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The educational and psychological support of educators to include learners from child-headed homes in urban classrooms

Abstract

The purpose of this study was to comprehensively capture teachers' classroom experiences and establish what educational and psychological support would help them as they were trying to include learners from child-headed homes in their classrooms and schools. The sample of teachers from two different Gauteng districts included members from the school management and school-based support teams. Data were collected through individual and focus group interviews, in addition to collages made by the teachers, survey questionnaires in which they were respondents, observations of their practice and concomitant field notes. Firstly, the findings indicate that teachers are not always aware that learner's are orphans or head their own households. They do not know how to assist learners in coping with the effects of orphanhood, which include: increased learning difficulties, incomplete schoolwork, failure to participate, school absenteeism, hunger, concentration difficulties, signs of sexual abuse, and accelerated adulthood. The efforts of teachers to create supportive learning environments include; impartial treatment, learning support provision, accessing support services and meeting their learners' basic needs for food, clothing, love, belonging, reassurance, motivation and encouragement.

Keywords: child-headed families, educators, educational and psychological support

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Introduction and background

The phenomenon of child headed families has gained ever-increasing attention, due to the escalating number of children orphaned as a result of the HIV/AIDS pandemic (Meier, 2003, p. 75; UNAIDS, 2002, July). Learners from child-headed homes (hence referred to as LCHH) are more likely to be in the majority of South African classrooms in future. While these learners are known to have attributes that enable them to achieve (Shilubana & Kok, 2004), along with various coping strategies (Ebersohn & Eloff, 2002; Kinghorn & Kelly, 2005), one cannot deny that they face countless risks and challenges as orphans (Ebersohn & Eloff, 2003; Sloth-Nielsen, 2002), and as a result are prone to numerous barriers to learning (Evans, 2002) impacting on their ability to benefit from education (Bennell, 2005; Nesengani, 2006; Simikins, 2002).

Currently considered notions within educational psychology research prize educators as the most likely "forms of adult support," part of "community-based orphan support" networks for LCHH (Foster, 2000, p. 61; Shilubana & Kok, 2004, p. 105; Leatham, 2005, p. 95), and hail schools as well-positioned social mechanisms with the most potential to respond to the needs of LCHH (De Jong, 2000; Engelbrecht, 2001; Nastasi, 2000; Sheridan & Gutkin, 2000). While these ideas are noble, especially when viewed within the context of developing health-promoting schools to further the philosophical ideals of inclusive education, we believe that it cannot be assumed that schools and educators will be able to respond to these expectations. The reason for this is that this can create an insurmountable burden of care, and when viewed alongside the existing challenges within the teaching profession, we argue that schools and educators, more especially, will need appropriate forms of support to meet these expectations.

As educators are on the front line battling this social concern, the focus of this study is on highlighting the support that they may require when working with LCHH, so that the Department of Education, district and school-based support teams, as well as potential support service providers, such as school counsellors, educational psychologists and social workers can respond appropriately.

Theoretical perspectives of the study

In order to explore ideas that educators could be additionally affected by the unique challenges, which learners from child-headed homes face, and that educators could, for this reason, be unprepared for the distinctive teaching scenarios that confront them, and may thus need support, the researchers chose to work within a constructivist/ interpretivist framework (joint term used in Henning, Van Rensburg & Smit, 2004, p. 19). By placing educators at the centre of Bronfenbrenner's Bio-Ecological-Systems model (Landsberg, 2005, p. 10) a more holistic and systematic view of the behaviour of educators were obtained. In this way insights into educators and their development from an intra-personal level were gained, whilst simultaneously illustrating the interdependent and interacting systems and contextual settings within which they develop and function. In adopting this broader conceptualisation framework, one

is able to give consideration as to how current educational psychology thinking about inclusive education (Engelbrecht, Green, Naicker & Engelbrecht, 2001; Eloff & Ebersohn, 2003; Engelbrecht, Swart & Eloff, n.d.), whole school development (Donald, Lazarus & Lolwana, 2002; Le Mottee & Keet, 2003) and health promotion in schools (St. Leger & Nutbeam in Rowling & Rissel, 2000; Waggie, Gordon & Brijilal, 2004) can be utilised in endeavouring to understand the needs of educators working with LCHH.

