

Mainstreaming Psychosocial Care and Support **within the** **Education Sector**

For school communities working with children and families affected by HIV and AIDS, poverty and conflict



Ministry of Education
Republic of Zambia



Psychosocial Wellbeing For All Children

REPSI is a regional non-governmental organisation working with partners to promote psychosocial care and support (PSS) for children affected by HIV and AIDS, poverty and conflict in East and Southern Africa.

THE REPSI PSYCHOSOCIAL WELLBEING SERIES

Through this series, REPSI strives to publish high-quality, user-friendly, evidence-based manuals and guidelines, all characterised by subject matter that can be said to address the issue of psychosocial wellbeing. Within the series, different publications are aimed at different levels of audience or user. This audience includes: 1) community workers, 2) a variety of social actors whose work is not explicitly psychosocial in nature, but in which it is felt to be crucial to raise awareness around psychosocial issues, 3) caregivers, parents, youth and children, 4) specialised psychosocial and mental health practitioners. Apart from formal impact assessments, towards further developing the evidence base for our tools and approaches, we welcome user feedback around our materials.

The standardised feedback form and a full list of all the titles in the series can be downloaded from www.repspi.org

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Foreword

REPSSI¹ is a regional non-governmental organisation working with partners to promote psychosocial care and support (PSS) for children affected by HIV and AIDS, poverty and conflict in East and Southern Africa.

REPSSI advocates that services, programmes and policies designed to support vulnerable communities need to respond holistically to the needs and rights of communities and children. It is important that psychosocial care and support programmes are not only specialised stand-alone programmes.

Instead, REPSSI advocates for the social and emotional needs of children and their caregivers to be addressed in an integrated manner. This can be done by mainstreaming psychosocial care and support into all types of programmes designed to support vulnerable communities. Schools are ideally placed to address

the psychosocial needs of many children. Through increasing their focus on psychosocial support they may become caring environments where all children are encouraged to reach their full potential as human beings. Unlike stand-alone, counselling type interventions - in which one counsellor is able to engage with only one child at a time - by mainstreaming PSS into schools, makes it possible to reach significant numbers of children of school-going age.

Learners at school face many challenges as a result of the psychological and social consequences of HIV and AIDS, poverty, and, in some instances, war and conflict. The main role of schools is to offer learners high-quality education that enables them to reach their full potential. It is now recognised that schools may be transformed into centres of care and support in order for them to fulfil this critical role.

“Learners are at the heart of the learning process” (UNICEF, 2008, p 2). Their intellectual, physical and psychosocial wellbeing is the key to successful education. These guidelines provide practical steps to mainstream psychosocial support into your school community. We hope that schools and other stakeholders will find them useful and inspiring to improve the wellbeing of children and families.

Ntuni

Noreen Masiwa Huni
Executive Director,
REPSSI, August, 2009

“The REPSSI vision is that *all* children affected by HIV and AIDS, conflict and poverty benefit from stable, affectionate care and support.”

¹: Thus far, REPSSI has produced psychosocial mainstreaming guidelines in eight programmatic areas.



I Introduction

Many experienced educators and school managers find that the learning abilities of children are directly related to their wellbeing at home and in the community. Children who are affected by violence, poverty and hunger, displacement or illness in the home often struggle to reach their full learning potential. On the other hand, children whose emotional, social and physical needs are met within a caring environment may go on to reach this potential, despite the difficulties they have faced in life.

The basis for the guidelines was informed by the results of a psychosocial study conducted by REPSI in August 2007. The study took place among learners, educators and community members in four countries - Mozambique, Swaziland, Tanzania and Zambia. The study revealed that learners face a wide range of psychosocial problems in schools. These directly impact on their academic performance. Moreover, the region

is affected by the burden of HIV and AIDS, tuberculosis and malaria), as well as poverty and food insecurity. REPSI partners felt that it was of immediate importance to develop guidelines for mainstreaming psychosocial support (PSS) in schools in order to help schools respond effectively to the psychosocial needs of learners. Various school community leaders were consulted to learn from what schools are already doing to support learners' psychosocial wellbeing and to come up with practical suggestions on how to mainstream PSS in school communities.

Key messages in this guide

This guide highlights the following:

- By addressing psychosocial issues and needs of learners, significant barriers to learning and to holistic development can be removed.

- The most appropriate and sustainable source of psychosocial support for learners is provided in the context of caring relationships in everyday life: at home, at school and in the community.
- Externally-provided assistance needs to support, and not undermine, these natural systems of care.
- Learners have the right to high-quality education as well as to adequate health, social and welfare services and support.
- Learners' psychosocial wellbeing, and those of their primary caregivers, are best met by integrated services that address economic, material, educational, social, emotional and spiritual needs
- Awareness of development² factors: educators need to know which internal and external resources are present in a learner's life and how these impact on the learner's developmental milestones³.

2: These factors are related to the process of development in the different phases of a person's life. At each stage of their lives, people are presented with specific tasks/goals and challenges. These might be physical, social or psychological. Please refer to the definition of holistic development on page 11. Educators need to know that children of different age groups face different challenges and need to achieve different developmental goals. An adolescent, for example, has to begin to achieve more independence.

3: Milestones refer to specific tasks that most children learn at a particular age. For example, most children learn to crawl by 7 months. It is important to note that the age range for various milestones can be quite broad and therefore should not be the only reference used in making an assessment of a child's development.

- All learners are unique. It is important that their individual psychosocial needs are identified and catered for. Prescribed blanket responses do not take individual difference into account, especially when these responses are based on stereotyping and categorisation
- Learners' resilience is promoted and sustained by supportive family and community structures.
- School communities need to be strengthened to provide a more caring, supportive and inclusive⁴ environment for effective teaching and learning.
- Effective mainstreaming of psychosocial support in schools involves all relevant stakeholders playing a role towards strengthening the school as a centre of learning and support
- Learners need to be consulted and involved as primary partners during all the interventions that are designed to improve their wellbeing. The exact nature of this partnership will be determined by their age.

4: The term 'inclusive' education' and training can be defined as the acknowledgement that all children can learn and that they need support in order to do so. This includes enabling educational structures and methodologies to meet the needs of all learners. Differences between learners, whether due to age, gender, ethnicity, language, class, disability, HIV or other infectious diseases, have to be respected at all times.(Education White Paper: July 2000)

The story and people behind this publication

A consultative workshop was held to find out how educators felt that psychosocial support could best be integrated into their schools. The workshop explored relevant definitions of psychosocial support and referred to existing school-based initiatives that enhance psychosocial support.

These are some of the people that were actively involved in developing these guidelines:

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- Taban Edward (TPO, Uganda)
- Sebastian M. Chikuta (REPSSI, Zambia)
- Stephenson Nawa (Ministry of Education, Zambia)
- Betty Mzumara (Ministry of Education, Zambia)

- Georgina Hamaimbo (Ministry of Education Zambia)
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The partners involved in the pre-testing of this guide were the following educators, parents and learners from Matero Girls High School, Libala High School, Chongwe Basic School, Nangongwe Basic School and the Lusaka Provincial Education Office:

- Dorothy Makumba (Guidance Teacher, Matero Girls High School)
- Simon Lwenje (Guidance Teacher, Matero Girls High School)
- Bishop David Tsanda (Parent, Matero Girls High School)
- Violet Mukuka (Parent, Matero Girls High School)
- E Ngwisha (School Counsellor, Libala High School)
- E. Nyirenda (Peer Educators, Libala High School)
- Jennifer Kapena (Parent, Libala High School)
- Monica Njobvu (Parent, Chongwe Basic School)
- Precious C. M. Kasweshi (Teacher, Chongwe Basic School)
- Lazarous Bwalya (Guidance Teacher, Chongwe Basic School)
- Felix M. Kalyongo (Parent, Chongwe Basic School)
- Florister Mutoloka (Guidance Teacher, Nangongwe Basic School)
- Neroh H. Mwanapabu (Provincial Education Office and SEO Guidance)

Who is this guide for?

- This guide was written for educators at schools and in the broader community. It also aims to reach other members of the school community such as head teachers, Ministries of Education (district and provincial), members of parent-teacher associations, governing bodies, school management teams, representative council for learners, school counsellors, teachers' unions and parents/caregivers - in other words, all stakeholders interested in the wellbeing of learners.
- The guidelines can be adapted for different levels of mainstreaming PSS in schools. An educator, for example, can use them to mainstream PSS into his classroom or a governing body could use them in order to build a wider network of support that includes parents, local governmental bodies (welfare or health departments for example) and non-governmental organisations.

Terms used in this guide

- The term "learner" refers to all children attending school irrespective of age. Throughout the guidelines the specific needs of learners of different ages will be identified where necessary. Please note that there are also children who are "out of school" but whose learning needs still need to be taken into account.
- The term "educator" refers to those adults who assume the responsibility of educating learners at school. In South Africa and other places, the term educator replaces and

is preferred to the term "teacher." At times, the terms educator and teacher are used interchangeably.

- The term "holistic development" describes the ongoing process of growth that starts from the moment children are conceived and continues until they reach adulthood. It includes the intellectual, emotional, spiritual, social and physical development of children and is concerned with helping them reach their greatest potential" (REPSSI. 2007. p 13)
- The term "vulnerability" can be explained as "*involuntary situations or conditions that place a child at a higher risk of deprivation of their basic survival and developmental needs.*" Vulnerability implies that the immediate support system for the child (families/caregivers) can no longer cope and thus external support is required to meet the needs of the child (MiET case study. 2008)
- The term "psychosocial intervention" refers to any programme which aims to improve the psychosocial wellbeing of people. (REPSSI. 2007. p 9)
- The term "school community" refers not only to the members of the school but to all of those people and organisations that are providing a service to the school. They are also the parents/caregivers of the learners and have a vested interest in what happens within the school. (REPSSI. 2008. p 4)
- The term "stakeholder" refers to all members of the school community including management and staff, school governing bodies, learners and non-governmental

organisations (NGOs), faith-based organisations (FBOs) and community-based organisations (CBOs) that operate in the school's catchment area. Other key stakeholders are government ministries such as those concerned with child affairs, community development and social welfare, health and local government.

- The term "caregiver" refers to the people (usually adults) who assume the responsibility of looking after children. This term is used interchangeably with the term "parent" throughout this text.
- The terms psychosocial wellbeing, support and care are explained in more detail in section 2 of this guide.

How to use this guide

- These guidelines are designed to offer education stakeholders the sort of information that will enable them to recognise the vital importance of mainstreaming PSS in schools as well as assist them in their process of transforming their schools into centres of care and support.
- Section 1 deals with the main messages of this guide as well as highlighting the need to mainstream PSS within the education sector. It presents the main features of schools in which PSS has been effectively mainstreamed in both school management and classroom practice.
- Section 2 will clarify key concepts such as PSS wellbeing, circles of support and resilience. It will also highlight the effects of HIV and AIDS on all members of the school community.

- Section 3 outlines current terminology used in the education sector related to the mainstreaming of PSS.
- Section 4 will outline a participatory approach that can be used by stakeholders to achieve the goal of mainstreaming PSS in schools.
- Section 5 presents the key values and role-players that lay the foundations for PSS in schools. A check-list of PSS principles is included.
- Section 6 includes examples of psychosocial issues that may present themselves in a school community and provides some practical ways of dealing with these specific issues.
- Section 7 includes several examples of PSS tools and resources for transforming schools into centres of care and support. Some of the tools include:
 - Journey Towards Our Dream - a participatory approach for building a vision for a PSS-mainstreamed school community,
 - Hero Books - a PSS mainstreaming tool for the classroom It also includes a list of useful resources and contact details.
- Section 8 will present self-assessment tools which can be used to identify PSS gaps and strengths in a school community. It also highlights the importance of an ongoing evaluation and monitoring process.
- A series of practical questions/activities and case studies have also been included in each section to assist with the process of translating the theory to practice. These

activities can be used by any of the key stakeholders and can be adapted to suit a particular purpose.

- The guidelines include a list and description of useful resources. This also acknowledges the existing work in the field done by other organisations. The aim is to avoid duplication and draw from different endeavours in order to achieve a common goal.
- It is best to read the guide right through from beginning to end in order to understand the approach clearly. Readers can, however, also select sections based on their particular areas of interest.
- These guidelines should not be seen as a blueprint to be followed in every situation. They offer a participatory and flexible approach which will vary from one situation to another.
- Educators and interested stakeholders are encouraged to discuss the guidelines in the school among themselves, with learners and with other members of the school community and decide whether or not they identify with the principles and values expressed in them.

What mainstreaming psychosocial support into schools is about

By mainstreaming psychosocial support (PSS) we try to make sure that children feel socially and emotionally supported in every part of life – at home, in the classroom, on the playground, in the street, on the way to school, at the clinic, at the soup kitchen, at the kids club, etc. Mainstreaming

psychosocial support means making sure that this “stream or river” of wellbeing flows widely, strongly and continuously in and around the child.

In the context of the education sector as a whole, PSS translates into a sensitised school community that cares for all its members in a concrete manner. PSS becomes a way of life. Traditionally, education emphasises cognitive and academic objectives. It's overall aims are psychosocial, however, because it is ultimately the whole learner (mind, heart, body and soul) who is being nurtured. The aim of psychosocial interventions is to address learners' experiences and needs in a holistic manner and to place these PSS interventions within the wider context of educational development. (O'Carroll. 2009. p5)

Psychosocial care and support mainstreaming means including a focus on the emotional and social wellbeing of the child at all levels of the school community:

- curriculum design and classroom activities
- planning and budgeting
- capacity building and human resource development
- policies and procedures of the school
- monitoring and evaluation
- networking with government sectors and institutions

As the pyramid model on this page demonstrates, by mainstreaming PSS into schools, it is possible to offer PSS to all children who are attending school, and in this way it becomes possible to reach greater numbers of children.

5. Specialised Mental Health Services:

Psychiatric, clinical psychological and other specialised services for the few children with more severe responses

4. Focused Support:

Additional non-specialised support for children who are not coping and who are showing signs of distress

3. Family and Community Support:

Everyday care and support provided by caregivers, friends and community members

2. Provision of Basic Services:

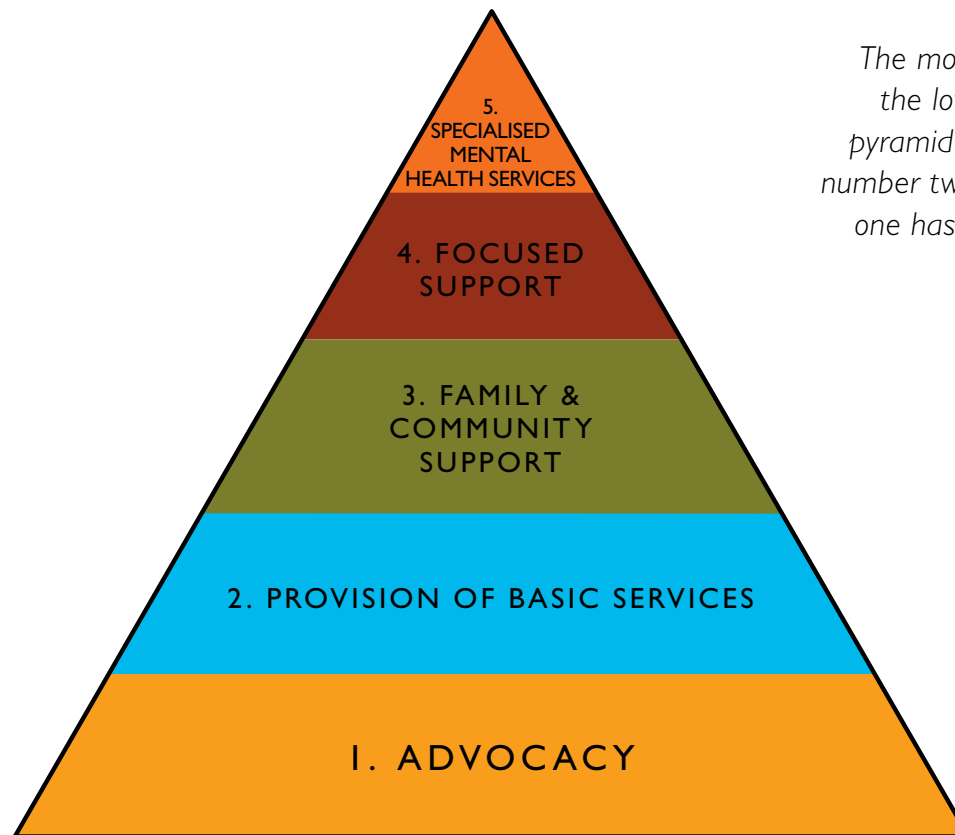
Shelter, food, health & education, into which PSS needs to be mainstreamed, to reach many children and support ways of coping

1. Advocacy:

Influencing policy and changes to the social conditions that affect the wellbeing of millions of children

Multi-layered, integrated Psychosocial Support

There are many different forms of psychosocial support (PSS). These may be offered at different levels to support children, families and communities. The model below may be used to consider the various levels at which psychosocial support can be structured.



