this external support intervention.

A characteristic of school leaders who have been proactive in establishing support networks is that of *building on what they already have* in their schools. For example, the principal of Ndlovu (Case Three) had already started building a classroom block, which assisted her in securing local business funds for additional blocks. And the principal of Madiba (Case Four) had already started support initiatives for OVC before the provincial education department introduced the SCCS programme. The SCCS, run by MiETA, built on pre-existing initiatives in the school but in a more systematic and structured manner. Its objectives included empowering the school so that it was better able to address HIV and AIDS and to provide care and support for OVC and teachers. It also aimed to ensure that the initiative was managed and sustained through school-based leadership structures. In another example of building on what already exists, the principal of Manguzi realised that her deputy principal was already skilled in counselling care. The deputy held a BEd (Honours) in Guidance and Counselling, and had attended several departmental workshops on counselling. These skills made the deputy an invaluable asset in the school in

terms of providing counselling support to learners. With the deputy's assistance, the principal built additional systems to support vulnerable learners at the school and forged links with relevant external agencies. The principal used skills that already existed in her school to initiate first-level counselling in response to the identified needs of learners in the school.

In all of the examples presented above and in the cases provided in this paper, supportive networks were established as a result of *school leaders being community activists.* As well as fulfilling the more traditional requirements of school development and the implementation of policy, these school leaders brought their role of community activists into their professional lives. They used their community contacts to mobilise support for their schools in a range of successful ways. These individuals broadened the notion both of what it means to be a school leader and of the roles schools play in the communities they serve.

Findings

A key finding of the present research has been the recognition of the importance of the care and support role played by schools; and the formal acknowledgment that, while teaching and learning is the core business of any school, for many vulnerable learners the care and support offered by the school is a prerequisite for their participation in the schooling system.

The sampled schools in this study were stratified across all quintiles in seven provinces and represent a range of primary and secondary schools in rural, township and urban settings. However, as the schools were purposively sampled, the information collected on learners rendered vulnerable as a result of HIV or a range of other socio-economic factors is indicative of the sampled schools only and is not representative of the wider population**.** Nonetheless, using a broad definition of vulnerable, the percentages of OVC in the schools ranged from 4.0% to around 90.0%, highlighting the scale of this problem. In a separate study commissioned by the Education Labour Relations Council (ELRC), the prevalence of HIV infection amongst teachers was found to be 12.7% nationally (Shisana et al. 2005: xvi). This is higher than the 11.0% national average figure. The study by Shisana et al. (2005) also reflects marked provincial variation,[14] which is confirmed by Hall et al. (2005: 23) in a separate ELRC study. Strategies for better supporting teachers and managing teacher absenteeism are therefore also imperative.

Several lessons emerged from this study regarding how establishing supportive networks in schools could help to put well-systematised programmes in place. These programmes could serve, even in some small way, to mitigate the impact of HIV and AIDS on learners and teachers. The lessons learnt have been distilled into key findings, which are described below. The concluding section includes a proposed approach and recommendations regarding basic and what are believed to be *manageable* interventions; it focuses on some of the important skills school leaders need to acquire in order to establish supportive networks around their schools, as well as the implementation of specific school-based initiatives. The enabling role that the DoE needs to play in supporting schools is also signposted.

FINDING ONE: In the sample selected, only through changing what the schools stood for and how they were led had these schools been able to support teachers infected and/or affected by HIV and AIDS, and learners made vulnerable by the impact of HIV and AIDS and a range of socio-economically related concerns.

The lesson learnt is that schools have to undergo a paradigm shift to become centres of care and support. Making this shift is a precondition for successful learning and teaching to take place. Equipping schools with the resources and capacity to deal with HIV and AIDS related issues is not simply a matter of equipment, furniture and buildings – for which additional money can be arranged; rather it is a radical paradigm shift. The necessity for this shift is noted by Jansen (2007) when he writes:

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[14] Provincial prevalence rates are reported as follows: KwaZulu-Natal (21.8%), Mpumalanga (19.1%), Eastern Cape (13.8%), Free State (12.4%), North West (10.4%), Limpopo (8.6%), Gauteng (6.4%), Northern Cape (4.3%) and Western Cape (1.1%) (Shisana et al. 2005: 59).

> One thing is clear, if the education system was designed for responsiveness to the pandemic, the organisation, content, delivery and outcome of schooling would be very different from the standard arrangements. (Jansen 2007: 67)

> **FINDING TWO:** School leadership is very important in mitigating the impact of HIV and AIDS on vulnerable children, and teachers infected and/or affected by HIV and AIDS.

The second finding points to the fact that the necessary paradigm shift has serious implications for schools and school leaders; they need to be equipped with skills that go beyond teaching and the ordinary range of school management and administrative issues.

> **FINDING THREE:** A variety of leadership styles enabled schools, in a variety of contexts, to create supportive programmes for learners and teachers.

The third finding probes the issue of school leadership within such a paradigm shift: what does this shift really mean in terms of leadership style? The six case studies in this paper represent the range of skills leaders demonstrated.

- Case One (Strategies for action) suggests that school leaders need to be skilled and creative in developing strategies to address specific challenges; they must also be able to develop and implement practical actions that give substance to these strategies. This is similar to the notion of Spillane et al. (2004), of the school leader as strategic manager.

- In Case Two (Proactive…insightful…involved) the principal had a vision towards which she worked. This vision was created out of an insightful and critical understanding of her school community. Once the vision was clear, practical steps were taken with other school leaders to work towards that vision. Good communication skills were required, as were involvement and insight. These skills evoke Mintzberg's (1975) notion of the leader's role as disseminator of information, and Fullan's 'action-based theory of leadership' (1996: 720).