By paying close attention to the role of contextual variables the following factors informed our findings; the nature of the current educational climate in South Africa, work and psychological stress, as well as the additional challenges that accompany educators working with LCHH.

Research methodology

Research design

A generic qualitative research design was selected, because it allowed for an emergent, flexible, holistic and contextualised format to describe, interpret and understand the perspectives and worldviews of the educators involved (Merriam, 1998, p. 6-9). We explored the educational challenges as experienced by them within the context of their communities, schools, classrooms and homes.

Sampling

Participants whose profiles matched the following purposeful sampling characteristics were selected from two different urban primary schools within the region of the Gauteng Department of Education:

- Male and female educators, as well as principals and staff members serving on the school governing body and school-based support teams;

- Educators within the Foundation, Intermediate and Senior Phases;

- Educators from urban township primary schools; and

- Educators who had learners that came from child-headed homes in their classrooms and schools.

Data collection

Five different methods of data collection were utilised in this study, namely semi-structured questionnaires, incomplete sentences, individual and focus-group interviews, and collages.

Originally, data was collected from one primary school within the D9 district of Alexandra, via an individual interview with the school's principal, and two focus-group interviews with a total of 17 educators. As part of the focus-group interview format, educators were asked to respond to four open-ended questions, and to represent their

experiences visually by means of collages, which were then explained to the group, while being video and audio recorded. In addition, these very educators completed semi-structured questionnaires, as well as incomplete sentences. To ensure that a point of information saturation was obtained, 200 semi-structured questionnaires were distributed to 10 different primary schools within the D11 district of Soweto, of which only one school returned 16 completed questionnaires. This low return appeared to be related to respondent apathy and would have had an impact on reliability and the extent of data which could have been collected.

The following research questions were asked during the interviews, as well as in the questionnaires:

•   Are you aware of any learners in your classroom who come from child-headed homes? If yes, please explain.

•   What has been your experience with such learners in your classroom?

•   What strategies did you use to include these learners in your classroom, with regards to the experiences you pointed out in Question 2?

•   What support do you think you need as an educator to better equip you to include and accommodate these learners in your classroom?

Observation was an important part of the data collection process. Educators were observed during the interviews at their school, and field notes pertaining to the surrounding environment, observable emotions, as well as the comments and expressions of participants, were recorded. The researchers noted their personal reactions to participants, and the unfolding research process, while attempting to restrain biases that could potentially have tainted the findings.

Data analysis

As highlighted by Merriam (1998, p. 151) data collection and analysis occurs as a simultaneous and recursive process from the onset of the study. Using the "constant comparative method" of data analysis (Merriam, 1998, p. 159) information within each of the above methods of data collection used were constantly compared, analysed and coded to identify themes, categories and sub-categories. Practically, this process began when the individual and focus-group transcripts were recorded, read and reflected on along with the collages, questionnaires and incomplete sentences, field notes, comments, observations and queries. Important passages, phrases and words, were highlighted. Ideas were written down and patterns of behaviour were noted, so as to explore relationships between variables and the various participants.

Trustworthiness

Trustworthiness was achieved through the accurate recording and portraying of the said experiences, of those educators involved in the study. Multiple methods of data collection, as well as, the use of multiple sources of data, along with detailed explanations

of the research process, allowed for triangulation, tolerated replication and facilitated transferability. By detailing the researchers' academic status, and subsequent position, in terms of, applicable theory and assumptions, in addition to, a documented trail of data collection and analysis, credibility and reliability were ensured.

Ethical measures

General permission to conduct the study within the confines of its districts was obtained from the Gauteng Department of Education. All participating educators signed consent forms for the individual and focus-group interviews conducted, as well as, for those research questionnaires and incomplete sentences that were distributed and returned. Participants were informed at the onset that their participation was voluntary, and that they could withdraw from the study at any point without consequence. In order to protect privacy and identity, the use of names was avoided in any transcriptions.