The more one focuses on the lower levels of the pyramid (for example level number two), the more impact one has on more children.

Diagram 1: Multi-layered, Integrated Psychosocial Support

What does a school that has mainstreamed psychosocial support look like?

There is no “one-size-fits-all” approach to mainstreaming PSS into one’s school. It is best to start with your own strengths and then gradually build on these until PSS becomes an integral part of the way everyone in the school community thinks and functions. Here are some ideas of how a school might look once PSS has been mainstreamed into all different levels of the school functioning:

Educators’ knowledge and attitudes

In a school where PSS has been mainstreamed, educators have been trained in PSS and use this knowledge in their interactions with the learners. Within the school budget, resources are allocated to further PSS training and activities. A focal PSS person may have been appointed to become a specialist in PSS. A caring school takes care of educators so that they have support to avoid burn-out and their workload is reduced. The educators are motivated about their work. Provision of PSS is not left to one or two specialist teachers but each teacher has the skills and knowledge to provide PSS. All educators treat the learners and their caregivers with respect and dignity. It is useful to note that training in PSS can be given even to community members with very low level of education. In this way basic listening, empathy and referral skills are made accessible to others. This reduces the reliance on specialist support which is usually not available in most communities.

Learners supporting one another

Learners’ attitudes have changed and they have been sensitised to the psychosocial needs of their fellow learners. They do their best to support one another and build a nurturing, supportive school environment. They do not discriminate against children with special needs, but treat one another with respect and care.

Involvement of caregivers and the school community

Other members of the school community feel free to come to the aid of the school and they are fully involved in providing care and support to learners. The caregivers of the learners are consulted about their ideas and are involved in the school functioning. Specific policies on psychosocial issues such as bullying, HIV and AIDS will be in place to guide day-to-day practice.

Specialised support

A school that has mainstreamed PSS does the following:

- Identifies learners whose health and wellbeing are at risk and makes sure that the learners get the care and attention they need
- Identifies children who are out of school or missing school and links them to a source of help so that they can attend school regularly
- Refers children with specialised needs to NGOs, CBOs and government departments who are able to provide expert assistance or material assistance where needed

- Helps families with applying for grants/bursaries
- Sets up school gardens and school feeding programmes so that learners can learn to grow their own food as well as to have access to nutritious meals
- Communicates effectively with members of the school community so as to derive maximum benefits from them for the benefit of the learner.
- Disseminates information on HIV and AIDS and other important matters such as child abuse, positive discipline, child safety, girl-child education etc.
- Raises funds to assist learners who are in need

A school that has mainstreamed PSS becomes a centre of care and support as it takes special interest in learners’ needs and comes up with programmes e.g. school feeding that address such needs. An effort is made to change the attitudes of all members of the school community so that whatever is done is done in the best interests of the learner. Such a school is a child-friendly one in which learners feel cared for. The focus is on the holistic needs of learners while building a caring school community.

2 Understanding psychosocial wellbeing

This section highlights the holistic needs of children, the psychosocial impact of HIV, AIDS and poverty on the school community and ways of promoting resilience in children.

What is psychosocial well-being?

Psychosocial wellbeing is about the relationships between the child, its family, community and society (“social”). It is also about how a child feels and thinks about him or herself and about life (“psycho”). It is often linked to the African concept of “ubuntu” – “I am because we are, and we are because I am”. Such wellbeing includes many different aspects of the child’s life: physical, material, psychological, social, cultural and spiritual. This can be referred to as “holistic” development. The focus of psychosocial wellbeing is not just on the individual, but on households, families and communities.

What is psychosocial care and support?

Psychosocial care and support is about helping children, families and communities to improve their psychosocial well-being. It is about encouraging better relationships between people, and building a stronger sense of self and community. It is expressed through caring and respectful relationships that communicate understanding, tolerance and acceptance. It is

about promoting everyday consistent care and support in the family, school and community.

.....

“All children require protection and nurture that meets their nutritional needs and ensures their health, affectionate relationships with stable caregivers that support their developing psychological and social capacities, and ongoing interactions with encouraging adults that promote their language and cognitive development. As they grow, children need friendships with same-age peers and to be members of formal cultural institutions, including educational, play, social and/or religious groups.”

.....

Extract from “Where the Heart is”





Activity 1: Develop your own working definition of PSS

In your organisation, present the definitions of psychosocial support described on page 8. In groups draw a picture of two young children who are learners from a school in your community. The first child you draw has many unmet psychosocial needs and the second child you draw has good psychosocial wellbeing. The members of the group write words around the picture of each child to describe their situation. Discuss these drawings and come up with your own working definition of what psychosocial support means in your school setting.

Circles of support

A wide range of supportive relationships are potentially available to learners. These cover a spectrum of informal and formal social interactions, from the care and support offered by caregivers, family members, friends, neighbours, educators, religious mentors, health workers and community members to the care and support offered by specialised psychological and social services, including the health services. One way to picture this continuum is to imagine that the learner is surrounded by different ‘circles of support.’ Each of these circles offers opportunities to reinforce the wellbeing of the learner. Learners are best cared for by committed and affectionate adults who occupy the innermost circle of support. When the care-giving capacity of this circle is broken, extended families need to fill the gap. When the circle of care provided by relatives is broken, community initiatives need to fill the gap. When the circle of care provided by the community is broken, external agencies need to step in (Richter, 2006, p18). The collective efforts of different providers of PSS can strengthen each level of the learner’s “circle of support” and help prevent these circles from breaking down. In order to accomplish this, there may well be times when the learner and his/her caregivers will require the specialised care and support of professionals.

The ‘Circles of Support’ model to the right offers a good representation of all the different people and organisations involved in psychosocial care and support.

Supportive environment provided
by government provision of services
and protection

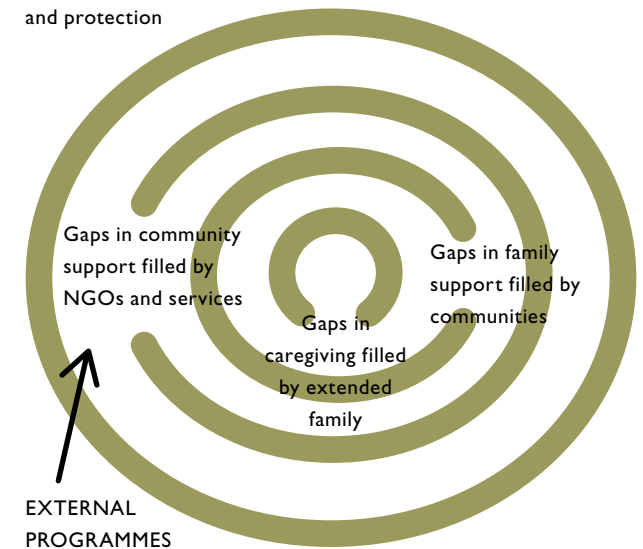


Diagram 2: The Circles of Support model

Source: Richter, L., Foster, G. & Sherr, L. (2006) *Where the Heart is: Meeting the psychosocial needs of young children in the context of HIV/AIDS*.



CASE STUDY

Circles of support in action

Mary, a child from Libala High School in Lusaka, lost both parents to AIDS-related diseases when she was in grade 9. After the death of her mother who was then the only surviving parent, Mary became extremely withdrawn both at school and at home. At school she stopped participating in discussions at the AIDS Action club meetings, and in class her performance dropped a lot. She had suddenly become the head of the family at 14 years old and being the eldest in the family, life became extremely hard for her as she assumed the role of the parent to her young siblings. When her parents were still alive, they never allowed the children to visit the other members of their families, nor did they visit their family members in the village.

One day, Mary's friends took the initiative to talk to her and find out what was bothering her. They offered to help her with her work in class since her performance was going down and she was no longer mixing freely. A member of the School-Based Selection Committee from her locality mobilised caregivers to assist Mary and her brothers and sisters with food and other house chores which enabled Mary to focus on her studies. The church where Mary's parents used to go also got involved and paid her school fees so she did not have to worry about fees any more.



ACTIVITY

Activity 2:

Circles of support in your school community

On a big sheet of paper, draw a set of circles similar to the diagram on page 8. Thinking about your school community, write on the diagram the positive support that is in place at each level. Then write down the gaps that you have noticed in that community for each level of support.

Understanding resilience in children



ACTIVITY

Activity 3: *Resilience in learners*

Think about a learner you know who overcame a lot of difficult experiences and became a happy, well-integrated person. What do you think helped that learner to grow strong despite the difficulties she or he faced in life?

It is expected that learners infected with and/or affected by HIV and Aids, poverty and conflict will experience stress. Some learners cope quite well under stress whereas others are overwhelmed by it. It is helpful to identify which factors in the home, school or community affect the wellbeing of a learner. These factors can be termed risk factors and they may include anything from experiencing hunger to the loss of a parent.

Learners under stress

For many learners however, the ability to cope with day-to-day difficulties and challenges become unbearable. This can lead to the development of mental health problems. This means that a learner will be noticeably affected in some aspect of his or her psychosocial wellbeing. Learners might start showing some of the following symptoms:

- difficulties in forming relationships
- loss of hope
- worrying, fear of loss of family, food
- low self esteem
- sadness, guilt, anger, blaming and hurting others
- withdrawal, hyperactivity, aggressiveness
- reckless or irresponsible behaviour, misuse of alcohol
- developmental problems in young children such as feeding and sleeping problems; learning problems in older children and difficulties during adolescence. (from Robertson 2008: presentation.)

A learner might express his needs by behaving 'badly'. This is often an expression of the learner's distress and a call for help. Rather than needing to be punished, this behaviour needs to be decoded and understood.

It is important for educators to observe and notice any negative changes in the learner. If these changes last for long periods of time, the educator will need to encourage the caregiver to seek professional help from either a social worker, psychologist or psychiatrist. It is helpful for the educator and caregiver to remember that the problem is separate in some way from the child. This helps the child to believe that the problem can be fixed.





CASE STUDY

Resilience in difficult circumstances

This is the story of Rose - a girl living in Chongwe, Zambia. Rose lost her mother when she was 9 years old. Her father abandoned her after remarrying - a year after her mother's death. Her older grandmother took the responsibility of bringing her up together with 4 other orphaned children. Despite being very poor and living only in a one-roomed house, Rose's grandmother struggled to ensure that Rose and the other children she took responsibility for went to school. When times were hard, her grandmother used to ask Rose to assist in selling vegetables on the side of the street in order to raise some income for the house. Sometimes for several days they hardly had any food. However with support from the local church, and a group of caregivers, they were once in a while given a bag of mealie meal and other foodstuffs.

At school Rose got a lot of support from her friends and teachers who encouraged her to study hard. After completing grade 12 Rose volunteered to teach at a community school. After teaching for a year, Rose got a place at a secretarial college where she did her secretarial course. On completion of her course, one member of the community helped Rose to find a job in a Government Ministry where she currently works.

Her teachers reflected on what made Rose succeed:

- Rose was open about her situation
- She was focused
- She accepted her situation
- She got a lot of support from the community
- She had a caring grandmother who believed in her education

Sources of resilience

A learner's ability to cope seems to have much to do with their reservoir of resilience. Researchers have defined resilience as the human capacity to face, overcome and be strengthened by or even transformed by the adversities of life and the ability to bounce back after stressful and potentially traumatising events (Mallman, 2002: p 2) The ability to cope with adversity is related to the learner's capacity to:

- understand a painful event (for example, the death of a parent),
- believe that they can cope with a crisis because they know that they have some control over what happens
- give deeper meaning to the event

The development of these three capabilities needs to be encouraged at every opportunity. Learners are influenced as much by their inner resources as by external sources of support. There are some basic factors which promote the development of resilience in children. Most of these have to do with the quality and consistency of the caregiving that the learner receives. It is important to create loving, trusting and respectful relationships with learners. They should be encouraged to share and talk about their feelings. They must be allowed to make mistakes and learn from them. They should be seen as complex and multi-faceted individuals rather than in terms of what they can and cannot do. Learners benefit from growing up in a safe and nurturing space. They thrive on routine and a sense of belonging.

The strength of a learner's inner resources and access to resilience manifests itself in a number of ways. These include:

- The ability to experience and express a wide range of emotions
- The ability to recall many of the significant feelings, thoughts, and experiences in their lives. This gives them the capacity to emotionally recall and hold onto positive memories.
- A sense of belonging. This includes the feeling of being connected to other people in a context of mutual support and care.
- The capacity to take an interest in others.

The circles of support surrounding the learner, also known as external resources, need to be available in a consistent and loving way. Important aspects of external and internal support include:

- a close and secure relationship with a caregiver
- a close relationship with other family members and adults in their lives such as an educator
- access to food, shelter, clothing, education and medical services
- financial stability
- close links to a cultural/religious community
- empathy and concern for others
- a belief system that gives the learner an idea of right or wrong and a sense of faith or affiliation to a set of values or to a religion

- creativity and curiosity - resilient children are open and eager to learn. They are able to use their imaginations and solve problems
- self confidence - resilient children have a sense of humour and like themselves (Mallman. 2002: p3- 5)

The psychosocial impact of HIV and AIDS, poverty and conflict on the school community

The AIDS pandemic exacts an emotional toll on all members of the education sector, including principals, departmental officials, educators, parents and learners. Some will have lost family members, while others might themselves be living with HIV and AIDS and may have to deal with the shame and stigma associated with the disease. There will also be others who are at risk of HIV infection. The impact of HIV and AIDS on the education sector can be summarised as:

- **Stigma and discrimination:** The experience of isolation can lead to high levels of stress, depression and even suicidal thoughts amongst members of the school community.
- **Absenteeism of learners and educators:** Some learners and educators might have to look after a sick person. Some learners might be infected themselves. Their deteriorating health is likely to affect their school attendance and performance.
- **Child-headed households:** School attendance is likely to be a challenge in child-headed households as well as

in those headed by older people. The heads of households may struggle to provide for the children in their care or to enforce school attendance.