- Case Three (Charismatic, organic leadership) was possibly the only one of the schools in which success rested on the individual personality traits of the principal herself. It may be impossible to *teach* someone to be charismatic, yet all school leaders can learn how to use every opportunity to access funds for support programmes. While we accept the contention of Christie et al. (2007) that there is need for a 'more sophisticated understanding of leadership than that offered by…the "heroic" principal' (2007: 75), this should not detract from the achievements of this particularly dynamic leader.

- Case Four (Prioritising needs according to context) also demonstrates that school leaders need a proper understanding of their school's context and how to work within it, much like the adapting component of leadership written about by Hersey et al. (1996).

- Case Five (Task-driven management and leadership) illustrates that basic compliance issues that ensure functionality need to be addressed before networks can be established. Blake and McCanse (1991, cited in Hersey et al. 1996) write that task-oriented behaviour can be a form of impoverished management. However, in the South African context such a task-driven style does have a role to play, especially in the more dysfunctional schools. Additional implications of this type of leadership are detailed by Hayward (2008), who speaks of assertive leaders who focus their teachers on tasks that need to be managed.

- Case Six (Managing interventions) stresses the need for school leaders to initiate contact with external agencies and then actively participate in any project that is brought in as a result. This resonates with both

Hall and Hord's (1987) definition of the school leader as an initiator, and Mintzberg's (1975) idea of the leader as an entrepreneur.

These cases demonstrate that apart from the accepted school leadership roles that Leithwood et al. (1999) list as instructional leadership, transformational leadership, moral leadership, participative leadership, managerial leadership and contingent leadership, the following skills are required by school leaders who aim to support learners and teachers in the school:

- Ensure school functionality as a precondition for other developments.
- Demonstrate a sound knowledge and understanding of the social context of the school.
- Use every opportunity to develop the school.
- Accurately identify the problems that learners and teachers face.
- Prioritise these problems.
- Develop critical strategies to address these problems.
- Put insightful but practical actions in place to address these problems.
- Develop and practise good communication skills.
- Initiate contact with external agents.
- Actively participate in external projects.

Kelly (2000) identifies six preconditions that need to be in place for schooling to be provided and managed differently in the contexts of high HIV prevalence and poverty:

1. Greater flexibility.
2. Increased resourcefulness and openness to change.
3. Tolerance of diverse solutions and models.
4. Willingness to loosen up bureaucratic constraints and procedures.
5. Co-operation and collaboration with several partners.
6. Meaningful decentralisation based on school autonomy and effective participation of local stakeholders.

These preconditions can be used to enhance the framework of additional management and leadership competences. If schools are to play a greater role in responding to the vast range of socio-economic and cultural factors that make children vulnerable, then it is vital that they be equipped to do so.

In summary, school leaders need to be knowledgeable and skilled at identifying and mobilising resources (both human and material) within the school and beyond, which enables them to set up and sustain programmes for OVC. Once support programmes are in place, school leaders need to be fully involved in their management and implementation. All schools in South Africa need to do this, as the impact of HIV and AIDS cannot be ignored by anyone. The task is much harder, however, for schools with limited financial resources as they have to engage the services of a range of government departments and forge links with external agencies. These school leaders must learn to network with NGOs, CBOs and FBOs to acquire food, training, funds and other forms of assistance. They also need to learn how to raise funds from local businesses, organisations and individuals, to source a regular income stream to sustain their activities and projects over time. This raises the challenge of how support programmes can be maintained once the external funds and assistance are withdrawn. This study showed that school leaders who used every opportunity to establish support structures and programmes in their schools were both proactive and successful. These kinds of leaders put training to good use; for example, they drew on funding proposal skills gained in workshops to apply successfully for funds; and they accurately prioritised school, learner and teacher needs. The more community standing the school leaders had the more likely it was that they were able to mobilise that community to assist the school. Irrespective of where support projects were initiated, those that were coordinated and managed by a school leader had the greatest chance of success and sustainability. Record-keeping skills are very important in relation to HIV and AIDS, especially with reference to psycho-social counselling; but records were generally poorly kept as school leaders were reluctant to note information concerning HIV and AIDS on the grounds that this would not be confidential. School leaders need to be helped to keep systematic records, as these are important in terms of planning and support. External projects need to actively encourage and model accurate record-keeping (as illustrated in Case Two). It is crucially important that these enhanced leadership skills be included in the official set of competences required by school leaders; it is equally important that school leaders receive training on these additional skills.

FINDING FOUR: A discourse of vulnerability existed across the schools. This discourse embedded HIV and AIDS in a range of socio-economic issues, including poverty. The tendency to subsume HIV and AIDS into a wider conception of vulnerability served to increase the silence and stigma associated with the pandemic and to marginalise it in practice.

The schools in this study all operated under varying conditions of poverty. For example, unemployment was high, violence was rife, and substance abuse and HIV and AIDS were prevalent. Given this context, the schools did need as much and as varied forms of support as possible. This resulted in support programmes that dealt with broad issues like nutrition, aftercare and psycho-social counselling being implemented in the schools. However, apart from the standard curriculum offerings that taught HIV and AIDS in the context of life orientation, the schools had not developed any programmes dealing directly with HIV and AIDS.

While the necessity of the nutrition, aftercare and counselling programmes is unquestionable, problems emerge when one considers the level of stigmatisation and silence around HIV and AIDS; HIV and AIDS issues become lost and the focus so diluted that very little real or directed impact is made. As HIV and AIDS becomes marginalised in the face of other poverty-related issues, the silence and stigma continue and the challenges are never fully addressed. Christie et al. (2007) talk of the 'enormous resistance' to talking about HIV and AIDS, resulting in what is everyone's business becoming no-one's business. Thus it becomes very important to consider the ways in which children infected and/or affected by HIV and AIDS need specialised support. HIV and AIDS related suffering and vulnerability make it harder for children – and indeed adults – to ask for help and to access support. This is largely due to the feelings of shame and alienation that result from the stigma around the disease. Possibly this could explain schools' reluctance to 'name' the problem and to be proactive in finding solutions. The stigma attached to HIV and AIDS possibly causes a mismatch with resources because while there may be a great deal of help available for OVC, it cannot be effectively used, as school communities shy away from the OVC label.[15]

The need for the silences and stigma surrounding HIV and AIDS to be addressed was discussed at the ANC's 2007 conference in Polokwane where, amongst other things, a mass mobilisation campaign to increase AIDS awareness[16] was suggested.