Discussion of findings

Findings indicate that educators are not always aware of the orphan status of learners in their schools and classrooms. In addition to coping with the effects of orphanhood, LCHH appear to present characteristic barriers to learning and overall development – physical, cognitive, emotional, social and moral aspects. Educators use inclusive strategies and make an effort to create supportive learning environments. However, educators report negative psychological experiences in working with LCHH. Consequently, the need for the educational and psychological support of educators that we identified stemmed from capacity building through contextualised in-service training programmes. The need for financial incentives and motivation along with improved resources, and a show of governmental involvement, was expressed. A desire for accessing multidisciplinary and community support services was realised, while issues pertaining to self-care were emphasised.

Awareness of LCHH

Participants embraced Bennell's (2005, p. 468) boarder definition, and concept-ualisation of children affected by HIV/AIDS. They understood the term LCHH to include; children whose parents or legal guardians had died of HIV/AIDS, those children who had sick family members, and, those children who headed their own households because their parents were migrant labourers. Unfortunately, participants admitted that they were not always formally aware of the orphan status of learners in their classrooms and schools, despite the National Departments (DOE) registry and learner profile requirements. Research indicated that LCHH are not always officially accounted for. Some LCHH remained unidentified until accidental disclosures occurred, or educators investigated why parents failed to attend meetings. Existing research concurs suggesting that formal disclosure is hampered by poorly maintained school records (Bennell, 2005, p. 468), the failure of LCHH to report the death of their

parents to principals and educators (Leatham, 2005, p. 96), the fear of AIDS-related stigmatisation, teasing and labelling (Cohen, Epstein & Amon, 2005, p. 22), fearing the increased demand for child labour, including caring for sick relatives and an inability to pay school fees (Ebersohn & Eloff, 2002, p. 79). This research suggests that educators may not always understand the contexts of their learners and that poor behaviour, or underperformance, at school could arguably be linked to these unfortunate circumstances.

Teaching experiences

By nature, this study highlighted the "circular causality" of a number of internal and external systemic factors impacting on learning and development, and thus affecting the attainment of inclusive education in turn (Landsberg, Kruger & Nel, 2005, p. 17). When examining educators' experiences within the urban classroom, it became evident that working with LCHH typically posed a number of barriers to learning and development, and that because of working with LCHH educators reportedly felt psychologically distressed.

Characteristic barriers to learning and development

As educators related their experiences of working with LCHH, it was not unusual to hear that LCHH seemed to experience distinctive barriers to learning and development when coping with orphanhood. In an individual interview, one respondent indicated that LCHH appeared to "experience learning problems". They presented incomplete work, because they "usually do not complete their school tasks" and "do not take part in lessons because they can't cope," and tend to "stay absent from school." In the focus-group interviews, other factors reported were that LCHH "come to school hungry," "lose concentration easily in class," "look tired," and "go to sleep in the classroom." Appearing neglected, LCHH are said to be "coming to school […] not clean […] with any uniform." LCHH reportedly experience behavioural difficulties, becoming withdrawn, or even acting out. They exhibited a "… general change in social behaviour […] leading to some being bullies or [being] rude." While some participants mentioned that LCHH show signs of sexual abuse when they: "… talk inappropriately […] pull his trousers down […] looking underneath the girls," others expressed that they felt that LCHH were being forced into an accelerated form of adulthood, as "they have experienced being an adult at an early age and to become responsible for upbringing of other siblings, which is a tough job to do for a young age." These characteristics correspond with other studies. In highlighting the demise of the safety net of orphan care by extended family members, Foster (2000) emphasised how LCHH are in general vulnerable to HIV infection, as well as social, economic and psychological morbidity. Bennell (2005, p. 482) and Cohen *et al*. (2005, p. 11), extend this concept by drawing attention to the fact that learners affected by HIV/AIDS in their study endured the following behavioural difficulties (which includes crying in class, being withdrawn or disruptive/aggressive), affecting relationships with teachers and other learners; limited concentration, being poorly dressed and nourished, having difficulty

completing homework assignments, showing signs of physical or sexual abuse, and experiencing general isolation at school and in the community, at large.