- **Large numbers of orphaned and vulnerable children(OVC):** The experience of vulnerability is related to the loss of home, separation from siblings and friends, increased workload, social isolation, the use of money for basic necessities instead of school fees, an increased drop-out rate as learners seek ways of earning an income, increased vulnerability to HIV infection, changes in health and nutritional levels and the trauma that follows the illness or death of a caregiver (Richter. 2006. p12)
- **Multiple roles:** The educator fills various roles apart from his occupation. An educator who is infected goes through similar emotions and socio-economic hardships as other people in society. The educator who is infected or whose immediate family is infected is likely to engage in erratic teaching activities.
- **Invisible burden of care:** Educators have to face the consequences of HIV and AIDS. This is often a role that is unnoticed. Educators are frequently not adequately trained for this role.

There are other obstacles within the education sector apart from the ones created by HIV and AIDS. These include:

- **Quality and access:** Quality and access need to go hand in hand. In some schools there are too many learners in a class and effective learning cannot take place because educators are unable to give individual attention to learners.
- **Inadequate teacher education and resources:** Lack of properly trained staff, lack of teaching and learning materials as well as poor infrastructure can all compromise quality in education.
- **Low morale:** Overburdened educators have limited time and resources to support learners. This leads to low morale.
- **Poverty:** Many potential learners are unable to attend school due to lack of clothes, food and school fees.
- **Community apathy:** In many instances, communities face low levels of infrastructure e.g. water and sanitation, as well as low levels of literacy. Poverty reduces the ability of community members to provide for themselves and their own families. This brings about an atmosphere of despondency in communities and leads to negative coping mechanisms such as excessive alcohol consumption. In addition communities also suffer emotionally from the many losses they experience through the death and illness of other people in the community.

Although these circumstances are extremely demanding, there are many instances where educators are doing their best to meet learners' needs. Here is an example from KwaZulu-Natal, South Africa.



CASE
STUDY

A story from KwaZulu-Natal

At a small school in northern KwaZulu-Natal, the staff and governing body raised funds to build a home for children in difficult circumstances, including those affected by HIV and AIDS. To bolster food supplies for children and their families, the school has a vegetable garden, a fish pond and hens which provide eggs as well as food for the fish. Learners maintain the vegetable garden and look after the chickens. These activities fit into the life skills curriculum. Educators have helped organise a government feeding scheme. They also do clinic referrals where necessary. The school raises funds to extend the school feeding to include weekends and holidays. Staff members use parent/teacher meetings to inform parents and caregivers about the children's home and get them involved. They also inform caregivers how to access social assistance grants from community and governmental organisations.

It should be emphasised that schools have always tried to support vulnerable learners, even before the advent of PSS as we know it. We can learn from the creative things that they have done to provide caring environments for learners.

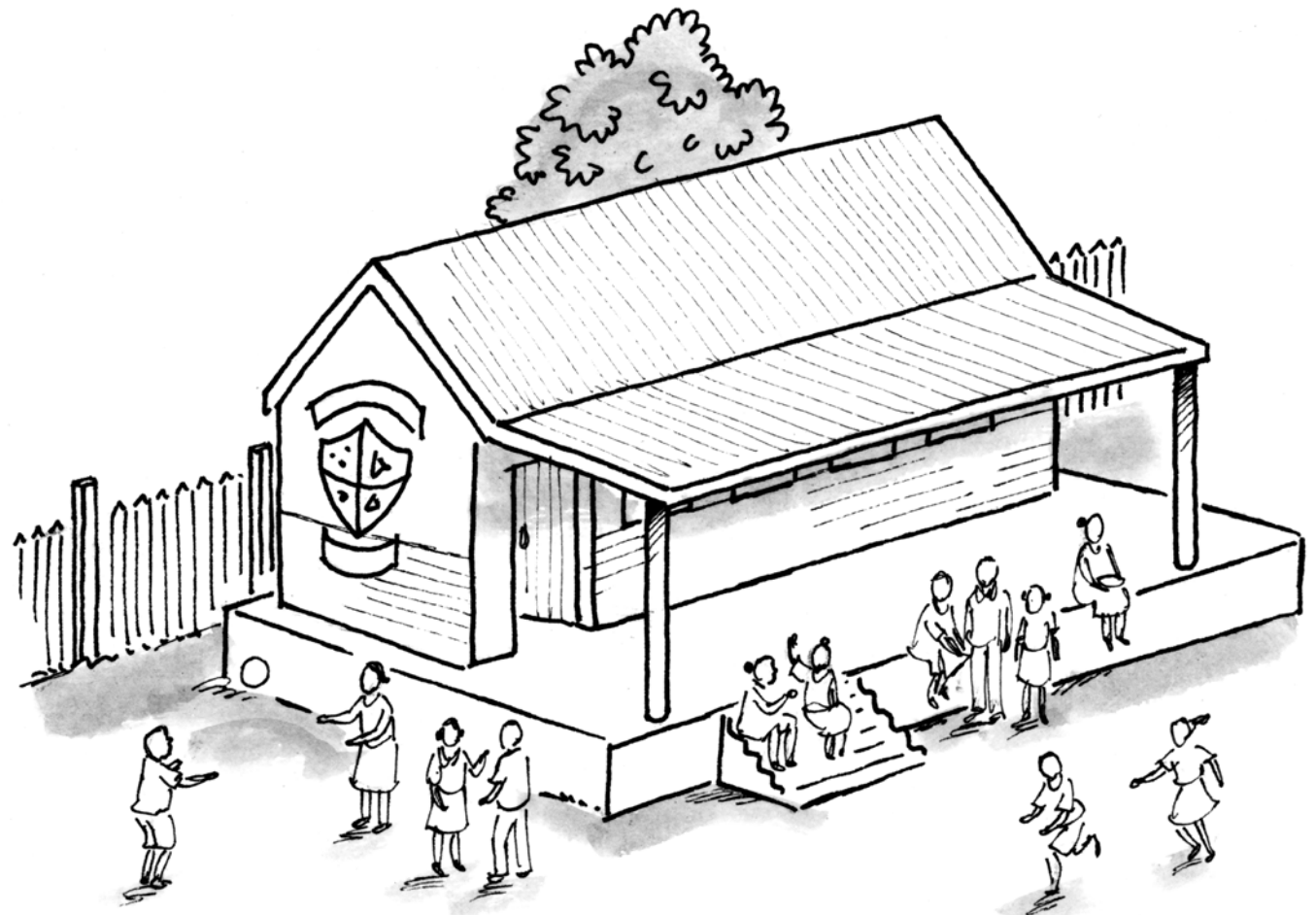
3 Understanding psychosocial care and support within the context of the education sector

Why caring school communities are vital for learners

In some communities, most children are vulnerable. Schools are excellent places to offer prevention, care and support to children. Children spend a great deal of their time at school and educators have access to them five days a week. Schools can be seen as nodes (central points) for accessing extra resources and services. In some instances they are the only infrastructure in a community. (Rudolph. 2008) People at the school are also a resource in themselves. The school staff, school management team, governing bodies, people providing extra support services, learners groups and school-based youth groups all have important functions.

Understanding current terminology within the education sector associated with the mainstreaming of PSS

As a person or organisation interested in mainstreaming psychosocial care and support (PSS), it is helpful to develop a common understanding of the terms used in the field with regard to psychosocial care and support. You might wish to discuss, debate, select and adapt the working definitions and descriptions on pages 16-18.



Terms currently used in the educational sector associated with the process of mainstreaming PSS in schools include:

- ***building a caring school community***
- ***schools as centres of care and support***
- ***child-friendly schools***

It is valuable to know about these different terms and approaches in order to reduce confusion. Understanding them properly can help expand one's vision of the school community. The common thread running through the terms is the total commitment to putting children's needs and interests first through finding practical ways of "strengthening school communities to provide a more caring, supportive and inclusive environment for effective teaching and learning."(MiET. 2007) A brief summary of the concepts are presented below. For further information, please see the list of useful resources at the end of Section 7.

Building a caring school community⁵

The key features of this approach relate to the notion of forming working partnerships between key educational stakeholders and creating a shared vision among them through a participatory approach. This should be based on assessing

the current needs/goals for the school, identifying steps towards meeting these goals and implementing them through a continuous cycle of action and reflection. This approach also highlights the value of individuals who champion the rights of learners and have a positive influence on the life of a school community. A caring school community can start with a single person who does something to improve the lives of learners or educators.

Schools as 'Centres of Care and Support' (SCCS)

The SADC⁶ secretariat, in partnership with Media in Education Trust (MiET) Africa, UNESCO and UNICEF, have developed an approach to addressing the barriers to teaching and learning associated with health and poverty related challenges (MiET. 2008. p3). Its vision is that all education institutions of the 14 member states will be transformed into inclusive centres of learning, care and support in which "every learner, especially the most vulnerable, can learn and will contribute towards the reduction of the barriers preventing the achievement of the Education For All target and Millennium Development Goals"⁷(ibid). Central to this approach is the notion of Schools as Centres of Care and Support (SCCS). Research into this model highlights the need

for strong community participation and the importance of buy-in from education ministries. This model therefore relies primarily on policy development, advocacy of such policies and the development of guidelines to assist in the process of implementation - from the education ministry down to the educational institution, and, ultimately, to the learners, (particularly the orphaned or vulnerable) and their families (MiET. 2008. p 6). The key principles of this model are:

- ***schools as a hub of service delivery for learners***
- ***community participation and multi sectoral collaboration necessary to address the diverse challenges faced by learners***
- ***government ownership necessary for sustainability***

Schools are clustered around education centres, also known as full service schools or nodal schools, in order to promote sharing of resources and mutual support. A widely representative school support team is set up to deliver services to the school community.

MiET has developed a SCCS Tool Kit so as to guide members of school communities through the process of setting themselves up as centres of care and support. The tool kit consists of a handbook with guidelines on how a school can establish itself as a centre of care and support.

5: The concept of "building a caring school community" has been researched extensively by the Children's Institute, University of Cape Town in collaboration with the South African Democratic Teachers' Union and CASNET (Caring Schools Network)

6: SADC refers to the Southern African Development Community

7: The Millennium Project was commissioned 2002 by the United Nations Secretary General to develop a concrete action plan for the world to achieve the Millennium goals to reverse the grinding poverty, hunger and disease affecting billions of people.

It covers topics such as:

- identification of diseases and health issues,
- asking for assistance,
- signs and symptoms of common health problems and issues,
- the outreach work of the institution-based support team,
- conducting parent meetings,
- raising funds for the work of the support team,
- available resources.

What people say about schools that have positioned themselves as 'Centres of Care and Support'



.....

“A parent wrote a letter to thank our school because we bought a uniform for a child who was needy and did not have much interest in going to school but now is always willing to go to school.”

TEACHER

.....

.....

“I get to take vegetables home from the school vegetable garden and I also get clothing and other materials from the school support team. The municipality also gave me women’s toiletries last year and this is something I have not had before.”

LEARNER

.....

.....

“Our learners now get nutritious vegetables from the vegetable gardens we started in the school. They can now concentrate better and this makes our teachers’ primary task easier – they don’t have to worry about a child’s basic needs.”

PRINCIPAL

.....



Child-friendly Schools (CFS)

This framework was developed by UNICEF so that the United Nations Convention on the rights of the Child could be implemented in school management and classroom practice. The convention has been adopted by the South African Department of Education. It comprises six critical and interrelated elements for a school to be considered child friendly.

1. **a rights-based school** demonstrates, promotes and helps monitor the rights and wellbeing of all children regardless of race, sex, socio-economic status, national or ethnic origin, physical or health status, sexual orientation, intellectual capacity, emotional level or linguistic background.
2. **an effective school** is an academically sound school that offers quality education that meets the children's life needs and provides the knowledge and skills they require to make a living. It is well resourced and requires a range of enabling conditions. These include skilled, motivated and well-trained staff supported by good conditions of service, strong leadership and management capability, access to ongoing professional development, understanding

and implementation of the curriculum, a safe and healthy environment and a sound relationship with all stakeholders.

3. **a safe and secure school** protects and cares for the children's physical wellbeing. It creates safe spaces in which girls and boys can learn and puts in place consistent and effective mechanisms to record, report and address issues related to dangerous objects, drugs, alcohol, bullying, discrimination, theft and physical and sexual violence.
4. **a health seeking/promoting school** provides a healthy environment for boys' and girls' emotional, psychological and physical wellbeing, including school-based health and nutrition programmes, life-skills and safe and gender appropriate/sensitive sanitation and water facilities.
5. **a gender sensitive school** promotes gender sensitivity, equality⁸ and equity⁹ It aims to realise the equal right to education for all girls and boys.
6. **a partnership building school** establishes relationships with communities and educators. It also builds partnerships that support the achievement of the school's goals. School/community linkages and partnerships are the "key-building block" to realising the child-friendly school goals. (adapted from UNICEF. 2008)

LEARN MORE ABOUT THESE TOOLS!

Contact your Regional REPSSI Coordinator to ask about specialised PSS training in your area. You can also download training materials and manuals on these tools at www.repssi.org.

8: *Equality* means that people should be treated in the same way.

9: However, treating people the same does not accommodate significant differences which may affect the outcomes of "equal" treatment. *Equity* recognises difference and accommodates it in order to prevent the continuation of unequal practice. It aims to ensure fairness in both process and outcome.

4 Practical steps for mainstreaming psychosocial support in schools

Participatory framework for building caring school communities

Designing a programme to mainstream PSS into a school community can be an exciting consultative process. Such programmes tend to be most effective when different members of the school community are involved – the school management, educators, learners and other members of the school community.

Step One: Establish a common understanding of PSS mainstreaming

As your school or educational support programme considers embarking on the journey of mainstreaming PSS it is helpful to start by developing a common understanding of PSS. This means raising the awareness of the school management and educators about the concept of psychosocial wellbeing. It is best to present this concept in practical ways that are relevant to your school community, rather than using fancy theories. It means opening discussions about the types of psychosocial issues affecting your school. The range of psychosocial issues affecting learners might cover a range of issues such as child

abuse, bullying and teenage pregnancy. Here is an activity that might help your colleagues understand psychosocial care and support on a more practical level.



Activity 4: *Psychosocial issues in our school community*

Think about your learners and school community. What types of family and personal issues do you find interferes with their learning? Consult the learners in your school about the family and personal issues they find interferes with their learning. You can use the ideas in the Hero Book manual (see page 41), or ask learners to each write ideas on pieces of paper which they submit anonymously to the class to read together.

Step Two: Identification of spearheading group

Identify a core group of educators, learners and other community members (including community-based organisations, non-governmental organisations, and churches, etc.) who are particularly interested in spearheading the process of mainstreaming PSS.

It may be helpful to select one or two people in your organisation who are particularly interested and motivated to learn more about PSS. Such a person should be trusted by other colleagues, as he or she may become a resource person for the organisation. He or she may eventually train and mentor others in their PSS focus.



Here are some recommended qualities of a helpful PSS champion¹⁰:

- Passionate about helping learners and caregivers
- Good listening and communication skills
- A leader who can motivate others to get involved
- Strong and courageous
- Understands how to work ethically
- Good at starting a task and seeing it through to the end
- Able to accept feedback from others
- Good at making decisions, problem solving, prioritising and planning
- A person who works from the heart
- Consistent in what they say and do
- A person who perseveres to get things done.
- A person who is trusted by other people and children

REQUESTING PSS TRAINING

Contact your Regional REPSSI Coordinator to ask about specialised PSS training in your area. You can get the contact details of your Coordinator from www.repssi.org.



Activity 5:

Selecting a PSS champion in your organisation

Together with others in your school community, take time out to explore the different interests that people in your organisation have. You may simply ask each person to respond to these questions:

- What aspects of your work do you really enjoy, and which inspire you in your work?
- What special interests do you have that you would love to explore in future in terms of your role in the school?