FINDING FIVE: Teachers and principals interviewed reported that the nature of learner vulnerability required that the support concentrate on areas like nutrition, aftercare and psycho-social counselling. These programmes made a positive difference in the lives of these vulnerable children. This view was further corroborated by the researchers' observations during school-based site visits.

SAIDE's research showed that these sorts of support programmes can be implemented in schools with limited resources. In particular, the following three kinds of programme were reported to have positive influences on the lives of vulnerable children:
1. A *school nutrition programme,* which ensured that the most vulnerable learners received at least one meal a day.
2. An *aftercare programme,* which fed learners and provided a safe place in the afternoons. Some aftercare facilities also provided places for learners to do their homework under adult supervision and a range of other structured activities. Vulnerable children were provided with extended opportunities to interact with peers and 'friendly' adults in the aftercare. Social warmth, which was often lacking in the children's homes, was experienced in the facility.
3. A *psycho-social programme in the form of counselling,* which provided traumatised learners with the emotional support they required to come to terms with issues such as bereavement and abuse.

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[15] Thanks to Dr Gisela Winkler for sharing these points with SAIDE in an e-mail (August 2008).
[16] Butler A, Mending the two cracked pillars on which renewal must lean, *Business Day*, 18 August 2008.

FINDING SIX: To implement support programmes for vulnerable children, school leaders looked for assistance first from within their own school communities. School leaders involved teachers, the governing bodies, local businesses, local government services, and various NGOs involved in implementing support programmes for vulnerable learners.

Many school leaders first looked within their own schools for assistance with vulnerable learners; and they did this successfully. Examples are cited in this paper of school leaders identifying additional skills and interests in their teaching staff and building support programmes around them. Realistic ways in which SGBs could assist with learner support were also found. In many instances, while the SGBs could not fulfil their mandated functions concerning school governance, they did provide financial guidance and practical help with support programmes. In addition, many schools received a range of support from their local communities, which could be as basic as the parents collecting firewood for the nutrition programme – nonetheless demonstrating that even in the poorest areas it is possible to enlist the assistance and support of communities. In other instances, long-term partnerships with local business were established. Essentially a common-sense understanding and appreciation of the concept of vulnerability took root in the school communities, manifesting a notion of community as originally propagated in the *Implementation Plan for Tirisano 2000–2004 (*DoE 2000a), and endorsed further in 2008 by the likes of Cyril Ramaphosa and Graça Machel at the launch of the Action for a Safer South Africa Convention, as an approach to combating crime in South Africa.[17]

This finding is best understood in the context of Fullan's (2000) three stories of educational reform: in particular, the first story, the 'inside' story, which shows that there is no substitute for internal development; and the second, the 'inside-out' story, which demonstrates that schools cannot develop on their own and need assistance from parents and the community. However, Fullan cautions that these external forces do not necessarily come in helpful packages and that the role of school leaders is to work out how to make such relationships productive. This is a point well made in relation to the present research, where it was found that sustainable external help occurred where school leaders were actively involved in both the coordination and management of outside programmes.

FINDING SEVEN: HIV and AIDS and the large range of socio-economic factors impacting on children's lives were so complex that schools could not manage their responses to these alone. All of the schools in the study require additional assistance from the education department (both provincially and locally), which they believe has a very important role to play.

The DoE has a very important support role to play in assisting schools with establishing a culture of care and support. Even though some of the schools in the project were classified as quintile 4 or even 5, it was found that these socio-economic classifications were not entirely accurate, and all schools required support to make the required paradigm shift. Fullan's third story, the 'outside-in' story (2000), strongly supports the notion of significant support, monitoring and provision of infrastructure by the DoE.

The research showed that when the provincial education department created an enabling environment around schools, schools were in a better position to support vulnerable learners. And in very practical terms it was found that this support was enhanced in schools where the department provided infrastructural development and where, for example, the provincial nutrition programme was more consistently implemented. In the concluding section of this paper some possible approaches to creating a more enabling environment are suggested.

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[17] Tale L, South Africa urged to take a stand and be counted, *The Sowetan*, 29 August 2008. Accessed September 2008, www.sowetan.co.za/article.aspx?id=832504

FINDING EIGHT: The payment of stipends makes a significant difference to the sustainability of school-based programmes for support of OVC, as does the presence of additional staff to take responsibility for facilitating a number of support initiatives.

Large agencies like NOAH, Save the Children (UK) and MiETA, which are involved in these types of school-based programmes for OVC support, provide stipends to support auxiliary staff working in individual schools or within a cluster of schools. The lesson learnt is that even very modest financial support to schools is enabling and can make the difference between such interventions succeeding or not.

FINDING NINE: When collaboration took place between government departments, the approach to learner support was more integrated and thus more successful.

This finding suggests that the DoE needs to forge stronger links and partnerships with other government ministries as well as with civil organisations and, importantly, with the schools themselves. The present research demonstrated that much of the support that schools need, in order to address the issue of HIV and AIDS and the range of socio-economically related challenges that face schools, falls outside the actual remit of the DoE. For example, it is important that the following departments also provide support: Health (access to clinics and health care), Water (access to drinking water), Social Development (access to social grants), and Welfare (access to social workers). Linking with the SAPS would also serve to ensure the safety and security of the schools. The DoE needs to forge links with these departments and services on behalf of schools.