A negative psychological affect

Moreover when educators were probed as to how their working experiences of LCHH affected them, it became increasingly obvious that their responses were characterised by a negative psychological state. It was observed that for some educators, the informal and often accidental disclosure of a learner's orphan status caused psychological distress. One focus-group respondent stated that "… its very painful […] because, I thought maybe that the child was just doing it for fun, maybe to disturb me or anyhow, but I found it was the opposite." Giving consideration to the misfortune of LCHH caused a participant to feel sorrow, as well as, experience a sense of being emotionally drained: "It's not easy […] when you know the background; you tend to feel sorry …" and

> "… the problem with me, my personality is that I am more empathetic. I want to get into a situation and feel the situation and all that, and it ends up draining me […] you realise that hey, you know it's too much for me now."

Since participants viewed themselves as being limited by their inexperience in working with LCHH they reported feelings of helplessness: "It's not easy you don't know what to do!" as well as frustration: "Most teachers are frustrated by the changes they face," and even shame as they felt they "… cannot help learners who are orphans."

One could argue that in coping with the effects of HIV/AIDS both the reactions of LCHH and their educators, when viewed from a systemic view of development and behaviour, provide insights into internal and external barriers to learning and development. These barriers are therefore related to demographic, health, family life, welfare, educational, psychological and orphanhood effects of HIV/AIDS (as categorised by Ebersohn & Eloff, 2004, p. 78). By giving consideration to these questions, namely (1) where does learning breakdown occur in the system, and (2) which systemic aspects need to be supported, it is argued that educators could benefit from appropriate psychological and educational support when working with LCHH.

Educators' inclusive strategies

In this study, it was found that educators are conscious of how they will treat LCHH and that they purposefully attempt to support and accommodate LCHH in their classrooms. Interestingly, most educators were inclined to mention that they were unsure of whether their efforts amounted to inclusive strategies; this is illustrated by the following comment: "Ah, I wouldn't say much of strategies because I don't know whether I have any or not …"

The findings indicated that educators were conscious of their treatment of LCHH in their classrooms. While some educators felt compelled to treat LCHH the same as other learners, so that "… they don't feel like they are not like other children

…" other educators choose not to acknowledge their orphan status: "I try to treat them as if they have parents or as if the whole class doesn't have parents." While Leatham (2005, p. 96) makes the point that when LCHH are not set apart from their peer group, educators create an atmosphere of acceptance, which is a fundamental philosophical principle of inclusion. We argue that in this instance there is the danger of discrimination against LCHH, if educators fail to acknowledge the unique contextual needs of LCHH, and insist on treating them as they do other learners.

The study found that educators were providing learning support to LCHH in their classrooms. They made the effort to create opportunities for the increased participation of LCHH. They wanted to keep LCHH involved in school activities so that "… their minds are occupied by good things …" They made the effort to connect and communicate with learners on a personal level: "… just to show the child that you are interested in them […] its just to create a closer relationship …" as well as explore acting-out behaviours, and track progress: "I see that there is a problem, then I call them aside and then ask if there's something that I can help with." Educators even tailored lesson preparations for LCHH to emphasise the importance of giving individualised attention and allowing for extra time during and after lessons to complete tasks, so that the: "… work is prepared in such a way that it will be fun to do, and be done at a time that will be suitable for them."

This study highlighted the fact that educators took on additional responsibilities to intervene and gain access to support services on behalf of LCHH, because of a lack of enabling legislation empowering LCHH with the legal authority to do so themselves. In this study, it was found that educators made referrals to other healthcare professionals, and collaborated with NGOs for the purposes of securing welfare home visits, grants and regular food parcels. Some even intervened by personally applying for the paperwork required to access social support, as most LCHH "… don't have birth certificates …"

Furthermore, the study showed that educators are meeting the basic needs of LCHH over and above their scholarly needs. Using Maslow's hierarchy of needs (Maslow, 1970, p. 1-50), as cited in Landsberg *et al.* (2005, p. 33), one can conceptualise the extent to which LCHH are deprived of the most basic of needs, and consider the extent to which educators met these needs. On the most fundamental level of physical need fulfilment, educators responded by "giving them food," "helping them with the school uniform," making "donations of old clothes and shoes," "sponsoring" school fees, and including LCHH in "a feeding scheme project." In attempting to show LCHH emotional support, and give them a sense of belonging, educators meet their emotional and social needs. In this regard they spoke about taking on the role of a parent: "… making LCHH aware that I'm their mother here at school together with other teachers …" while emphasising that educators

> "… need to nurture these orphans […] to give them love […] go the extra mile […] give them warmth […] welcome them and show them unconditional love."