¹⁰: List adapted from the Soul City Guide Schools as Nodes of Care and Support. See www.soulcity.org.za

Step Three: Assess your school community

Reflect on your school and the extent to which you have incorporated PSS in activities/policies. You can use the quick assessment guide in the next section to assist with this process. But remember to focus on what you are already doing well to support the emotional and social wellbeing of children, not just the gaps. You can refer to Section 6 for a more detailed PSS assessment of your school community.

Step Four: Developing a shared goal and commitment by all stakeholders

This step is about seeking consensus from stakeholders who include teachers, communities, learners and other organisations. Winning the support of your stakeholders is very important because if they reject PSS mainstreaming, the whole exercise will be in vain. Use participatory methods to consult the school management, educators, learners, CBOs and NGOs, churches and relevant government service providers to get ideas on how you can improve the care you provide for children in your school community. The Journey to Our Dreams tool offers a step-by-step vision building process. It could be included at this stage to help stakeholders identify their ideal school and at the same time translating this vision into concrete goals and outcomes which will be implemented over a specific time frame. Refer to section 7 for more detailed information about the Journey to our Dreams tool.

Step Five: Develop your PSS Vision

Work with all stakeholders in the school (including the learners) and the community to develop a vision and mission on PSS. Decide and agree on where in your school you want to start PSS activities. For example you could start with training of educators, or you could start a peer support programme. Make use of the energy of those who are most enthusiastic.

Step Six: Roles and Responsibilities

Assess capacity-building needs as stakeholders will need training in PSS. Formulate and agree on roles and responsibilities for each category of stakeholders. Link with other organisations which may be able to offer training or support to your school.



Activity 6: *Developing your PSS vision for the future*

Together with others in your organisation, write an imaginary newspaper article reporting on the PSS developments that have happened in your organisation, dated 5 years from now. Be creative and make up a name for your newspaper and the journalists writing the articles. Draw pictures as the “photographs” in your article.

Step Seven: Formulating an action plan and budget for PSS mainstreaming

You are now ready to integrate several of the steps already taken. Step seven entails that you develop a plan(s) for mainstreaming PSS. Use the template on this page to assist you in developing your plan.

Step Eight: Implement the Plan

At this stage you should have developed your plan. To assist you in implementing your plan, REPSSI has manuals, tools, DVD/CDs, videos and other materials on different PSS approaches. REPSSI has also trained a number of people as trainers in different approaches. These PSS approaches include memory work, narrative therapy, solution focused approaches, group approaches, play therapy, defence skills for girls, etc. As you begin to implement your plan, you probably will need to do the following:

- Contact REPSSI or other people trained in PSS for technical support.
- Contact/visit REPSSI offices and the website for PSS materials

Step Nine: Monitoring and Evaluation

Putting in place PSS mainstreaming monitoring systems is valuable as it reflects a commitment to learning and quality programming. You may wish to make use of some of the tools provided in this guide for assessing your progress.

Deliverables/ outcomes	Objectives	Activity	Timeline/ period	Responsible person/ institution

5 Guiding principles for mainstreaming psychosocial support into schools



Familiarity with the basic principles of PSS will enable you to apply them to a range of different psychosocial issues. These principles will become the basis for deciding how to deal with certain psychosocial situations.

Guiding principles of psychosocial support

These principles will help guide the process of deepening PSS in your school community.

- **PSS begins at home:** Educators need to be aware of the importance of having loving, kind and caring relationships with their own children. These can then be extended to the learners in the classroom. Such ideas may also be shared with the parents of learners in the school. PSS at home and in the classroom involves the promotion of stability and routine in the learner's life, especially during difficult times. It also involves creating an emotionally safe space for reflection on past experiences, as a way of learning and growing from these experiences. It includes focusing on positive achievements to build a sense of self. Learners need to be given enough time to play and participate in sport, as this contributes to a learner's social, emotional and cognitive development.

- **Learners' rights and responsibilities:** There is need to ensure that all stakeholders have a clear understanding of children's rights and responsibilities. This is especially in relation to children's right to be heard (article 12 of the United Nations Convention on the Rights of the Child (UNCRC)). The concern of some educators and community members that this principle promotes indiscipline in children needs to be sensitively and adequately addressed. Attention also needs to be paid to article 19 of the CRC which is concerned with eliminating violence against children.
- **A clearly defined vision for the school community:** It is vital that one of the goals of the school is to become a centre of care and support. This includes promoting the wellbeing of all the key role players.
- **Respectful Attitudes:** This implies promoting respectful ways of interacting with learners, caregivers, families and communities. Building a sense of dignity is important in developing a caring culture in the school community. It also means that existing cultural, social and spiritual ways of coping need to be drawn on and enhanced.
- **Ownership and collective responsibility:** Each role player needs to have a sense of ownership of the PSS process. This can be attained by working out each stakeholder's role clearly with their participation.
- **Participation of all stakeholders in the school community:** This involves consulting and speaking to learners, caregivers/families, educators and other relevant

stakeholders about what type of support would be appropriate and helpful. It also involves asking them how they could be involved. All these people need to be informed about how a caring school community works; i.e. elements of a caring school community need to be discussed, agreed upon and practised. As stated by Mutunza Primary School, it is important that a positive educational partnership between school and community is developed-based upon mutual respect and the belief that community participation is a shared responsibility that will enhance educational opportunities for pupils.(REPSSI. 2007) Ideally, the process should be owned, driven and sustained by the school community.

- **Government leadership and support:** The government is a key partner in that it is the custodian of national policy. For the mainstreaming of PSS to be a sustainable and continued intervention, it has to be adopted and supported by government policy. Mainstreaming PSS should take place in all government schools and their support is paramount to the success of the programme. (MiET. 2008)
- **Inter-sectoral collaboration:** Effectively addressing the needs of learners in a holistic manner is best achieved by engaging a diversity of skills and resources. If the needs of orphans and vulnerable children (OVC), for example, are to be addressed in a comprehensive and meaningful manner, it is imperative that key stakeholders and service providers are engaged at all appropriate levels. (MiET. 2008)

- **Capacity building:** For PSS to become a way of life in the school community there is a need to build capacity among the various players and this should be an ongoing process so that new members are oriented towards providing as well as receiving PSS. There is thus a need for establishing an in-built mechanism in the school system for achieving this objective. In Zambia, the Ministry of Education piloted a training programme in PSS which included educators and community members but unfortunately left out the learners themselves. Separate training could be provided for learners in accordance with their needs and evolving capacities. Topics in psychosocial life skills such as relationship-building, negotiation, problem identification, problem-solving, decision-making and building resilience would be very useful for learners.
- **Reflection and ongoing evaluation:** This is essential. It should include the participation of all stakeholders and it needs to:
 - draw on existing structures and initiatives
 - assess whether PSS plans are working
 - identify its positive effects and barriers
 - determine what is not working and find ways to correct this
 - plan for the future

Creating a caring and stable environment for learners affected by adversity

Schools are increasingly being seen as one of the most important resources for children affected by different kinds of difficult situations. This is because they provide consistency, stability and give a structure to everyday life. Most importantly, they offer social support through friendship and caring adults. In the context of conflict, poverty, natural disasters and illness, schools become even more important as sites of psychosocial care and support. Here are some ideas on how to make this practical.

Consistency

One thing that helps children cope with difficult situations is consistency. Children feel safer when things stay the same. Of course this can be a challenge when a community or family is affected by things like illness and conflict, but here are some ideas on how to make schools consistent in a way that makes children feel secure:

- Try to keep regular routines and schedules in school, even when times are difficult. For example, have regular rhythms for each day – the starting time, breaks, closing times etc. Some people think when times are difficult we should give children special treatment like longer breaks or afternoons off. However, research shows that children cope better when things stay as normal as possible. Bear in mind, though, that children's concentration is affected by what is going on around them, so deal kindly and gently

with them within a structured and normal routine.

- Create fun special rituals for doing things in school. For example, make up songs, rhymes and patterns for doing things like greeting one another in the morning, tidying the classroom, walking between classrooms or helping in the school garden.
- Allow children to find their own safety objects or consistent patterns. For example the child may have a favourite book or toy. Allow the child to bring this to school. Or the child may have a favourite sitting place or a particular way of doing things in class. These objects and patterns of behaviour can be very comforting for the child.
- Try to keep good friends together as this consistency and social support is very important to children who are going through tough times. For example, if a child has just lost a parent, try to make sure that when the child moves to the next grade, that you keep him or her with good friends.
- Try to downplay any "drama" or "hype" associated with events in the community or school. For example, teachers should try to stay calm and minimise any sensationalising of events. Children's responses depend very much on how they see the adults around them responding. If adults behave in a calm and organised way, children will interpret the event as something manageable and not as frightening.

Supportive relationships

We know that one of the most important ways of helping a child to deal with difficulties and changes in their lives is to be with people whom they know and trust. Children who have even one caring and supportive relationship with another adult or child tend to cope well in life and may even go on to be strengthened by what has happened to them.

- So try to build on the good relationships that a child has with other children, with a specific educator or with family members whom they trust. Receiving some kind words from someone known and trusted by the child can be as powerful as specialised counselling from a professional.
- Ask the child whom she or he trusts in the family and try to build on the relationship with this person. If the child has to be moved or placed with another family member, try to encourage the social workers or people responsible to ensure that the child goes to someone whom they know, like and trust in the family or neighbourhood.
- Encourage children to show special care for those who have been through difficulties. For example, at Humuliza in Tanzania, the child- and youth-led organisations VSI and Rafiko Mdogo make special visits to the children who have lost someone (Madoerin. 2008). They say that very often children are neglected in bereavement rituals and so they encourage children to offer condolences to one another.
- Children who have been through difficult times often say that they want to be treated as normal. So try to balance a caring approach with also treating children as normal.

Time to talk

Children who have been through difficult situations such as the loss of a parent or sibling, abuse, domestic violence, and natural disasters like floods may find it helpful to talk about what has happened to them. They should never be forced or pressurised to talk about what happened, but where possible, safe spaces should be made where children can talk about their experiences with people that they trust. Here are some further ideas:

- Try to make time alone with children and do something that they enjoy with them – it could be coaching a child with some sport, spending time doing art, asking a child to help you carry something or tidy the classroom. Use these opportunities to ask the child how he or she is doing in life.
- Remember not to push the child to talk – rather try to create a safe environment where the child is able to talk if he or she would find this helpful.
- You can tell the child that you are always available if she/he wants to talk to you.
- If the child does talk about something meaningful, try to stay calm and quiet. You may listen quietly and make some comments like “It sounds like that was a very difficult time for you.” Then try to focus on what the child has done well to cope with what has happened, for example saying “I wonder how you were strong enough to cope with that situation. What did you do to help yourself through that time?” Thank the child for opening up and encourage him or her to talk some more when he or she wants to.

- Let children ask questions about what happened, and try to give them honest answers without adding any upsetting detail. You can even say to a child “Many children who have been through something like that have a lot of questions about what happened. If you have any questions that you would like to ask me, you are most welcome.”

The educator as the primary ‘tool’ in the classroom

It is important to remember that even though there is a wide range of effective and practical tools and programmes to use in classrooms, educators themselves remain the most important ‘tool for mainstreaming PSS. Educators create the mood and culture of a class. This is critical in influencing the kind of learning that takes place in the classroom. The degree of respect and empathy shown to learners will determine the degree to which they participate in the different processes and /or activities that occur in the learning environment. In order for educators to effectively address psychosocial issues they need to be skilled in the following areas:

- **Holistic development** - understanding how learners develop can help educators promote a better and more sensitive attitude towards children because it contributes to an appreciation of their needs. Learners living with HIV , for example, need to be seen first and foremost as children. They should not be defined primarily in terms of their illness but by the experiences that are normal at their stage of development.

- **Observation, referral and networking skills** - identifying a learner in distress and knowing what you can do to support him/her; knowledge of community services
- **Creating a safe and supportive environment** - respect and care for learners’ lives; seeing the whole child; finding ways of keeping children in school; helping children cope with loss and change; creating a caring culture within the school
- **Basic counselling skills** - ensure confidentiality; listen non-judgementally; empathise; listen to fearful, angry and confused feelings; communicate understanding; name, acknowledge and normalise feelings; and, most importantly, create a safe and trusting relationship
- **Building self esteem** - build inner strength by helping the learner make choices and express their feelings, wishes, wants, needs, likes, dislikes etc.
- **Group skills** - facilitation of discussion; small group work, encouraging peer support; identifying with one another; creating connectedness through shared experiences

Learners as active participants

The other key resources that are available in schools are the learners themselves. When one takes the time to listen and discuss their problems, learners will often find creative and helpful solutions that are appropriate to their situations. Tools such as hero books (see Section 7) provide structured ways of drawing on the resources and innovative strategies of children and youth. The learners themselves are also vital in providing a supportive and caring environment for other children. One can harness and encourage their empathy and support for one another in order to help address different psychosocial issues. The following example shows how the facilitators of a Hero Book exercise managed to draw on the support of learners for one another.



CASE STUDY

ENCOURAGING LEARNERS TO ACTIVELY SUPPORT ONE ANOTHER

An Action Research Case Study on a Hero Booking Sharing Session at Eikendal Primary School, South Africa, August 2008

Action research means we can observe what we do while we do it, think about this, and change how we might do things. This case study shows how we observed our own practice, got feedback from the participants, and changed the way we now do hero books. The grade 7 learners were lucky to have Druscilla Van Niekerk as their teacher. She already had some experience with hero booking from the previous year.

When we walked into Druscilla's English language class, to observe how the process was going, she told us that the class had gotten as far as activity 8 with their hero books, and that this lesson had been set aside for sharing rather than producing new material. She also told me that in the South African Educational National learning outcomes for language, there is an assessment standard relating to orals, and that this lesson would help her meet these learning outcomes. Druscilla made it clear to the learners that sharing was voluntary and that learners could share only as much as they wanted, and that they could also change or withhold identifying information as they shared.

She then addressed the class, "Now who would like to share, let's focus on activity 3, Who I am and my goal? Several

hands shot up. The first child to share was Mary. She told us that she is 13, that she lives with her mother, that her father had died, and that her sister whom she loves so so much is about to leave home to study at university. She also said that her own goal is to become a teacher. As she told the bit about her sister leaving the home, her eyes filled with tears. Druscilla asked Mary if she would like a hug. Mary gave a big nod and walked over to Druscilla who comforted her.

I noticed that some other children were also tearful. The class clapped and the next child prepared to share. At this point I interrupted the action and asked if we could try something new. I reminded the class that it was completely voluntary to share, but that while each child was sharing, could all the other children take note of what touched and moved them the most, and that they must be prepared to give this feedback to the person who shared. Druscilla rephrased this in a better way and asked them to write down what they felt (in their hearts) and what they thought (in their minds) as the person shared. I added that it was OK to say what the story reminded them of in their own lives. I added that the children who shared were very brave and that I could see that their stories were also causing others to

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have strong feelings. “But if we just clap, the person who shares might be left feeling like they don’t know what others felt and thought about their story and this might leave them feeling uneasy. Maybe you think you are saying nothing if you keep quiet, but to the other person they might think your silence is saying that you don’t care.”

So we began again. The ground rules being:

- 1) All listen to the sharer who shares something from their hero book for a minute.
- 2) All write down on a spare piece of paper what you think and feel and what it reminds you of in your own life.
- 3) Two people volunteer to give one minute of short feedback to the sharer, telling them what you thought and felt while or after they shared.