In addition, the nature of inclusive education and HIV and AIDS policies requires sophisticated, matrix-style project management with a strong multi-sectoral component. It is important that this form of collaboration take place not only at national level but also at provincial and district levels in practical ways. In practice, though, multi-sectoral collaboration is not an easy task as departments tend to be organised hierarchically, and matrix-style management does not occur. Different government departments are not accustomed to working jointly on projects, and are not structured to do so as they are accountable for their own policies rather than those of other departments. The nature of the partnerships, though, needs to be such that they focus on collapsing 'defensive administrative and bureaucratic boundaries' (Jansen 2007: 69) for the sake of enabling schools to become centres of care and support. This need for departments to work together in an integrated manner to fight poverty has been acknowledged at the highest levels. For example, at national level the former agricultural director-general, Masiphula Mbongwa, was put in charge of the government's anti-poverty programme; in 2008, Mbongwa put forward an integrated government approach when speaking of the need for departments and local authorities to work together in a coordinated way to fight poverty.[18] And in 2008, deputy president at the time, Phumzile Mlambo-Ngcuka, also spoke of an integrated approach, in which government departments like Education, Health, Social Development and Home Affairs would collaborate as part of the government's strategy for dealing with poverty.[19]

At provincial level, the Western Cape has for some time been implementing its Social Transformation Programme, an integrated approach to social service delivery coordinated by the office of the provincial premier. The programme involves a number of government departments including Social Services, Education (in particular the HIV and AIDS deputy chief specialist: care and support), Health and Home Affairs, as well as the SAPS, working collaboratively.[20]

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[18] Barron C, Fresh onslaught against poverty, *Sunday Times*, 24 August 2008.
[19] Brown K & Musgrave A, Mlambo-Ngcuka's anti-poverty launch 'not rich in specifics', *Business Day*, 15 August 2008.
[20] BA Mangcu, deputy chief HIV/AIDS specialist, HIV/AIDS care and support manager, Western Cape Education Department (e-mail dated 18 September 2008).

> **FINDING TEN:** Existing policies pertaining to HIV and AIDS and inclusive education were not taken up robustly by the education department and as a result many implementation problems resulted.

The research found that while national policies do exist to mandate schools as centres of care and support, the fact that schools do not enjoy financial support for implementation of such policies is profoundly problematic. Russell Wildeman (2007) of the Institute for a Democratic South Africa reflects on the financing of inclusive education at provincial education level. He talks of the 'policy modesty' of *Education White Paper 6*, which includes HIV and AIDS as a barrier to learning in arguing against a greater flow of resources to inclusive education initiatives. Further, according to Wildeman (2007), the fact that provinces avoid aggressive campaigns to get 'special needs' learners into schools reveals the folly behind policy implementation without significant resource backing. A fragmented implementation reality results, as what is achieved is still determined by capacity (financial and otherwise) and is not yet a function of policy.

> **FINDING ELEVEN:** No instances were found of academic support for learners who were unable to attend school either due to their own illness or for any other reason.

While the national policy on HIV and AIDS for learners, students and educators is clear that if and when learners with HIV or AIDS become incapacitated through illness, the school should make work available to them for study at home and should support continued learning where possible, or provide older learners with distance education (DoE 1999), no school in this study had any system in place to support learners with school work missed due to illness or for other reasons. It is important to note that academic achievement is in itself an important factor that motivates learners to remain in school, but where learners do not achieve academically their chances of dropping out of school are very high.

Various models can be used to support learners who frequently miss lessons. For example, one useful approach is the 'school in a bag',[21] to keep absent learners constantly engaged with academic work. Also workable is the 'buddy' approach, where learners are in contact with their teachers through the medium of a buddy, with the teachers sending reading materials and homework to absentee learners and getting the completed work back for marking and further feedback via the buddy. Within the community, additional support can be provided through a 'catch-up club' – a group of absent learners meeting and receiving assistance with their academic work from an advisor who works closely with the school and is supplied with support learning and counselling guides used to afford maximum help to the learners (Pridmore 2008). Apart from organising the work programme, the class teacher also needs to keep a register of learners 'at risk' of repetition due to poor attendance. The teacher must also note who could drop out of school due to poor test results. School leaders have a role to play in that they must ensure that the 'at risk' register kept by the class teacher is up to date. They also need to follow up on each learner in the register by visiting the home to provide support for living and encouragement for learning.

> **FINDING TWELVE:** While varying levels of support existed for vulnerable children, little or no support was provided for teachers infected and/or affected by HIV and AIDS.

Despite the high prevalence of HIV infection amongst teachers (as reflected in the ELRC study mentioned above), researchers on this project were met with silence on the issue of teachers infected and/or affected by HIV and

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[21] The approaches suggested in 'school in a bag', the 'buddy' system, and the 'catch-up club' are derived from the model developed by Pridmore (2008).

AIDS, and failed to gather information pertaining to teacher support initiatives, bar one; this was the union-instituted Prevention, Care and Treatment Access (PCTA) programme. The PCTA was aimed at educating and informing teachers about the HIV and AIDS pandemic and what teachers infected and/or affected could do about their situations. School-based peer counsellors were expected to support teachers by listening to their problems and ensuring that teachers had time to go for consultation and treatment when necessary; a privately sponsored programme allowed teachers to call a toll-free number and be directed to a private doctor for free counselling, testing and treatment. The SMT had a role to play in that they had to ensure that school policies were compatible with these arrangements. Only two of the schools sampled were aware of the PCTA programme.

The research found that the needs of infected and affected teachers were marginalised and neither acknowledged nor addressed. Teachers are not in the socio-economic bracket of extreme poverty. This means that teachers do not present with the obvious problems of very poor children in that they do not come to school hungry or dirty; but many of them do come to school sick, in ill-health and very often depressed (Shisana et al. 2005). None of the schools had systems of substitution that could, at a very basic level, help to support ill teachers and the continuation of teaching and learning when teachers were absent.

Serious questions need to be asked about this lack of support for teachers and why school leaders and the DoE fail to nurture and support them. When teachers are seen as 'resources' or 'tools' to implement care and support, and where no acknowledgement is made of the traumas in their own lives, teachers may become objectified and depersonalised.