By providing them with an opportunity to form a meaningful relationship with another person, educators prevent the isolation of LCHH and set the stage for forging relationships that are more intimate with other people. By providing reassurance, motivation and encouragement, educators also meet needs related to self-esteem, and serve to activate the potential for self-actualisation:

> "… I like to encourage them by telling them that every child is a winner, whether an orphan or not […] tell them everybody has the ability to do whatever he or she will choose to do in life …"

Educators are, in fact, addressing the needs of the whole person and furthering the development of LCHH. Firstly, they are meeting needs for food, clothing, love and a sense of belonging, as well as providing LCHH with reassurance, motivation and encouragement. This shows that educators are employing the most basic of inclusive education strategies by addressing these fundamental barriers to learning and development. Secondly, at the same time, educators are functioning as socialisation agents, by guiding learners in moral expectations as well as appropriate and acceptable behaviours of society and culture.

Furthermore, participating educators, appear to be fulfilling a large number of the necessary commitments that have been highlighted in existing research as being central to supporting children affected by HIV/AIDS. Cohen, Epstein & Amon (2005) for example, advocated for the training in issues of bereavement, as well as keeping schools open at night, in addition to sensitising educators to the needs of children affected by HIV/AIDS. Bennell (2005, p. 486) identifies six priority areas for school-based support, namely the identification of learners who are affected by HIV/AIDS, referral and monitoring, school feeding, the training of teachers and the appointment of professionally trained guidance and counselling staff to provide pastoral care and counselling, providing financial assistance with fees and other school-related expenses, and encouraging the involvement of guardians, carers and community support.

Support needed by educators

When viewed from a system's change perspective, the organisational and professional development aspects that educators want to have addressed in this study could result in relevant and meaningful educational change in the context of teaching LCHH, within a whole school development approach.

The research indicated, overall, that educators felt departmental support is lacking: "The DOE is not doing well to support educators" and should be localised "We need more support from the district level." Educators also made it clear that there is a need for capacity building through training, financial incentives, improved resources, and more governmental support. The researchers, note that while educators have their own unique needs, which have to be met in order to work productively and ensure their own psychological well-being, some of their educational and psychological support needs appear to be extrapolated from the same needs that their LCHH have.

Capacity building through training

Participant educators in this study unanimously experienced a need for further professional development and were eager for training: "I am eager to undergo any training that could help me." Many reasoned that they were not adequately equipped or competent to work with LCHH:

> "I do think I need support in the sense that I was trained as a teacher, that's really the classroom situation [...] beyond the classroom you find that you are not adequately prepared, you are not equipped for any other thing [...] you find yourself having to play the role of a social worker [...] a counsellor and even a nurse."

Customised and in-service training opportunities were called for: "I think we need to be given more workshops and training on how to deal with these types of learners." Training content suggestions focused largely on the identification and support of LCHH, as well as teaching basic counselling skills to maximise communication opportunities between LCHH and educators. In fact, literature highlights the training of educators to provide pastoral care to all learners who are in need, as a priority area for developing school-based support systems for learners affected by HIV/AIDS (Bennell, 2005, p. 486; Cohen *et al.*, 2005, p. 54). Participants acknowledged that they could also benefit from self-care training to manage the general demands made on educators, as well as from those specific to working with LCHH: "... we also need to be trained on how to manage stress."