This worked really well but after some time I noticed that it was still only the most confident children who were giving feedback and sharing. So I said “Ok, I can see there are lots of you who are really listening fantastically well, but you still have not shared what you are thinking and feeling. We want to give you all a chance to do this, so everyone please stand up, pretend you are at a party and socialising. Just move

around and talk to anyone you want to, if you want you can tell them what you are thinking and feeling. Or you can give them some words (or hugs of support with their permission). You needn’t only talk to those who have shared. The listeners have also been doing a fantastic job.” This was really fantastic to observe. I thought the boys would be more restrained in their support and perhaps “punch each other on the shoulder and say, “Cowboys don’t cry kind of thing.” Not at all. Boys as much as girls were hugging each other, smiling gently into each other’s faces, the mood was subdued and respectful, many eyes wet. We then went into a final round of sharing leaving 10 minutes for the sharers to have a chance to say what it was like to share and to get feedback, and for the listeners to say what the experience was like for them. One boy said, “I have been with Peter since we started school together 5 years ago, I never knew he had a sister who died. I only learned this today through his hero book.” Another boy said, “Bongani is my best friend but I never knew he loves animals and wants to be a vet, I liked his story so much, I am proud to be his friend.,” and as he said this he put his arm over Bongani. Then Druscilla asked the group to think about what they liked, didn’t like and what they had learned about themselves and each other in today’s activity. This went really well, with lots of the children volunteering to share, even the quiet ones. Perhaps you will find this case study useful when you do hero booking in a group. Remember, hero booking is not just about getting through the activities. It’s mostly

about sharing and support. Here are the key points for these “reflecting” sessions once again:

- 1) Children are invited (but **not** forced or “told”) to share any part of their hero book or what they wrote in the most recent activity for one minute. Try give all children who want to share a chance to do so.
- 2) All listeners (the rest of the group) listen to the sharer.
- 3) As the listeners listen, they must all write down (not in their own hero books but on a spare piece of paper) key words or notes summarizing what they felt in their heart, what they thought in their minds and what they were reminded of in their own lives as they listened to the sharer
- 4) Some 2-4 children are then asked to volunteer to use their notes to give one minute feedback to the sharer.
- 5) Children are asked to walk around and give each other feedback and support “one-on-one” or in small groups.
- 6) Once everyone is seated again, the sharers get another chance (one minute each) to say what it was like to get feedback and which parts of the feedback they liked or didn’t like and why.
- 7) The facilitator invites and encourages the whole group, especially those children who have not said anything thus far, to say what they liked about the session, what they didn’t like, what they learned about themselves, what they learned about others, and how they might do something differently in and after the next activity.

Supporting caregivers to build on psychosocial wellbeing at home

Psychosocial support is most powerful when it comes from the people that are most important to us. For children, therefore, it is very important that psychosocial wellbeing starts at home. Educators and caregivers need to be aware of the importance of having loving, kind and caring relationship with their own children. They can also encourage caregivers of the learners at their school to follow some of the basic principles of psychosocial support at home.

- **Respect children:** Give children lots of opportunities to express their thoughts, ideas and wishes.
- **Positive reinforcement:** Give children encouragement wherever possible. Harsh criticism of their drawing, writing and counting, for example, is undermining and damages their resilience. If a child has done something right, acknowledge it. If he has done something that you do not like, you need to tell him why you do not like it, so that he understands.
- **Taking part in an activity which the child has chosen.** When you do this, she learns that her wishes are important to you. This will help her feel important and build self esteem.
- **Show through your words and actions that the child is loved.** Verbal and physical expressions of affection reinforce a person's sense of their own value. e.g. hugging and holding



- **Make routine times special, fun and enjoyable.** Bath, bed and mealtimes offer opportunities for spending enjoyable time with the child. Read to the child, tell him stories and tell him about the things he did when he was younger. Talk about the nice things you did together during the day. This ends the day on a positive note.
- **Take time to listen when a child has a problem.** This will make him feel worthwhile and special.
- **Take an interest in the child's activities and hobbies.** Try and attend parent meetings at school, sports events, etc.
- **Make working together on chores in the house fun.** This is especially useful for those caregivers who work all day and have very little time to spend with children. While doing the dishes you could, for example, encourage the child to dry them or play a word game by asking questions like: "Who can spot an item starting with the letter A?" Children enjoy this. Ask them about their day at school while you are busy cooking or cleaning. You can let little children play alongside you while you are busy with chores in which they cannot be involved.
- **Make regular time to have fun together as a family/ household.** There are many things that families can do together. These things unite the family and give children strength and self-confidence. Outdoor activities such as sport and walking are especially healthy and important. Attending social gatherings and religious meetings as a family or household also helps the child feel included and confident. Indoor activities such as games, watching TV

and listening to the radio together also help bind a family. Responses to television or radio programmes can provide an opportunity to discuss crucial issues such as sex, violence, drugs and war, as well as to affirm certain values.

- **Communication:** Talk to children about many different things. This will make it easier to communicate with them when you need to discuss something important with them.
- **Storytelling:** Children love listening to stories. You can make up your own stories. Tell stories about the children themselves. This helps strengthen their sense of identity. You can also use stories to explore themes that are related to their illness such as loss, grief and the importance of closeness. It is good to encourage children to tell their own stories.
- **Reading books:** Books help children learn about themselves and about the world. They learn to think and to ask and answer questions by reading books.
- **Body talk awareness activities:** Looking at themselves in the mirror, for example, may teach them important information about their bodies
- **Singing:** Singing is a powerful way to bring harmony and inspiration into a child's life. It also helps them to locate themselves culturally, a deep source of resilience.
- **Playing:** Playing with other children is one of the most important ways in which children learn emotional, cognitive and social skills. The friendships they develop through play are essential to their sense of self. Caregivers can sometimes direct their play by supplying them

with materials such as water, sand and art materials or encouraging them to make up and present a drama.

- **Laughing:** Laughter and humour are wonderful sources of resilience.

(REPSI.2008. .p21-22)



6 Addressing specific psychosocial issues in schools

This section starts with some examples of how psychosocial issues have been identified in specific school communities and how an increased awareness of psychosocial support principles can lead to helpful action. The section highlights the invaluable role of the educator in addressing and responding to psychosocial issues. It outlines some of the key values that are necessary for creating PSS sensitive 'spaces'¹¹ in the school and provides examples of different ways of addressing specific PSS issues.

Common psychosocial issues affecting schools

There are many psychosocial issues affecting childrens' learning and wellbeing. They include:

- Bullying
- Child abuse
- Child neglect
- Child-headed households
- Conflict in the home
- Domestic violence

- Discrimination and stigma
- Divorce and/or separation of parents
- Experience of loss
- Exposure to frightening experiences
- Gang-related violence
- HIV and AIDS and other chronic illnesses
- Issues facing out-of-school youth
- Sexual harassment and rape
- Poverty
- Relationships between male teachers and female learners
- Substance abuse
- Sexuality
- Sugar daddies
- Teenage pregnancy
- Xenophobia

Obviously all these issues might not apply to your school and/ or there might be other issues in your school community that are not on this list.

REPSSI's hero book process (see Section 7)) suggests one way that the psychosocial issues facing a particular group of young people can be identified and addressed. This method can be adapted for school communities. In activity 14 of the hero book, there is an activity called "common obstacles": the group think, talk about and list some of the obstacles that are standing between them and their goals. The example in the manual includes: neglect, alcoholism, abuse, hunger, drugs and no safe spaces to meet at night.

Each hero book made by each child addresses a single psychosocial obstacle but also goes on to look at how each child has power over these problems (tricks and tactics). These tricks and tactics can then be shared as a group but they may also be shared with other children in other communities facing similar problems.

Apart from the hero book approach, there are many resources available from other schools that have already designed special projects to address PSS issues.

11: The term 'spaces' is used to demonstrate the range of possibilities available to educators and/or other members of the school community. Learning can take place in the classroom during school time but it can also form part of extra-curricular activities facilitated by a community volunteer, non-governmental organisation and/or caregiver for example.

Applying the principles of psychosocial support

After assessing the specific psychosocial issues affecting your school, you may wish to design and/or adapt a programme that is tailored to your curriculum or extra-curricular activities. You might also be able to respond on a one-to-one basis with a particular learner and/or caregiver through strengthening their circles of support. Here are some examples of how an educator may identify psychosocial issues and respond in a concrete and helpful way. This list of psychosocial issues is not comprehensive, but provides a sample of some of the ways in which a school's PSS focus may be enhanced.

Issue	PSS focus	Action
You notice that a learner in your school is sick quite often.	The learner does not seem to be on treatment and you are worried about his or her health.	You visit the learner's family and sensitively raise your observations with the learner's parents. You offer to link them with the clinic for assessment and treatment. Or you link with a home-based care programme in the community and ask them to visit the family.
You notice that learners are teasing a learner whose mother is said to have passed away due to an AIDS-related illness.	You feel that the learners are discriminating against the learner because of the illness that has visited their home.	You design a classroom session on treating each other with respect. You discuss different things that make people feel disrespected and make them feel different from others. You help the children to write Hero Books to build their sense of achievement.
You notice that a learner is bullying other learners.	You suspect that this learner comes from a difficult family situation of domestic violence.	You spend time building a relationship with the learner. You give him special responsibilities in class to make him feel proud. You try to find time to talk to the learners about his situation at home. If necessary you refer the learner to the local social worker to visit the family.
You notice a learner has stopped attending school.	You suspect it is because he has very old shoes and school clothes and the other learners are ridiculing this learner.	You ask the principal of your school if you may donate some of the clothes in the second-hand clothes shop to this learner. You tell a story in class about a boy who was very poor but who overcame this challenge and went on to be well liked by his peers.
You hear that an educator is being rude about learners who do not pay school fees and is humiliating those learners in the classroom.	You are aware that many learners come from poor families and cannot afford to pay their school fees. You also know that the educator is stressed at home and that she is taking out her frustrations on the learners.	You link with a community based organisation (CBO) to assist learners who are unable to apply for school fees to get an exemption. You comment on the positive things that the educator is doing and try to encourage her where possible.

Examples of psychosocial issues and approaches to address these issues

The following section gives ideas about the basic principles to keep in mind when responding to specific situations. It also provides information about resources that are available on specific topics.

Children from families affected by poverty

Many children affected by poverty say that the thing they hate most about being poor is being treated differently. This means that it is helpful to find ways of helping children who are poor without singling them out for special attention. So even as you try to assist children with additional resources, do it in a way that builds their dignity and does not expose them to ridicule.

Here are some ideas from other schools aimed at supporting children who are affected by poverty:

- Getting donations of school uniforms, shoes and stationery from other children, wealthier schools and/or local businesses. Teenagers especially appreciate things like soap, toothpaste, deodorant and hair products to allow them to take good care of themselves.
- Finding employment (like working on school maintenance or gardens) for the parents of children
- Helping parents to access government grants
- Implementing a system of school fee exemptions
- Growing food in gardens in the school and allowing children to take their favourite vegetables home

Children affected by loss

Many children today are coping with multiple losses. These may include loss of caregivers or parents, loss of hope for the future, loss of sense of security and loss of enthusiasm for life. Remember that the way boys and girls or young and older children experience loss may be very different.

It is important to try to reduce the stress factors in children's lives at this time and educators may be sensitive to drops in concentration and school performance. But be careful not to re-victimise the child by dwelling too much on their problems. It is perhaps more important that children are encouraged to engage in normal childhood activities such as play and sports and attending school or joining a kids club, rather than putting pressure on them to talk about the loss and to express pain. At the same time, constructive approaches with elements of life review, hope building, strengthening supportive relationships, memory work (for example, Hero Books and Tree of Life) can help the child make space to deal with loss in a positive way (see Section 7 for more information about these tools). Condolences from the school and particular friends can be very helpful for children coping with loss.

Attending school is vital - it helps children affected by loss to cope with their situation and regain a sense of stability and normality in their lives. Find out why a learner has stopped attending school. This might be due to changes in the home circumstances. A learner might be the head of the household,

there might not be any financial support for school fees or the learner might be caring for a sick parent.

The following rules outlined by Killian et al (2002) are helpful and can be used both with individuals and in a group context.

Golden rules to help children cope with loss

1. Allow them to speak to someone who is calm and able to answer their questions openly and honestly.
2. Maintain routines as much as possible. This gives children a sense of security. This is referred to as "normalisation." It is often more helpful than putting pressure on children to speak about their grief.
3. Tell them who will be taking care of them now or when such a decision will be made and by whom (involve children in this decision making, if at all possible).
4. Reassure them they did not cause the death. They could not have done anything to prevent, or delay, the death.
5. Prepare them ahead of time for an expected loss, if possible.

There are many sensitive and helpful resources to help children deal with the process of grieving:

- REPSSI's "Psychosocial care and support for young children and infants in the time of HIV and AIDS" has a useful section on helping children cope with loss
- REPSSI's "Weaving Hope" is a resource guide for home-based care workers. Unit 4 focuses on supporting grieving children
- REPSSI's "Tree of Life" creates a space in which the children in a group or class can speak about their relationships, hope and fears, and feelings of loss in ways that do not put them under pressure to speak directly about a particular loss or bereavement if they are not yet ready. A bereaved child, for example, who is not ready to talk about the loss might engage in the activity and only speak of connections (past or present) and express hope about the future.
- REPSSI's "Mobilising Child- and Youth-led Organisations" proposes a child-to-child approach in mutual counselling, recognising that children can act as important resources among themselves.

Children who have been through frightening experiences

Experiences like violence, witnessing people fighting, robberies, car accidents and natural disasters like floods usually affect most people very intensely for some time afterwards. Children are also usually deeply affected by such experiences. They

may show regressive behaviour (acting like a younger child), fears and avoidance of certain aspects linked to the event, nightmares, concentration difficulties, guilt and frightening memories about what happened. This is very normal and most children will show strong reactions for some time after such experiences. At the same time, most children will recover naturally in time, especially if they are given consistent care and support. For some time after such events, special attention should be given to the ideas expressed above.

- Ensure consistency and maintain normal familiar routines.
- The support of family and friends is particularly important.
- One may create opportunities for children to talk about what has happened, but they should never be forced or pressurised to talk until they are ready.
- Art and storytelling can be helpful ways of encouraging children to process what happened.
- Allow plenty of time for playing games that might be linked to the traumatic event. This helps children to process and deal with their experiences.
- Where possible try to focus on what the child and others did to cope with the experience and try to introduce positive endings to stories and games about the event. For example you could say something like "I wonder what the people in that situation did to come out of it alive?"
- Hero books are especially helpful in assisting children to develop positive stories about their experiences.
- REPSSI and TPO Uganda have written an anthology of materials that are available to trainers working in schools

affected by conflict and emergency situations. This may be downloaded from www.repssi.org.

Children from homes where there is conflict

Many families living in post-conflict situations or situations of extreme poverty are also affected by domestic violence or conflict in the home. This may be exacerbated by substance abuse. This may be very stressful for children, who may feel frightened and helpless, guilty and responsible about what is happening, angry about the abuse of a parent, sibling or themselves. It is particularly complicated for children if violence comes from someone who is supposed to be protecting and caring for the family. Once again school may become a safe and structured place where children can recover from such experiences. Children may be further assisted by schools through:

- Being linked to social welfare authorities who can properly assess the situation at home
- Being given safe spaces to talk about what is happening at home
- Being assisted to find ways of staying safe if conflict at home escalates.