Conclusions and recommendations

In this section we put forward some preliminary ideas on how the findings from this study could be translated into achievable interventions to support vulnerable learners, especially those infected and/or affected by HIV and AIDS. Ideas on teacher substitution to mitigate the impact of teacher absenteeism are also proffered.

Schools conceptualised as centres of care and support
A new paradigm for schools needs to become entrenched, one in which schools are conceptualised as centres of care and support. This notion is not a new one; rather, it is well rooted in existing policy.[22] The need to make the shift from a narrow focus on what schools do and how they are led, to the notion of schools as centres of care and support becomes urgent when one takes cognisance of the number of OVC as evidenced in this research sample alone. The challenge is to give realisable, practical expression to existing policy.

We propose that, while retaining their emphasis on teaching and learning, schools need to focus on a few well chosen interventions. This study suggests that basic nutrition, aftercare and support with school work, and psycho-social support are preconditions for successful learning and teaching to take place. Schools will therefore be required to build supportive networks to:
• better manage, strengthen and expand the current provincial nutrition programmes;
• establish aftercare facilities; and
• manage psycho-social support and referral services.

While currently a number of large NGOs, notably NOAH, Save the Children (UK) and MiETA, are working with schools, engaging in a range of similar interventions to support vulnerable children, such interventions have been integrated in a context where the school has not been reconceptualised in the manner suggested by Jansen (2007) as being necessary (as discussed earlier in this paper). For the notion of a school as a place of care and support truly to take hold, a shift in the way the role of schools is thought about needs to take place at all levels of the education system. For example, it is important to enable proactive school leadership as a necessary part of the very fabric of each school and district, to ensure buy-in and concerted effort from all key stakeholders in the immediate school community. Support from the provincial and national education departments as well as other departments involved in social services is also required.

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[22] Most notably, the *Implementation Plan for Tirisano* 2000–2004 (DoE 2000a); and *Education White Paper 6: Special Needs Education, Building an Inclusive Education and Training System* (DoE 2001), amongst others.

The education departments in KwaZulu-Natal and the North West Province are already working collaboratively with MiETA to implement a model of schools as centres of care and support. Such initiatives deserve high-level support, careful planning and rigorous monitoring to ensure replicability.

The resulting expanded role of school leadership
The concept of the school being expanded to include notions of becoming a centre of care and support inevitably results in a concomitant expansion of the role of the school leadership. New responsibilities will have to be assumed.

The leadership team will need to take on more explicit mentoring and management roles in relation to staff, as well as skilfully developing the buy-in and support of the SGB and the parent community at large. Yet most important, as this study exemplifies, is establishing effective support networks. This approach to harnessing support is suggested as a mechanism for establishing the kinds of interventions suggested. Setting up these networks is likely to require school leadership to engage simultaneously with a range of target groups and organisations. Although this may be achieved in a variety of ways, it may be useful to visualise this process as a set of concentric circles of support. Starting by drawing on skills within their schools, leaders can then look beyond the school walls to the community to map and utilise available resources.

However, it is important to remember Fullan's (2000) cautionary message in his 'inside-out' story of educational reform; while schools cannot develop on their own and need external assistance, the role of school leaders is to work out how best to manage these interventions to make relationships optimally productive and sustainable.

Added responsibility for the SMT requires additional resources to which the SMT has access; for example, it becomes necessary to extend the time that the SMT has at its disposal to perform its additional functions.

The need for professional development with a different emphasis
It is likely that many principals and SMT members will themselves lack these kinds of skills and require a different form of capacity building from that currently offered to school leaders. This has implications for the type of continuing professional development needed. While the DoE is acknowledged for developing the Advanced Certificate in Education in Leadership and Management for school principals, the current content of this programme is not responsive to the type of needs described here. In fact, as it presently stands, the programme does not have a module dealing with vulnerable children nor with HIV and AIDS.

The role of the education department
If schools are to become centres of care and support, they will require extensive support from the education department at all levels (national, provincial and district).

- First and foremost, the *school nutrition programme* needs to be fully functional, and expanded wherever possible.

- The proposed interventions, such as the strengthening and expanding of the provincial nutrition programmes with school food gardens, or the setting up of aftercare and homework support facilities, and systems for grant referrals and psycho-social support, do need to be *resourced*. For example, resources need to be made available to support auxiliary activities, such as in the form of stipends for casual staff working on the school nutrition programme. In making care and support a precondition for all else that happens in schools and districts, the DoE needs to include care and support as a budget line item, foregrounding it in all school and district development plans.

- The education department needs to *facilitate more accurate planning and resource allocation*. A systematic school-based process supported by the education district office for identifying OVC is a necessary precondition for proper planning and resource allocation. A simple information management system is needed for capturing and processing information on OVC, which will help to facilitate planning and management of support interventions, per school and per district, based on *actual numbers* of OVC.

- The DoE needs to *establish a data feedback loop*. Current practice is for school data that are collected to be sent to the district office and then to the provincial education department office for processing, with very little or no feedback to district offices and schools. A data feedback loop would assist in supporting proper planning at district and school levels.

- There is a need for *regular revision of the quintile system*. The current quintile system needs to be revisited and updated in respect of determining the socio-economic position of schools. Even in the small sample frame used in this study, examples of incorrectly classified schools were encountered.

- The education department needs to *build the capacity of district officials* to fulfil their role of supporting and monitoring schools. Resources need to be earmarked and capacity development undertaken to equip specifically identified district officials to play a role in monitoring and supporting schools, to fulfil their mandated obligation of implementing support programmes for learners and teachers. This responsibility needs to be viewed as a core function of these officials, rather than an additional task in an already over-stretched day.

- The education department should *facilitate collaboration with other stakeholders*. The national and provincial education departments as well as the district offices need to mobilise and play a coordinating role in involving other departments, especially from the support services cluster, to enable effective support programmes in schools. Departments to consider a multi-sectoral, collaborative approach along with Education could include Transport, Health, Social Development, Home Affairs and Justice.