One could argue that educators in this inquiry experience a need to develop themselves, as part of a school-based support system for LCHH. Furthermore, findings concur with existing literature, which highlights "capacity building," through staff training and development as central to the development of the whole school, as a learning environment, in addition to, the principle of building health-promoting schools alongside the implementation of inclusive education (Engelbrecht *et al.*, 2001, p. 58-62). The employment of full-time guidance and counselling staff at schools to offer short-term counselling to individuals and groups, as well as offering support, and making referrals to outside resources for all those infected, affected and at risk of HIV/AIDS is advocated by McFarland (1999, p. 8) in this regard.

Financial incentives and motivation

Participants in the inquiry spoke of the need for financial incentives, suggesting that various forms of monetary gain would go a long way, in terms of general job satisfaction, as well as motivating educators to work with LCHH:

> "... the Department can do something to motivate us as educators [...] like I've said before [...] waking up everyday and coming here, facing those learners, you know its not healthy [...] but if the Department can just try and motivate us [...] on our salary [...] so that we can be able to have energy and the strength to wake up and face those learners [...] we will be working with power."

The desire for monetary gain was also linked to the opinion that educators are underpaid in South Africa: "I don't get enough money from my employer," and that

salaries fail to meet cost of living expenses comfortably: "We also need support (financial) because you find that you are suffering at home …" Furthermore, participating educators believe that they should receive remuneration for the increased demands placed on them:

> "We do need money […] you know we don't have no medical […] we are underpaid and we are the most hard working people, we are the social workers, nurses, teachers […] all of these positions and we are the lowest paid!"

Moreover, meagre pay was attributed to the low status of the teaching profession: "I am ashamed that I am an educator," and an accompanying low morale:

> "I feel like giving up when the Department piles us educators with work, but the salary is as low as a flat tyre."

In the light of the aims of this inquiry, the mention of salary increases cannot be ignored when one considers how the role of the educator has been reconceptualised to meet contextual challenges and demands, as outlined in the National Education Policy Act, 1996, Norms and Standards for Educators (*Government Gazette*, 2000 as quoted in Louw, Edwards & Orr, 2001, p. 5). Furthermore, existing literature has attributed low educator morale to systemic factors; inadequate salary packages, high educator-learner ratios, learner ill-discipline, poorly resourced schools, administration and paperwork overload, the manner of OBE implementation, continuous educational policy changes, the leadership and management styles of the DOE, the quality of in-service training, and the professional image of teaching in wider society, are some of these factors (Hayward, 2002, p. 72). In the light of these challenges, it is no wonder an educator in this inquiry expressed the following sentiment: "We need the government to know that educators are the pillars of strength in SA and deserve to be paid."

Improved resources

In this study educators felt that their ability to include LCHH was limited, due to poor resources, "… you don't have resources to help these kids." Thus concurring with existing literature by Bennell (2005, p. 484) and Cohen *et al.* (2005, p. 25) that because "schools are ill equipped" and "chronic and pervasive resource constraints" limit schools from providing LCHH with adequate support. In this inquiry, receiving greater budgets was emphasised: "The only thing I need is more money to help them in everyday situations but with methodology I am equipped." If more financial resources were available, educators in this inquiry wished to provide LCHH with relaxation and leisure opportunities that their parents would normally have given them:

> "… for me it is very important to take the children (LCHH) out, like going to a stadium to watch soccer or taking them to see animals […] I think it's valuable to entertain them."

In addition, they would use resources such as teaching methodology aids, "… they (LCHH) might not forget what they have been taught if practical work is included in teaching and learning." Addressing resources, therefore, appears to be an important component in supporting educators who work with LCHH.

Increased government involvement

Educators in this inquiry saw that increased governmental involvement was crucial to creating more enabling school environments: "… the government must do much to work hand-in-hand with the schools and come and hear our problems here at the schools on how to help these kids (LCHH)." They felt that the government could create more conducive environments by prioritising schools with LCHH for psychological support service allocation:

> "… (former) Model C schools, they do have such things (services), but with us – no, and we are the people who are experiencing these things more […] from the government's side of it, they should make it a point that each and every school do get people who are going to counsel educators, people who are going to counsel the learners, so that we are able to do our work."

Bennell (2005, p. 486) argues that the level of support from NGOs and governmental agencies will ultimately determine the impact of HIV/AIDS on the education system. The importance of increased governmental involvement cannot be ignored when considering how to support educators working with LCHH.