Families affected by separation

Increasing numbers of families are also undergoing separation and divorce. This has a strong impact on children, many of whom have a natural desire for their parents to stay together. Children whose parents are going through a separation also

speak of feeling socially isolated and again many have a strong desire to be seen as “normal”. The same principles apply where consistency and social support are helpful. If there are changes to be made in the family situation, children should be kept informed. Parents from both sides of the separation should try to build up a positive image of the other parent to the children, even if they are feeling very angry or resentful about that person. A positive image of their parents is very important to a child's sense of wellbeing

Children who have been sexually abused

There are many effective schools-based programmes supporting children who have been sexually abused. If you feel that abuse is an issue in your school, consider linking with an NGO specialising in this field. The CINDI Child Advocacy Project has produced a booklet on Sexual Abuse Free Classrooms – this guide may be downloaded free from www.cindi.org.za.

Most guides about supporting children affected by sexual abuse emphasise similar points about consistency and social support of children affected by abuse. In addition, here are some key points about how to handle situations of abuse or suspected abuse:

- Stay calm and deal with the situation in a calm and comforting way. Do not get dramatic and make sudden decisions or react in an emotional manner. Research shows that much of children's recovery from abuse depends on

how the adults around them handled the situation in the early stages of disclosure.

- Children who have been abused are very sensitive about not being believed. Take care to show the child that you take their story seriously.
- Children who have been sexually abused have often said that they wish someone would simply say to them “I am so sorry that this happened to you.”; Even though the abuse cannot be “undone”, it is very helpful for children to have someone who believes and supports them.
- Talk to the parents of the child on their own. It is best that they are not over-emotional in front of the child. Give them some guidance about how to behave calmly and in a caring way to the child.
- Get legal assistance from a relevant authority. Where possible, involve an NGO that specialises in assisting children and families affected by abuse.
- Try to keep the child's situation at home as normal as possible – for example, rather remove a perpetrator than remove a child from their home or school.
- Give the child a sense of control of the situation by giving them small choices that they can make.
- If you suspect a teacher of abusing children, you have a legal obligation to report these suspicions to the local authorities. It may help you to link with an NGO who can assist you with this matter.



Respecting differences

A common theme that has been highlighted in the above sections is that children have a very strong desire to be seen as “normal”, which in their world means being treated the same as everyone else. This can be challenging. There are many differences between children. They might come from very poor families or from different cultural groups. Some children are physically different from others. Some come from broken families or have lost parents. Some children might be taking regular treatment for illnesses like diabetes, cancer, HIV and AIDS. Children’s sense of their own difference is usually very dependent on how other children and teachers treat them, especially at school. A recent research project on children’s experiences of stigma relating to HIV and AIDS showed that for them what was particularly painful was being called names by other children (see www.cindi.org.za). Schools have a unique opportunity to create an environment that respects differences and creates attitudes of care towards children affected by different challenges. The idea of “different but the same” can be helpful. The same research report showed that children affected by HIV and AIDS who attended schools in which just one teacher established a caring and supportive relationship with them coped well with their situation.

Reducing stigma and discrimination

Here are further tips about creating a respectful environment that accepts children’s differences:

- Spend time in class focusing on what makes people similar
- Focus on respect for the dignity of all people, regardless of their differences
- Speak positively about differences – for example you can talk enthusiastically about the way there is so much diversity in the world
- Use metaphors like animals and plants to talk about diversity and how differences are important in the world and how each creature has a unique role to play in life
- Have specific classroom sessions about name-calling for various differences. Try to make these fun and creative. Try not to single out particular names or types of differences
- Deal gently with children who call each other names. The same research project on stigma towards children affected by HIV and AIDS showed that the children who were the most aggressive about teasing others were themselves experiencing difficulties. Many had also experienced illness at home and they were using the name-calling as a defence to distance themselves from their own painful situation.
- Try to link certain types of challenges to each other. For example, don’t single out HIV and AIDS as a very special illness. When talking about HIV and AIDS, normalise it by relating it to other illnesses like diabetes, cancer, high blood pressure and TB.
- When talking about difficulties affecting children, mention

a whole lot of challenges in the same sentence, rather than singling out a particular type of problem. For example you could say “We are all affected by certain problems in our lives – like coming from a poor family, coming from a family where there is fighting, a family where there is illness ... how do we help each other to be strong if we come from such a situation at home?”

- Have certain school policies for all situations relating to health and hygiene so that teachers do not “choose” whom they think is HIV positive by treating them differently (for example if a child is injured and bleeding). Try to normalise such situations as routine ways of dealing with things, rather than becoming dramatic or overcompensating by explaining what you are doing and why.

You may also discuss different strategies that children can use to defend themselves against discrimination or ridicule:

- For example, one child found it helpful to laugh at himself when children called him a guitar because of the way in which his body shape had been affected by illness. The children soon lost interest in calling the child names because they were not getting a strong reaction from that child.
- Another young lady spoke to the people who were calling her “Miss ARVs” saying “Thank you – you have reminded me to take my medication.”
- Others found that talking to someone else helped when they were feeling upset about being called names.



Children will often find their own solutions to even very painful situations, so remember to ask them about what strategies they think would work for them.

Friendship and social integration

Another point that has been emphasised in this section is that friendships and social support are one of the main things that help children cope with difficult situations. Having just one good friend or caring adult can help a child to cope with many different challenges. This is something that may be a focus in schools through:

- Having specific sessions on friendships
- Encouraging children to reach out to those who do not have a good friend
- Helping children who are new to the school to be socially integrated
- Focusing on the strengths of each child in class so that other children start seeing these strengths
- Organising games and classroom activities that connect children together in a helpful way

Building self-esteem

The points above link very much to the development of the self-esteem of a child. Much of the child's sense of self esteem will depend on:

- Whether or not they have a friend and are part of a social group
- How well they do at different aspects of school

- How much positive feedback and encouragement they receive about their abilities

Schools focusing on PSS can develop an environment where children (and even other educators and the head teacher!) are given a lot of positive feedback about their strengths and abilities. Some schools even have an approach which focuses on different types of intelligence of a child – this means not only rewarding children who are good at science and maths, for example, but giving credit to children who are good at:

- Sports
- Cultural activities
- Art
- Showing care and respect for others (sometimes called “emotional and social intelligence”)

Encouraging cooperation and care amongst children

Schools wanting to mainstream PSS can also focus explicitly on cooperation and care amongst children. This may include:

- Designing classroom activities and projects about care and cooperation
- Facilitating games that promote cooperation rather than competition
- Giving credit to children who show cooperation and care towards one another
- Encouraging projects about giving to others who are in need in the community

Bullying and conflict in schools

Many schools are reporting an increase in bullying and conflict. This is to be expected given the stress that many communities and families are experiencing at home. Learners who are bullied are “typically anxious, insecure, and cautious and suffer from low self-esteem, rarely defending themselves or retaliating when confronted by students who bully them. The experience of being bullied can lead children to feel tense, anxious and afraid. It can affect their concentration in school, and can lead them to avoid school in some cases” (www.safeyouth.org).

At the same time, however; it has been found that children who are most active at bullying others and fighting at school are almost always from families in which there is conflict. This means that we should not “fight fire with fire” by humiliating children who show bullying behaviour. Excessive punishment can make the situation worse. Instead, modern approaches to bullying recommend taking time to build a caring relationship with such children. Once again making space for those children to talk about their experiences at home can be valuable. Initially such children may not handle such a situation well and may want to act aggressively. A patient and unpressurised approach is more helpful than being too direct or intimate with the child or young person. Children involved in bullying often respond well to being given special responsibilities, like being asked to hold up a picture in class. This may be a good way of building a relationship with the child or young person



without being too direct or intimidating. Be careful when you choose to give them responsibilities that the child is sure to be able to do them well. Children involved in bullying often need a lot of support in order to build a sense of their own dignity and may be sensitive to any form of perceived humiliation.

While it is important to build relationships with children who show any form of aggression, the school must also have a specific policy against any form of bullying or violence. You can read more about this idea on www.childlinesa.org.

“Taking the Hassle out of School” is based on the work of the anti-harassment team of Selwyn College, by Dorothea Lewis and Aileen Cheshire. In this model, learners themselves make up an anti-harassment team and act as mediators to facilitate the resolution of student conflict. A culture of respect for diversity and non-violence is built and maintained by students in the following way:

- Learners volunteer to become trained as mediators. Should a conflict (bullying, discrimination or gossip) arise, any student (the affected student or a bystander) has the right to call for mediation as a form of intervention which can help resolve the conflict. Each party takes a friend to the mediating session so that there are equal numbers on “each side”.

In the mediation room, the mediator explains:

- 1) That her role is not to solve the problem or be the judge but to help the parties solve the problem themselves
- 2) That each person will be given equal time to talk
- 3) That they should not talk directly to each other but to the mediator
- 4) That they should not interrupt each other
- 5) That at all times they should speak with respect for each other even if they are upset
- 6) To try and think and act and talk in ways that are solution-focused and avoid blame and accusations
- 7) That they need to sign or contract into this agreement and these rules

For more information see <http://www.dulwichcentre.com.au/intjournal.html>

Ethical considerations when working with children

In developing the PSS focus of your school, try to keep in mind these ethical issues with particular reference to involving and including children in PSS-related activities:

- Be sure that you have the consent of caregivers and relevant authorities before introducing any sensitive PSS topics to learners.
- Refer children for specialised support where needed.
- Confidentiality needs to be maintained unless in a situation where a learner's life may be at risk. In such a situation, you would still negotiate the limits of the confidential relationship.

- Try to prevent exposing learners to suffering. Schools have an ethical responsibility to engage in preventive programmes like child-protection and community safety programmes as well as HIV-prevention initiatives.
- Respect privacy and avoid stigmatising children.
- Set up evaluation and monitoring processes in order to ensure that the resources used by the school are directed to maximise the benefits for children.

Keeping gender in mind

As you are enhancing your PSS focus, it is worth thinking about gender issues. Mainstreaming PSS includes thinking about how men and women, boys and girls are included in all aspects of wellbeing. PSS methods try to encourage members of both sexes to participate fully in all aspects of life. For example, think about:

- Whether boys and girls are treated equally in your school (for example, are they given the same tasks and responsibilities?)
- The types of messages you are communicating to learners and their caregivers about the roles of boys and girls or men and women or what males and females can and cannot do
- Whether girls are given equal opportunities to advance their education in your school
- Whether you have positive male and female role models in your school and whether the learners in your school are given opportunities to develop safe relationships with both men and women



Activity 7: How is gender relevant to your programme?

Together with others in your school, discuss the following questions:

- What is the role of men in our school?
 - What is the role of women in our school?
 - How do men and women relate to the learners in our school?
 - Is there any difference in the way that boys and girls are treated in our school?
 - What messages have we noticed that we communicate about boys and girls?
 - What have we noticed about the gender attitudes of the community members towards our school and the children we support?
-
- Whether men are also given caring roles in relation to learners
 - Whether you consult both male and female caregivers about different aspects of their children's wellbeing

7 Tools, approaches and programmes for mainstreaming psychosocial support into schools

REPSI, along with other non governmental organisations, has developed a range of psychosocial tools and/or interventions which can be used to assist school communities to mainstream PSS. We have included a small selection of these tools to give you a sense of the variety, creativity and flexibility of the tools at your disposal. We hope that these will inspire you to read further and to use the tools that are compatible with and fit with the vision and needs of your school community. You can download free manuals and materials on these tools from www.repssi.org.

I. Journeying towards our dreams (JTOD)

The JTOD is an example of a process that can be used with all the key stakeholders of a school community to assist them in creating their school as a centre of care and support.

Aims of the JTOD manual

This tool has been developed to assist school communities to create a vision for mainstreaming PSS in their schools. A framework is provided through which key players can visualise the ideal school for their children and, in so doing, begin to transform

their schools into centres of care and support. A platform for building a common understanding and engaging people's commitment and participation is established. The process involves a number of different activities which together produce a coherent plan of action and also identify potential obstacles. The process can be facilitated by a few willing members of the school community or even an external NGO facilitator. It is important to remember that both the purpose of the exercise and the method it uses reflect PSS principles. This means that full participation is vital at all stages. This tool is relevant to section 3 which looks specifically at creating an overall approach for mainstreaming PSS in the school community.

Some of the topics in the JTOD manual include:

- discovering our own dreams
- identifying optimal conditions for nurturing the potential in children/learners
- creating an ideal school
- identifying obstacles and problem-solving strategies at all levels from the classroom to the staffroom
- PSS skills for the school community - e.g. communication skills
- creating circles of support

A school community might suggest improvements to the school such as the following:

- scholar patrols so that children can cross the road safely
- arranging a mobile clinic to visit the school
- growing vegetables
- ensuring that all children have birth certificates
- ensuring that all children eat three nutritious meals a day
- making sure that children are never hit at school (Rudolph. 2008. p75)



2. Hero books

What is a Hero Book?

A Hero Book is a document, and a solution-focused¹² process, in which a learner is invited to be the author, illustrator, main character and editor of a book that is designed to give them power over a specific challenge in their life. The Hero Book process can be described as one in which a class of learners is led through a series of drawing exercises and autobiographical story-telling prompts that have been designed to help learners achieve mastery over specific problems or challenges in their lives. At the end of the process (25 exercises), the learner has a hand-bound storybook of their own making that documents, and reinforces their coping strategies and their hero/resilient abilities.

Hero Books and the Curriculum

The Hero Book process has been designed in such a way that it can be integrated into the mainstream school curriculum. There are explicit links with the Life Orientation¹³, Languages and Literacy subject areas. Hero Books can be used to pursue specific academic outcomes as well as to improve the psychosocial wellbeing of learners. Hero Books also offer opportunities for integrating arts-based subjects such

as music, movement and drama. Whilst a carefully thought out structure and purpose underlies the Hero Book process it is not intended to be prescriptive and can be adapted to suit particular curriculum outcomes/objectives. Hero Books can also be used with adults and children outside of school, for example in youth groups and clubs. The optimal way of teaching Hero Books is to use a teaching style which values the learners' participation as this encourages classroom discussion and reflection. Hero Books can be used with a wide age range of learners but it is most appropriate for learners between the ages of 12 and 14.

REPSI and the Department of Education Western Cape, HIV and AIDS Life Skills Programme is also busy developing an educator guide so that educators can do a hero book over one term, pursuing both academic (language and life-orientation learning outcomes) as well as psychosocial goals.

What is the Hero Book process?

The Hero Book process should ideally¹⁴ be implemented over a period of one school term by a Life Orientation educator working with a Language educator. The process is based on the following steps:

- A particular problem is identified and named.
- The problem is then located as something outside of the person rather than identified as an integral part of their identity.
- A 'shining moment' or 'unique outcome' is identified in which the person experienced, however fleetingly, some power over the problem or hope that it might be overcome.
- Some of the things the person can do, or has begun to do, to achieve a measure of control over the problem are identified and examined.

The making of a Hero Book is a process that results in a product. The process involves finding out more about oneself and one's circles of support. It also requires participants to think about the difficulties and goals in their lives. At the end of the process, each learner will have made their own book, celebrating the story of their own lives. The educator needs to emphasise both the importance of going through the process properly and the achievement of the final product.

12: 'Solution-focused' as opposed to 'problem-focused' highlights positive coping strategies that learners identify along the way to making their hero book. It also helps them focus on the solution rather than on the problem.

13: Life Orientation is the term that is used in the South African education system to refer to what was previously known as Guidance. This subject primarily focuses on building life skills and self-esteem in learners as they explore and encounter real life situations.

14: Anything longer than one term could dilute the focus of the Hero Book process. Team teaching is encouraged in the teaching of Hero Books but this is not always feasible. It is vital that the educator who uses the Hero Book process in your school is someone who has a natural empathy and respectful relationship with his/her learners.

Benefits for learners and educators

Below are some of the benefits identified by learners who have undergone the Hero Book experience.