Attention to the needs of teachers
Urgent attention needs to be given to identifying, examining and expanding initiatives to support teachers. For example:

- The *PCTA programme*, the teacher union scheme to provide confidential counselling, testing and treatment of teachers with HIV and AIDS, needs attention, support and expansion.

- Embryonic initiatives to establish a *system for teacher substitution*, to mitigate the impact of teacher absenteeism on children's learning and teaching, need to be explored carefully and budgeted for appropriately and then managed by the DoE.

To sum up

This paper has presented research conducted by SAIDE, focusing on sourcing examples of good practice where school leaders were able, even in some small way, to mitigate the impact of HIV and AIDS on the lives of their learners and/or teachers. Set within the broad parameters of school leadership theories, this research was framed by three policy issues: human rights and inclusivity; official leadership structures in schools; and schools as centres of care and support. This frame resulted in a tension that was never completely resolved either during the actual research or during the writing of this paper. Essentially the tension was between following an integrated and multi-layered approach to working with learners made vulnerable by a range of socio-economic issues and teachers infected and/or affected by HIV and AIDS, while struggling to hold a tight focus on HIV and AIDS.

The research findings showed that while many school leaders were able to engage with support programmes for learners, there was little support, barring the union-instituted PCTA programme, for teachers. The research also showed that support programmes for learners concentrated on implementing school nutrition, aftercare and counselling programmes. Two key recommendations are made as a result of these findings: first, that a more extensive range of school leadership competences be acknowledged and institutionalised in South Africa; and second, that the education department play a pivotal role in supporting schools in mitigating the impact of HIV and AIDS on school communities.

Appendix A: Case studies

CASE ONE: Strategies for action

Vuwani Lower Primary School is a rural school situated in a poor Limpopo community where unemployment is rife. The few people who do work are employed on the surrounding commercial fruit farms. Subsistence farming supports most people, but it is an activity that is totally dependent on the weather. Vuwani is a quintile 3 school, where every learner is required to pay R50 school fees per year; but the principal, Mrs Ndukwana, stated that the annual default rate is in excess of 50%. The school, with a total of 688 children, has a favourable teacher : learner ratio of 1 : 30. As there is no running water, the school is dependent on a borehole from which water is pumped into tanks. Vuwani does not have a telephone line or e-mail facilities, and the only way of communicating is through the principal's private cellphone. While the school has three donated computers, limited computer literacy on the part of the staff renders these almost unused. The school is connected to the ESKOM grid with electricity primarily used to run a photocopying machine and computers, which are located in the principal's office. The principal's office also has to double up as a library and a storage room for school equipment.

According to school records, 30 learners have been identified as OVC, and of these 14 are estimated to be infected and/or affected by HIV and AIDS. The school records do not list learners who are orphaned directly as a result of HIV and AIDS, nor is the problem of HIV and AIDS infection talked about openly in the community. However, the majority of learners are vulnerable because of their poor home backgrounds. Mrs Ndukwana commented that most learners stay with their siblings or with relatives and, as a result, regular food supply is a challenge.

Poverty causes the school to rely heavily on support from official sources and from external donors. After realising the constraints posed by poverty in the community, Mrs Ndukwana looked for external support. As a result many provincial departments became involved in the school, with the most obvious being Education, which helps with infrastructure development as well as training on record-keeping and school administration. The Department of Agriculture helps with the school garden, while Health contributes educational posters and assists learners to go to the local clinic. The Department of Water provides water when the borehole does not work.

When Mrs Ndukwana arrived at Vuwani in 1997 there were not enough classrooms and many classes were run under trees. The school grounds were not fenced and accessing water was extremely challenging. However, the principal had learnt about accessing donor funds from her experiences at another school. Today the school has five classroom blocks that accommodate all learners and sufficient space to plan for the extension of the school to include Grade 5 in the very near future. Three of these blocks are relatively new; one was built through the assistance of the DoE while the others were constructed through funds from the Japanese Embassy. The Centre for Community Development started a Women's Project aimed at raising funds for school fees through building and sewing. This led to the involvement of the National Development Agency (NDA), which began by supporting salaries for the men and women who worked in the Women's Project. The NDA's involvement soon spread to capacity-building training for teachers, school managers and the school governors. Mrs Ndukwana has also secured the help of local businesses, and one bus company supplies free transport as well as food and dishes for special occasions like HIV and AIDS days.

The principal has organised her staff into teams to work on various aspects of school development and learner support. Apart from the SMT, which implements policies, committees have been established for orphans and vulnerable learners, health and hygiene, nutrition and the school garden, and psycho-social counselling for learners. These committees are answerable to the principal and to the SMT. Thus the principal remains constantly aware of what is happening in the committees. She also plays a pivotal role in supporting the committees through mobilising resources.

Mrs Ndukwana said that the SGB is too weak to make meaningful contributions towards school development. The SMT reportedly has problems in getting members of the SGB to attend meetings, as the latter are usually

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busy fending for their families on the surrounding commercial farms. Most activities in the school are therefore driven by the principal and her SMT. Although there is no active SGB, the principal has been able to mobilise a tremendous amount of resources from external agencies.

CASE TWO: Proactive…insightful…involved

Oxford Girls Primary School is situated less than 5 km from Johannesburg's city centre. Established 90 years ago, it is one of the oldest schools in Johannesburg. Over the years, the community that the school serves has changed considerably – from the children of what was largely a middle class, Jewish community to the children of a predominantly black African community. This contemporary community comprises mainly immigrants and refugees from neighbouring African countries, in particular, French-speaking refugees from the Democratic Republic of Congo.

Mrs Smit, the principal, has identified that about 90% of the 500 learners are, to a greater or lesser extent, vulnerable. This means that the majority of children in the school require some kind of socio-economic or psycho-social support. About 200 children (40% of the total enrolment) are from refugee families and, as such, have a range of psycho-social and economic needs that require special attention. This high percentage of OVC at the school means that there is a great need for care and support in a range of spheres within the school community. As a quintile 4 school, Oxford does not receive food from the provincial nutrition programme, despite serving a predominantly poor community with high rates of unemployment. Applications to the Gauteng education department for learners to be considered for the nutrition programme have been turned down without reasons being provided. Thus the school has taken responsibility for feeding between 100 and 150 learners daily. To do this the school has to rely on monetary donations and food provided by the successful vegetable garden.

In lieu of fees, parents are asked to volunteer their services to programmes run in the school. The principal assesses the parents' skills and language levels and deploys them in the school accordingly. Some parents help with cleaning, some look after the vegetable garden, some work as teachers' assistants in the classrooms and one parent assists with the school's aftercare programme. In addition, Mrs Smit has integrated a school/homework support system in the daily programme to offer learners academic support. The aftercare facility at the school runs during school time and in the holidays. This facility is run by the Grade R teacher, who also makes it available to some young children who attend an early childhood development centre situated across the road from the school and whose parents are unable to fetch them when the centre closes at around midday. The aftercare offers a meal, a set period for the children to do their homework, and a programme of 'fun' activities. The Grade R teacher liaises with her colleagues if she picks up a need for remediation in any particular area, thus forming a useful feedback loop.

The proactive leadership of the principal has made a huge difference in this school. Through her commitment, insight and values-based leadership she has invested in training and motivating her staff to be part of an integrated and systematised approach to supporting learners and enabling them to access quality education. Included in this is a contractual agreement between the school and the Johannesburg Parent and Child Counselling Centre (JPCCC). This contract involves identifying vulnerable learners and following through with the necessary support actions. The principal is required to keep records regarding vulnerable learners and home visits.

Because the school actively supports vulnerable children it enjoys a positive relationship with the community in terms of support and respect. This can be seen through the high level of parental participation in school activities and functions.

CASE THREE: Charismatic, organic leadership

Ndlovu Primary School is in a rural area of KwaZulu-Natal. The school serves a very poor community where water is scarce and agricultural activity is limited to small-scale cattle and goat rearing. Ndlovu relies

on the local council to deliver water to its tanks. While the main road is in good condition, the road leading to the school is a dusty trail overgrown with grass. The principal, Mrs Zami, has been the main driving force in this school for the past 10 years. When she came to the school there were many out-of-school children in this community. Mrs Zami had a vision of bringing education to the community, but there were no school buildings. She described how in 1998 she started the school with 200 learners under four trees – one for each of the first three grades and a tree that served as an office. She reported, 'I was alone by that time. I was the only teacher, the principal, everything.' Mrs Zami spoke passionately about how the school developed from being under a tree in 1998 to now having three classroom blocks and an administration block to support learners from Grades 1 to 7.

Mrs Zami has the ability to harness support from different organisations and from the local community. Through networking she has been able to raise funds to get support for OVC in her school. Phinda Game Reserve was responsible for building three classroom blocks so that teaching and learning did not have to take place under trees. The community had already started building one block on its own – a fact that impressed Phinda and encouraged them to commit their financial resources. Instead of asking the game reserve for additional money for food and uniforms, Mrs Zami and some of her learners provided hospitality support to overseas tourists at Phinda. For this they were paid R14 000. Some tourists, impressed by the efforts of the principal and touched by the plight of the school, donated an additional R8 000. This fundraising continues, with the principal having been overseas to raise funds, and with tourists continuing to visit the school and offer donations. All finances that the principal receives are deposited in the school account by the SGB treasurer; the principal makes a point of calling on the SGB treasurer as soon as she receives any funds.

Ndlovu NOAH Phinda Ark started in 2007 as a joint venture between Phinda Game Reserve, NOAH, MiETA and the school. As well as running its own programme, SCCS, MiETA provides funding for community volunteers. As NOAH runs a programme directly aimed at assisting OVC, they provide the bulk of the funds for additional activities like aftercare, extra nutrition and other support including homecare visits as well as training of care givers. The ark programme also operates in a local secondary school. Mrs Zami argues that you cannot help a learner in her school but not her sister in the secondary school when they are both parentless and in need. Also, you cannot ignore Ndlovu learners as soon as they move on to secondary schools.

The principal has drawn on a range of other networks: for example, local businesses in the community, the Nelson Mandela Children's Fund, DramAidE, the New Zealand Embassy, a school in Sweden, and the national lottery. Some of this support has been one-off assistance secured through persistent requests, through referrals from contacts or through chance meetings but much of it has been sustained and provides ongoing aid to the school.

The passion, strong will, community actions and persistent personality of the principal have resulted in the school enjoying a circle of support for OVC. There are state-of-the-art classrooms, there is support for OVC in terms of food, uniforms, aftercare, and clothes, and the school is now able to attract trained teachers. Through the support that the school obtains from its web of networks, a culture of care and caring for vulnerable learners is cultivated in the school and this is likely to continue should Mrs Zami leave the school. The teachers, learners, and the community at large associate the school with that culture and perceive the school as a home for learners.

CASE FOUR: Prioritising needs according to context

Madiba Combined School is found in the North West Province, surrounded by commercial farms. The school largely serves the nearby informal settlement with a large community made up of farm labourers who have lost their jobs as well as immigrants from other countries and provinces. As many of the learners come from neighbouring countries, they are officially un-documented. Most of the parents are unemployed, with alcohol and substance abuse being rife. It is reported that, consequently, abuse against women and children is also high. The community has been badly affected by HIV and AIDS, impacting on the number of orphans and/or

infected learners at Madiba. As is the case in many communities, the silence around HIV and AIDS makes it difficult to ascertain the exact number of people infected and/or affected by the virus.