- **a sense of increased confidence:** “I feel stronger inside”.
“I don’t need to go to tell my mother, I can be with myself.”
“Nice to know there is a hero in me”
- **a creative journey to discover a sense of self:** “I write stories, poems and lyrics about my problems now after doing the hero book”
- **a change in academic work and attitude:** “My school work has improved, mainly maths, I can talk about it”
- **an experience of a cathartic effect:** Learners felt better and lighter after sharing and writing down their problems. As one learner said of the effect of sharing a problem: “It was weighing on my mind, I shared it and it does not feel so heavy”
- **the ability to anticipate potential problem situations had improved:** “ I will make sure I am not at home alone when my uncle is there”
- **the experience of giving and receiving peer support:** “I learnt that I am not alone”
- **focus on positive goals and aspirations:** “I liked looking ahead, I can plan things then”, “It inspired me, I don’t have problems” (Rabinowitz. 2009. p 8)

The Hero Book process offers several benefits for the educators. These are:

- improved teaching practice as it uses participatory and learner centred¹⁵ teaching methods
- getting to know learners in a more holistic way
- ways of supporting learners by encouraging self reflection and awareness
- developing and getting access to local networks to support learners and educators

The following case study highlights some of the important aspects of the Hero Books for educators.



CASE STUDY

Druscilla Van Niekerk is a seasoned primary school educator from Kraaifontein in the Western Cape. These are her reflections on the process:

When the manual introduces the basic building blocks, goals, obstacles, problems, seeing the problem clearly, etc., I made them pull out their dictionaries, and we did dictionary work. For the part where they must identify their big goals and the small goal – the reason for making this hero book and how they hope it will help them in the next few weeks, I built

this into life orientation. When they had to retell their hero stories, I used this as a formal assessment for I didn’t push it all the way. Next time I do it, I’ll brief the history teacher to take the same Hero Books my kids are working on and ask him to do the family tree, and I’ll ask the geography teacher to do the community map, and the maths teacher to do the net, where we fold the page in half and half again etc. to come up with 16 squares.

What I liked about the Hero Book process was the fact that kids got to determine their own goals in life. They

looked at their strengths, identified obstacles, and looked at how to deal with them and overcome them. I enjoyed the interaction with my learners on a totally different level and basis and got to know them in a different way.

It has always worried me that so many of these kids come from troubled backgrounds and homes, and this interferes with both learning and teaching. But I’ve never known really how to address it. I see how Hero Books helped these kids and their emotional and behavioural problems to settle down, so we could get on with learning and teaching.

Several helpful resources have been created for educators to assist them in the use of Hero Books. See www.repssi.org

¹⁵: The learner centred paradigm is interactive and focuses not only on what is learned but also on how knowledge is acquired. It also enables the learners and the educators to recognise what knowledge the learner brings to the learning process.

3. Memory Work

Background

Memory work can be defined as creating a “safe space” in which to explore your life story as a form of “self help” or group support. The “safe space” can be a physical space – like a room or the shade under a tree, where people explore and share their life stories just by talking. However, these spaces can also be the space on the pages of a book or on the sides of a box on which you express things about your life by writing or drawing.

Memory work was begun by a group of HIV-positive mothers in Uganda who used memory books and boxes to help them communicate more closely with their children, disclose their positive status to their children, as well as to begin the process of future planning together. However, this is not to say that memory work is only for HIV-positive people or that HIV positive people who make boxes and books should mostly write about their HIV status, or that they should only be used to prepare for death. Many of the people we have worked with have used them to fight for, and celebrate, life. Anyone who wants to work creatively with his or her story can do memory work. One person, a parent and child, a whole family or a group can make a memory box or book. This manual will be useful for anyone who runs groups as part of their work.

Safety points regarding memory work in schools

Within the school community, especially for and with

caregivers living with HIV and AIDS, memory work might be an important form of psychosocial support. However, a key element of the definition of memory work centers around “a safe space” in which to do this work.

With regard to memory work in the school community, these safety points need to be kept in mind:

- Memory work as described in the REPSSI memory work manual, was designed for adults and not children.
- To suddenly introduce memory work in the classroom, for example by asking all children (many of whom might have lost parents or caregivers) to make a memory book or box, might do more harm than good if the child is not ready to express their feelings of grief or loss in a group or classroom situation
- Tools such as the Tree of Life and the Hero Book, involve some aspects of memory work but do not put pressure on children to talk about “loss” or express feelings of “grief.” These tools would therefore be appropriate to use in order to focus on the fullness of children’s lives rather than on the losses that they have experienced.

4. Tree of Life

The Tree of Life sets out to create safe spaces for children affected by HIV and AIDS, poverty or conflict to speak of loss, hope, connection and courage. It is specifically useful as a tool that can deal with loss and bereavement without relying on catharsis and avoids the risk and danger of re-victimising

children, in that it places no pressure on them to speak or deal with loss or trauma. Should they however wish to raise or deal with these issues, Tree of Life provides guidance to the facilitator how these feelings might be dealt with. This guide may be downloaded from www.repssi.org.

5. Kids Clubs

Kids Clubs (KCs) are organised, regular meetings of children in a safe environment with the purpose of creating a space which allows children to receive and give support and develop life skills. Usually the members of the KCs identify the psychosocial issues that they wish to explore together. Then sessions are facilitated on these topics, with plans of action and follow up designed by the KC members themselves.

They are a low-cost intervention which mainly requires human effort and the use of local resources in supporting children. Kids Clubs can be one part of a larger childcare program where the KCs provide an opportunity to ‘check-in’ on the children and identify specific needs. In some areas Kids Clubs have been used as focal points for providing meals and distributing food parcels and other resources. Kids clubs may vary significantly and in many ways depending on their purpose, the organisation initiating them and the community and culture in which they are based.

The manual “Facilitating Care and Support Through Kids Clubs” was published by REPSSI and the Olive Leaf Foundation

and is designed to equip Kids Clubs leaders/youth leaders with knowledge and skills that they will need to start up and run Kids Clubs.

In South Africa, Soul City provide materials for Kids Clubs through their Soul Buddyz campaigns. These materials are available free of charge from www.soulcity.org.

6. The home school partnership programme

Aims of the programme

The aim of this programme is to strengthen the partnership between the school and the home through the recognition of parents/caregivers as the primary teachers of their children. This programme offers practical guidelines in the course of a series of seven sessions which cover the following topics:

- early language and literacy
- how young children learn and how we can support them at home
- basic maths concepts
- fine and gross motor development.
- positive self-esteem and positive discipline

Whilst focusing parents/caregivers' attention on the PSS and learning needs of the child, it also indirectly enhances parents/caregiver self esteem and their ability to support their child. It also creates opportunities for parents to become more involved in their children's schooling, with some going on to be

employed by schools as educator assistants. An additional goal is to build a sense of community among parents and to create a positive, nurturing space for parents to share ideas and ask questions.

Target group

The programme is appropriate for parents/caregivers of children between the ages of 4 and 7. It promotes informal learning and is applicable across languages and cultures. The programme does not aim to impose a set of ideals or an educational framework on parents and communities but rather inspire parents to support their children so that they can fulfil their true learning potential. The principles of such a programme could easily be adapted for learners with different needs in different grades. For more information, see Appendix Three: Useful resources and contact details

7. The early literacy support programme

Aims of the programme:

This programme can be seen as a continuation of the previous programme. It has a specific focus on literacy development, though, and also supports caregivers and/or volunteers in their role of becoming educator assistants. By focusing on the literacy and educational needs of learners, it helps to prevent school failure, one of the main factors that undermine learners' sense of self-esteem.

Target group

This programme is particularly valuable for communities with high poverty levels, scarce resources, low levels of parental education and limited access to good formal education. Most childrens' failure to read and write is attributable to social inequalities rather than intrinsic deficiencies. The programme can be used by preschool educators, learning support/remedial educators and primary school educators. It can also be used outside the classroom by people who have no teacher training. It is suitable, for example, for people who want to work directly with children or for facilitators who would like to set up a team of 'tutors' to work with children. In the school context, an educator could use the programme as a resource for training a team of volunteers to support children who are liable to experience reading difficulties. A librarian could use it to set up a team of library assistants to work with children in the library after school. In the words of a school principal: 'The success of the reading project at our school was quantified through testing ... however, one cannot place a value on the growth of the children with regard to their increased self-confidence, the soaring of their sense of self-worth and self-esteem' .(O Carrol. 2009. p 6)

8. The Extra-Mural Education Project (EMEP): Schools as community hubs

Aims of EMEP

EMEP works with schools in order to transform them into hubs of learning, recreation and support in their communities. The aim is to support teaching and learning by developing school-based extra-mural activities and support services. The motivation behind such an approach is based on the belief that learners need meaningful, child-friendly opportunities to experience wellbeing and success. While the learners are the primary beneficiaries of EMEP's extra-mural development approach, educators, parents, families, and local communities are directly involved as they play key roles in achieving positive outcomes for learners.

Range of programmes:

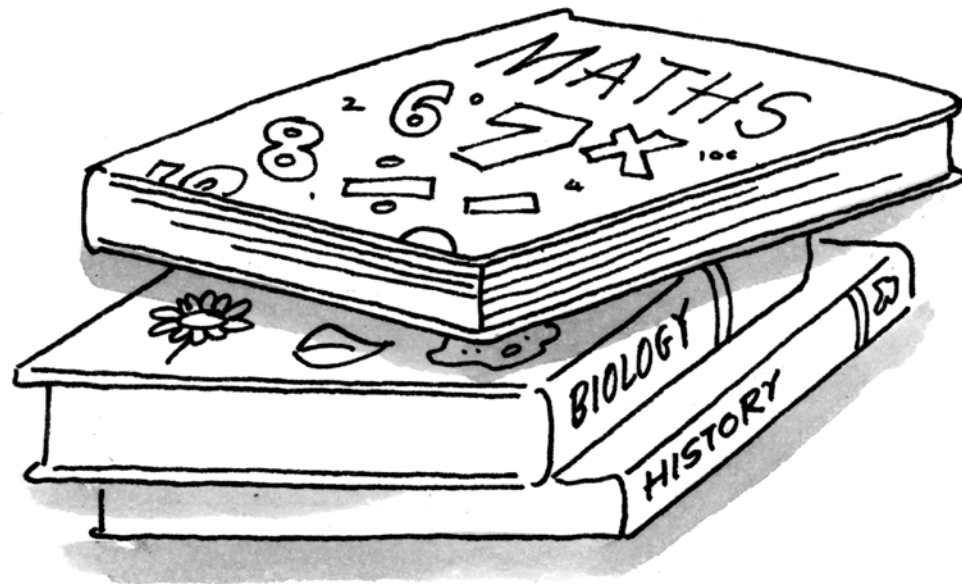
The programmes are inclusive of the school community at large. Examples of specific programmes are:

- Institutional programmes such as: working towards creating high-quality leaders, managers and planners and educators as well as creating an engaging curriculum
- Child and youth programmes such as: leadership training, skills development, career guidance, service learning and extra-mural programming (drama, writing clubs etc.)
- School community programmes such as: adult learning, employment and recreation, family social support and advocacy, and early childhood programmes.

EMEP offers hands on support to schools by offering:

1. Training and support for schools to start up, sustain, and extend well-managed extra-mural programmes for children, youth, parents, and community members that are engaging, varied, creative, well-managed and safe .
2. Ongoing support for the school's continuous, internal organisational, curricular, and community development as a "vibrant" teacher-, child-, and family-friendly institution. Some of the underlying concerns here are:
 - to ensure that teachers' needs are accommodated and supported through a balanced timetable that relieves pressure and workload

- that the school is able to effectively facilitate both internal and external partnerships between their various stakeholder groups
3. Community development and support for local organisations and individuals to deal with their underlying needs in order to use the school successfully as a community resource, and then to work together to do so
 4. Advocacy, support, and, wherever possible, training for government officials (district, provincial, and national) to enable and sustain the above.



Some of the benefits of EMEP's involvement in schools are expressed by educators in terms of the following statements:



“EMEP has taught me how to organise and execute a variety of programmes which at the end develop the child holistically.”



“EMEP opened doors for me to socialise with people from different cultures and personalities in a relaxed mood and atmosphere that I have never experienced before...As a result of the training, I have met new colleagues from nearby schools that I can share information with and ask for help whenever I need...this is an opportunity to share not only EMEP and extra-curricular activities, but also in some cases, personal problems and other challenges.”

LEARN MORE ABOUT THESE TOOLS!

Contact your Regional REPSSI Coordinator to ask about specialised PSS training in your area. You can also download training materials and manuals on these tools at www.repssi.org.

(quotations extracted from Bliss, 2009) For more information on EMEP see the end of this section.



Other useful resources and contact details

1. Balkwill, 2005. *You, Me & HIV*. Cold Spring Harbour Press, US
This book provides scientifically accurate information about HIV and AIDS, the immune system, prevention and treatment and ways of supporting people with HIV/AIDS. It is accompanied by an educator's guide which includes a range of participatory activities to use with children and adolescents.

Contact details: Linzi Rabinowitz at lrab@polka.co.za

2. Boler, T. (2008) Strengthening the role of schools as centres of care and support. Power point presentation
3. Children's Rights Centre. 2007. *My Living Positively* hand-book. Jacana Media. Johannesburg
This resource is a workbook for children living with HIV and AIDS. It addresses a number of topics including HIV transmission, understanding HIV, how to live positively, how to take medicines, talking about HIV, discrimination and adherence

Contact details for Children's Right Centre 031 307-6075, website: www.childrensrightcentre.co.za and email address info@crc-sa.co.za.

4. Catholic Institute of Education(CIE). CIE has produced materials on practical ways of handling conflict in schools, bullying, child abuse and drug abuse amongst others.

For more information see www.cie.org.za

5. EMEP: information about creating schools as community hubs

For more information see www.emep.org.za.

6. Flanagan, W. 2003. *I am HIV- Positive*. Heinemann. Johannesburg
This book tells the story of a young girl who is HIV positive and the challenges she faces and overcomes.

7. HIVAN. 2007. HIV/AIDS, Children's Resource Book Series, No 1. HIVAN

This resource was created by a group of children living with HIV and AIDS. It covers the following topics- diagnosis, disclosure, treatment, adherence and nutrition

Contact details: HIVAN, The Centre for HIV/AIDS

Networking, admin@hivan.org.za.

8. Killian, B.J., Schoeman, R. & Hough, A.2002. Sensitisation Programme for community caregivers to help children affected by HIV/AIDS, poverty and violence. Unpublished manual. UKZN, Pietermaritzburg Campus.
This unpublished manual provides detailed descriptions of specific psychosocial support topics relevant to children

affected by HIV and AIDS.

Contact details: killian@ukzn.ac.za

9. Luboto Library Project Annual report, 2007, Zambia
The Lubuto Library Project is an innovative initiative in partnership with government aimed at creating opportunities for equitable education and poverty reduction through providing model library services. The libraries provide safe havens, literacy skills, and opportunities for educational growth, discovery and joy through reading and enrichment programs for OVC. The project also connects African students with volunteers & peers in other countries.

Contact details: elenicoromvli@iconnect.zm; www.lubuto.org

10. Mallman, S. 2002. *Building Resiliency*. Catholic Aids Action. Namibia.

The book is aimed at caregivers and educators. It supplies information and practical ideas about a wide range of topics including resilience, the impact of HIV and AIDS, children with specific reactions to loss, severe reactions and children's rights. The revised edition of this book is called *Building Resilience in Children Affected by HIV/AIDS*.

Contact details: It can be downloaded from the Family Health International website, www.fhi.org as well as from Catholic Aids Action at www.caa.org.na.

11. Madoerin, K. 2008. *Mobilising children & youth into their Own child- and youth-led organisations*. REPSSI. Johannesburg

This publication explores child- and youth-led organisations from many different angles. What is also perhaps distinctive about the approach outlined in this booklet is the fact that organisation of children into their own child- and youth-led organisations is considered primarily from a psychosocial wellbeing perspective. Child-led associations can develop social awareness and organisational skills in children. They also empower children by giving them a voice in their own affairs and can be especially powerful in advocacy efforts. They are especially important for developing the personal and interpersonal (psychosocial) skills of marginalised children. Examples of these psychosocial or life-skills include trust, communication, conflict-resolution, HIV-prevention and teamwork. Child-led associations also help to protect children from abuse through strength in numbers. While the publication draws heavily on – and focuses on – the experience of a single child- and youth-led organisation in Tanzania (VSI), additional chapters refer to other lessons learned by other child- and youth-led organisations across Southern and Eastern Africa.

Contact details: www.repssi.org

12. MiET (Media In Education Trust) 2009. *Schools as Centres of Care and Support Tool Kit*. It

The tool kit consists of ten stories which describes the members of a school community as they set themselves up as centres of care and support and assist vulnerable children in their community. The tool kit also includes additional resources such as a flannel board and a set of 30 characters to be used with the stories, posters, healthy living curriculum materials for educators and learners and Soul City materials on accessing grants, living positively with HIV and AIDS, and caring for someone with HIV or AIDS. It also includes two additional MIET publications, First Aid First and HIV positive.

Contact details: The tool kit and other useful materials may be downloaded from www.miet.co.za

13. Mwape, G. K, Kafula, H & Musonda V. T. 2006. *Tool kit for Establishing Class & School Councils*. University of Zambia. Lusaka

This toolkit is aimed at school children. It highlights the issues that directly affect them .

Contact details: kasubamwape@gmail.com.

14. Mwantmbe, C. 2008. *Success is a Journey Not a Destination: Sharing with Youth the true meaning of success*. Book World publishers. Lusaka

This book focuses on the life histories of successful Zambians. It highlights the key life skills that are vital for

success and includes exercises and discussion topics. It is aimed at high school learners.

15. Ramsden, N & Vawda, C. 2007. *You and Your Child with HIV - Living Positively*. Children's Right Centre

This book is aimed at caregivers of children living with HIV. It includes medical information related to testing, treatment, living positively and referral contacts. The Children's Rights Centre has other resources specifically addressed to children living with HIV and AIDS.

Contact details for Children's Right Centre 031 307-6075, website - www.childrensrightcentre.co.za and email address info@crc-sa.co.za.

16. REPSSI. 2007. *Psychosocial care and support for young children and infants in the time of HIV and Aids: a resource for programming*. REPSSI. Johannesburg.

Outlines the importance of psychosocial care and support. It also provides specific guidelines for addressing issues at family-, community- and household-level for babies and young children.

This resource can be downloaded from the REPSSI website: www.repssi.org.

17. REPSSI . 2007. *Making a Hero Book*. REPSSI. Johannesburg. This resource uses art, narrative and solution-focused therapies to help the child strengthen his/her resilience and his/her circles of support. The method involves inviting children to make a book in which they are the authors, illustrators and main characters. Through the process of making their books, the children have the chance to find new ways to deal with the challenges in their lives.

This manual can be downloaded from the REPSSI website, www.repssi.org.

18. REPSSI. 2007. *Living with X, A body mapping journey in the time of HIV/AIDS*. REPSSI. Johannesburg.

Uses an arts-based approach to take people on a body-mapping journey, in which stories about oneself and one's life can be explored. It can be used in many different ways. It can be used to help people accept their HIV status, remember things from their lives and to find answers to the problems they face at present or in the future. The manual is aimed at adults but can be adapted for learners at school..

This resource can be downloaded from the REPSSI website, www.repssi.org.

19. REPSSI, Hospaz and NZAid. 2007. *Weaving Hope for Our Children*, HBC as an entry point for enhancing PSS care and support for children affected by HIV and AIDS. REPSSI. Johannesburg.

20. REPSSI. 2008. *Memory Work Manual*. REPSSI. Johannesburg.

This manual explains how to use memory work in order to help people identify and reinforce the empowering parts of the stories that make up their lives. It uses narrative and art-therapy methods to establish a safe emotional space in which to explore stories as a form of self-help or group support. It is meant for caregivers rather than children themselves. Anyone who wants to work creatively with his or her story can do memory work. One person, a parent and child, a whole family or a group can make a memory box or book. This manual will be useful for anyone who runs groups as part of their work.

This resource can be downloaded from the REPSSI website, www.repssi.org.

21. REPSSI. 2007. *Tree of Life*. REPSSI. Johannesburg

This is a psychosocial tool based on Narrative Therapy. It is a tool which uses the image of the tree as a metaphor to invite children to tell stories about their lives. It aims to enable children to feel stronger and more hopeful about their present and future lives. It allows children who have been affected by HIV and AIDS, poverty and conflict to tell, hear and explore stories of loss without feeling trapped by grief.

This resource can be downloaded from the REPSSI website, www.repssi.org.

22. REPSSI. *Kids Club Manual*. 2008. REPSSI. Johannesburg. Kids Clubs (KCs) are organised, regular meetings of children in a safe environment with the purpose of creating an environment which allows children to receive and give support and develop life skills. They are a low-cost intervention which mainly requires human effort and the use of local resources in supporting children. Kids Clubs can be one part of a larger childcare program where the KCs provide an opportunity to 'check-in' on the children and identify specific needs. In some areas Kids Clubs have been used as focal points for providing meals and distributing food parcels and other resources. Kids clubs may vary significantly and in many ways depending on their purpose, the organization initiating them and the community and culture in which they are based.

This resource can be downloaded from the REPSSI website, www.repssi.org.

23. REPSSI. 2008. *Mainstreaming Psychosocial Care and Support within Paediatric HIV and AIDS Treatment*. REPSSI. Johannesburg

This resource deals with the psychosocial issues related to being affected by and infected with HIV and AIDS. It includes 'theory-to-practice' cards on a range of topics such as: dealing with loss, talking about a sensitive topic, disclosure, adherence and how to set up a support group.

This resource can be downloaded from the REPSSI website, www.repssi.org.

24. Rudolph, N et al. 2008. *How to build a caring school community*. Children's Institute, University of Cape Town and the South African Democratic Teacher's Union. This resource offers practical participatory steps towards creating a vision for a caring school. It covers topics such as: children's rights, guidelines for facilitators, and a comprehensive list of useful resources

Contact details. Children's Institute and the Caring Schools Project. Tel.:+27 (021) 689 8343 and visit www.ci.org.za

25. Soul City. 2003, HIV and AIDS affect all children.

Jacana Media. Johannesburg

Soul City offers a wide range of health related booklets including topics such as HIV/AIDS, social grants, health lifestyle issues. Booklets are aimed at young people, parents, health care workers and teachers.

Contact details: 0860115000, website www.soulcity.org.za

26. UNESCO, Section on HIV and AIDS Division for the Coordination of UN Priorities in Education

27. UNICEF. 2008. Implementation Guidelines - Safe and Caring child-friendly Schools in South Africa

This resource provides both a theoretical as well a practical framework for achieving quality education for the achievement of the holistic needs of all learners. It also offers a self assessment tool to assist schools in evaluating itself against 6 key characteristics of a child-friendly school.

In addition, it offers case studies, indicators and outcomes related to Child-friendly schools.

Contact details: UNICEF <http://www.unicef.org/southafrica>

28. UNICEF. 2009. Testimonies on Child Friendly Schools from the field. United Nations Children's Fund, South Africa
This resource documents the progress of some 65 schools in the Eastern Cape Province in South Africa as they work towards transforming themselves into Child Friendly Schools. These case studies present difficult circumstances and challenges. They are inspiring and reveal the different aspects of PSS as well as ways of enhancing the quality of education for all.

29. UNICEF, Ministry of Education & Faweza (2004), Guidelines for Re-entry policy. Printed by UNICEF

30. UNICEF Swaziland (nd). Schools as centres of care and support: UNICEF Annual Report 2006 Swaziland http://www.unicef.org/swaziland/sz_publications_2006annualreport.pdf accessed on 9 June 2009

31. Working group of the UNAIDS Inter-agency Task Team on Education and HIV/AIDS (nd) The Role of Education in the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS

8 Tracking your progress

Organisational assessment

Here is a quick assessment tool to check your progress with PSS mainstreaming. Tick the boxes in the right hand corner of each row to show which level you feel you have reached.

After about six months or one year, it is helpful to re-assess the way you have mainstreamed PSS. This is done to see whether your PSS focus is growing to meet the needs of all children and their families.

PSS mainstreaming is not a once-off activity. Rather, it is an ongoing process where all organisations can improve their PSS focus. PSS is also a rapidly developing sector and one can keep updating oneself on the latest ideas and tools available.

Organisational Focus Area	Limited PSS Focus	Emerging PSS Focus	Innovative & Extensive PSS Focus
1. Linking	We do not do much referral and linking with specialised PSS services or other organisations supporting specific needs of children and families. <input type="checkbox"/>	We refer severe cases for specialised PSS assistance. <input type="checkbox"/>	We meet often with other organisations focusing on PSS and on particular needs of children and families. We invite them to run programmes in our school and we refer children with special needs to them for assistance. <input type="checkbox"/>
2. School Functioning & Policies	The school does not focus much on PSS and there are no guiding policies. <input type="checkbox"/>	We do make use of some PSS principles and refer to these in the design of policies. <input type="checkbox"/>	Our school functions around PSS principles and there are clear policies promoting PSS at all levels. <input type="checkbox"/>
3. Curriculum, teaching methods & tools	Not much use is made of PSS methods and tools in our teaching. Our curriculum does not include a focus on PSS topics. <input type="checkbox"/>	Some PSS methods and tools are used, but these are a bit outdated or used now and then. <input type="checkbox"/>	We use learner-friendly PSS methods and tools. We consult learners and caregivers about their PSS needs and include these topics in our curriculum. <input type="checkbox"/>
4. Skills & knowledge	Very few educators have an understanding of PSS. <input type="checkbox"/>	Some educators have a solid understanding of PSS and guide others in the organisation. <input type="checkbox"/>	All educators have a basic understanding of PSS and there are specialised staff to support others in their PSS work. <input type="checkbox"/>

Assessing different aspects of our school functioning

Using the example of the school that has mainstreamed PSS into all aspects of their functioning, we can ask the following questions to track our progress in more detail.

Focus Area	Questions About PSS Programming	Yes/No/ Sometimes
Educators knowledge & attitudes	Do all the educators in your school have a basic understanding of PSS?	
	Do the educators in your school deal with all learners in a respectful way that builds their dignity?	
	Do the educators in your school deal with all the adult caregivers or parents in a respectful way that builds their dignity?	
	Do educators know what the needs of the learners are and what particular difficulties they may be facing?	
Learners supporting one another	Do you encourage learners to support one another and encourage empathy and care towards one another?	
	Do you have classroom sessions and tools to promote respect and empathy towards one another?	
	Do you have a peer support programme?	
Involvement of caregivers and the school community	Do you regularly consult caregivers about their ideas for the school?	
	Do you give feedback to caregivers about their learner's progress?	
	Do you invite members of the school community to give presentations and be involved in the school?	
PSS support	Do you identify learners whose health and wellbeing are at risk and makes sure that the learners get the care and attention they need?	
	Do you identify learners who are out of school or missing school and link them to a source of help so that they can attend school regularly?	
	Do you refer learners with specialised needs to NGOs, CBOs and government departments who are able to provide expert assistance or material assistance where needed?	
	Do you help families with applying for grants/bursaries?	
	Do you have a school garden and school nutrition programme so that learners can learn to grow their own food as well as to have access to nutritious meals?	
	Do you disseminate information on HIV and AIDS and other important matters such as child-abuse, positive discipline, child-safety, girl-child education etc.?	
	Do you raise funds to assist learners who are in need?	

9 Concluding remarks

Throughout these guidelines, the emphasis has been on creating nurturing and caring schools. This may take place at many different levels including:

- the model of care that the school embraces
- the school policies in relation to psychosocial support
- the focus on educators as primary sources of psychosocial support
- drawing upon the resources of learners and parents to promote psychosocial wellbeing
- facilitating special projects to address specific psychosocial issues
- making use of the rich diversity of tools available to facilitate psychosocial wellbeing.

It is our hope that this guide has demonstrated the importance of psychosocial support and the many different ways in which it can be put into practice. It does not matter in the end which terminology and/or approach you decide to use in your school. Mainstreaming PSS is best understood as a commitment to putting learners' holistic needs first through strengthening and identifying existing resources within the school community at large. The principles of PSS rely on the natural and universal desire to create vibrant, meaningful and healthy learning environments for all of our children. It

also relies on the vitality and creativity of the human spirit to work to transform difficult circumstances against all odds and achieve worthwhile goals and visions. We recognise that mainstreaming PSS is not an easy task. It requires a consistent effort from all stakeholders involved. We hope that these guidelines will assist you in this important and ongoing process and that you will be inspired to learn from others as well as celebrate your own successes along the way.

9 References

1. Bliss, S. 2009. Internal report for EMEP. Cape Town
2. Killian, B.J., Schoeman, R. & Hough, A. (2002). Sensitisation Programme for community caregivers to help children affected by HIV/AIDS, poverty and violence. Unpublished manual. UKZN, Pietermaritzburg Campus. This unpublished manual provides detailed sessions on specific psychosocial support topics relevant to children affected by HIV and AIDS.
3. Mallman, S. 2002. Building resilience among children affected by HIV/AIDS. Catholic Aids Action. Namibia
4. MiET. 2008. Unpublished Internal working documents. MiET. Durban
5. O'Carroll, S. 2009. Early Literacy Intervention Programme for Children. Draft 2 of an unpublished manuscript.
6. Rabinowitz, L. 2009. An evaluation of using hero books to mainstream Psychosocial Care and Support into the National Curricula. REPSSI website
7. REPSSI. 2007. *Psychosocial Care and Support for young children and infants in the time of HIV and AIDS*. REPSSI: Johannesburg
8. REPSSI. 2007. *Psychosocial care and support for young children and infants in the time of HIV and AIDS*. REPSSI: Johannesburg
9. REPSSI and Olive Leaf Foundation. 2008a. *Facilitating Care and Support through Kids Clubs*
10. REPSSI. 2008 b. *Mainstreaming Psychosocial Care and Support within Paediatric HIV and AIDS Treatment*. REPSSI: Johannesburg
11. REPSSI, Hospaz and Nzaid. 2008. Weaving Hope for our Children: Home Based Care as an Entry Point for Psychosocial Care and Support for Children affected by HIV and AIDS.
12. REPSSI. 2008. *Mainstreaming Psychosocial Care and Support within Economic Strengthening Programmes*. REPSSI: Johannesburg
13. Richter, L. 2006. *Where the heart is*. Draft version 3 of the unpublished manuscript. Bernard Van Leer Foundation
14. Robertson. 2008. Children's Well being, Vulnerability and Mental Health in the Context of HIV/AIDS in Low Income Areas. Presentation made to REPSSI Partnership Consultative Development Forum, Benoni
15. UNICEF. 2008. Implementation Guidelines-Safe and Caring Child friendly Schools in South Africa. United Nation Children's Fund. South Africa
16. UNICEF. 2009. Testimonies on Child Friendly Schools from the field. United Nations Children's Fund. South Africa



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