Madiba has 14 DoE teachers in the school, including a Grade R practitioner. The SGB is described as 'active and enthusiastic' by the principal, Mrs Ramusliei, who does acknowledge that even though the SGB members attend meetings, they do not have the capability to be proactive and assume leadership in governance issues. There are 402 learners, with 206 being identified as vulnerable. Mrs Ramusliei is unsure how many of these OVC suffer from HIV and AIDS as this is still a stigmatised condition. Madiba has running water, electricity, and one computer but no e-mail connectivity. A range of extramural activities are offered including soccer, netball, volleyball and gymnastics.

Mrs Ramusliei acknowledges this context and has responded to it by first looking to the DoE for support. In 2007 Madiba became a no-fee school, meaning that it received additional funds from the department. Some of this money was used to erect a fence to secure the school. Other departmental sponsored initiatives include a school nutrition programme and a garden, which supplements the food supply. The DoE also supports a transport scheme for learners to and from the school as well as a referral system for OVC.

This type of official assistance is not sufficient, however, and Mrs Ramusliei has identified other organisations that help her improve the school and the care it can offer to OVC. One of these organisations, MiETA, was brought to the school by the education department. MiETA's project, SCCS, built on pre-existing school initiatives but in a more systematic and structured manner. The project helped link Madiba to a Cluster Child Care Coordinator (CCC) and the local AIDS Council. These structures coordinate their activities to share resources and reduce duplication.

Through this networking the principal has introduced other organisations and government departments to the school. These include social workers, the Department of Home Affairs, the SAPS, the Department of Agriculture and the Department of Health. Other organisations that have assisted the school include local businesses and Soul City.

CASE FIVE: Task-driven management and leadership

Hlophe Secondary School, a township school in Gauteng, is surrounded on all sides by houses. The double storey classroom block is well maintained and a fence secures the school. Hlophe is a quintile 3 school with 1 762 learners, 30% of whom are designated OVC by the principal, Mr Mokoena. The 56 teachers at the school have access to 4 computers for administrative purposes as well as e-mail. The school runs a range of extramural activities including sports, chess and music.

Mr Mokoena, who has been at the school for many years, is a strict disciplinarian. The manner in which he manages punctuality is evidence of this. For learner punctuality he locks all latecomers out as soon as the early morning bell rings. For teacher punctuality he has implemented compulsory daily early morning meetings. This has been met with acceptance as a cordial relationship appears to exist between Mr Mokoena and his staff. They are a close-knit team who have the well-being of the school at heart.

Mr Mokoena is a member of the HIV and AIDS committee established at Hlophe. This committee coordinates all efforts to assist the OVC including a vegetable garden, bereavement activities, and home visits for learners. Individual teachers offer limited counselling services and school nutrition.

The principal acknowledges the challenges his school faces and believes that taking on the role of community activist will help his school succeed. He has been very successful at securing outside support for his school and in establishing supportive networks, especially around the issue of safety and security. This came about from his involvement with the SAPS, which led to interactions with the Community Police Forum and the Justice Forum. Many positive benefits have been experienced as a result of these networks. For example, the school is respected and feared by criminals, and good communication strategies exist internally as the principal keeps his staff aware and informed about networking activities.

CASE SIX: Managing interventions

Zama Intermediate School is located in a semi-urban area with the atmosphere of both rural village and urban township. The school is neat and well maintained with a good fence. Two large gardens dominate the grounds, at each end of the school. The school has running water, electricity and a number of computers for administration, but no e-mail. While the school has a library, it does not have a computer laboratory. Extramural activities like soccer, netball and volleyball are run on the fairly good sports grounds. The principal describes the SGB as being 'very good and active'. They run the school finances with a vigilant eye and oversee the maintenance of the school buildings.

The school has a total of 34 teachers, with 2 of them being paid for by the SGB. Zama is a quintile 1 no-fee school with 1 223 learners; but only 192 of these learners are officially considered to be OVC. The principal, Mr Molefe, estimates that there are about 72 learners who are infected and/or affected by HIV and AIDS. An SBST – including learner representatives – looks after the interests of OVC in the school. The team identifies problems that learners face outside the classroom and conducts some home visits.

When Mr Molefe became principal 10 years ago he acknowledged the challenges faced by the community and his learners. For example, many learners came to school hungry, many were unhealthy and quite a number demonstrated behavioural problems consistent with abusive backgrounds. In addition, a great number of learners lived in child-headed households. The principal felt that he needed to assist the learners to lead healthier lives. He also wanted to feed learners who were always hungry and to source assistance from government departments. This led Mr Molefe to look outside the school and to the education department for help.

Mr Molefe initiated several contacts for assistance resulting in a number of organisations and local businesses now working with the school to offer a range of services to the learners. Save the Children (UK) run a programme called 'Caring Schools', which requires the school to sign a contract for each year, securing the support of the organisation. The contract is quite explicit about what each of the partners must do to create a school that cares for its learners by offering them certain services. Mr Molefe also initiated contact with Thusanang in 2007. The organisation began working with the school in 2008 on rights and responsibilities. The principal is responsible for maintaining liaison with the organisation through the SBST. The Roman Catholic Services were also approached and they offer money for food, train kitchen staff and maintain a food garden. This organisation was brought on board by the principal to supplement the nutrition programme offered by the DoE. Another organisation that has offered its services to the school is the Soul Buddies programme. This partnership, initiated by a teacher, runs the aftercare programme.

Apart from making the initial contact with the external organisations, Mr Molefe's leadership style is evidenced by the way he manages these external projects. As part of Save the Children (UK's) programme, READ became involved in Zama as one of a cluster of three schools. The programme provides literacy resources and science and sports equipment. It also trains teachers. The principal is mainly responsible for the liaison in the programme.

The impact of HIV and AIDS is fairly openly acknowledged in this school;[23] and the principal acknowledged the role of the life skills programme as being crucial to addressing stigma and discrimination.

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[23] This is one of the only sampled schools in which this was the case.

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