Access to multidisciplinary support services

Multidisciplinary support and interdepartmental collaboration was unanimous aspects mentioned by focus groups in this inquiry. Educators felt that "… mixing with other health professionals […] going to social workers, psychologists and other sources will help a lot …" As educators, caring for LCHH, they "… need support from the Department of Education and Social Development," even specifically stating: "We need social workers." Needing to access counselling support for LCHH, as well as methods to track the progress of LCHH, educators mentioned that they wanted "… a strategy to handle these kids (LCHH) […] to check up each time […] like counselling to check what is happening in the child's life …" The regularity of support, as such, was also emphasised: "We need psychologists to visit us at least twice a week."

Given that participants mentioned the involvement of psychologists, consideration should be given to the role of the educational psychologists in South Africa as a support mechanism for educators to include LCHH. Within existing literature, Sheridan and Gutkin (2000) were, essentially, the first writers to see educational psychologists as macrosystemic advocates, spearheading the collaborative responsibility of special education service delivery within schooling communities. De Jong (2000) primarily perceived educational psychologists working, more specifically, as developmental consultants within schools as organisations, by focusing on staff development, support service mediation and strategic thinking in aid of overall health promotion. Nastasi (2000) reiterated this line of thinking by considering EP's functioning as healthcare providers coordinating service integration, in terms of, prevention and the provision of early treatment by targeting those "at risk". While Engelbrecht's (2001) holistic view considers educational psychologists functioning as child advocates, educational support consultants, organisational facilitators and collaborators, aiming to develop

schools as organisations to achieve general goals of health promotion, and inclusive education, expanded this series of expectations further.

As the role of the educational psychologist (EP) appears to be generally conceptualised as a service provider of learning support, specific to contextual needs, based on the development of health promoting and inclusive schools within an integrated approach to whole school development, the request for the regular involvement of such a potentially powerful social agent by the participants in this inquiry should not be overlooked by the Department of Education.

Community support

In referring to The National Policy on HIV/AIDS, Louw et al. (2001, p. 10) reminds the state, parents, and other adults who are in a position of care, of their moral obligation, to ensure that the rights of LCHH are respected and realised. From the responses generated from this inquiry, educators seemingly assume such responsibility, and are calling for additional support from their communities to lighten the burden of care for LCHH:

> "These orphans need to have a good relationship where they experience love, care [...] for that to happen the community at large needs to be involved [...] all the professional sectors ..."

There also appears to be an appeal by these participants for these particular urban African schooling communities to return to traditional African values and fellowship: "... we need to be involved and maybe go back to our culture where we say every child is an adult's child ..." While community parenting is needed to absorb the weight of care:

> "... I need somebody who is staying with these kids to provide food so that they can grow and when these kids are sick they must take them to the doctor or to the clinic so that they can get medication [...] its possible for (LCHH) to participate in the classroom,"

the involvement of community leaders is indispensable to managing the: "support of the orphans as they can build houses, shelters ..."

The call for community-based orphan support is not new. Foster's (2000, p. 61) research reaffirmed community-based orphan support as a parachute alternative to traditional extended family member care. This study found that because of increasing numbers of orphans in relation to the decreasing numbers of caregivers, as well as sibling dispersal and migration, traditional "safety nets" were weakened. Current literature abounds with various suggestions on activating community support mechanisms, which would assist educators working with LCHH by spreading the load of care. When developing health promoting schools, Louw et al. (2001, p. 79) for example, look at establishing Health Advisory Committees in co-operation with schooling community stakeholders to ensure that school governing bodies prioritise HIV/AIDS policy. While an organisation called "The Community Organisers Toolbox" (http://www.etu,org. za/toolbox/aids.html) detail ways of supporting community childcare committees to assist community childcare volunteers, so as to provide for the needs of sibling headed

families, as well as those relatives who have assumed responsibility for them. These volunteers assume accountability to ensure that LCHH; access government grants, get food parcels and benefit from poverty relief programmes, stay in school and work with schools to support those who cannot afford stationery, fees or clothing, be visited weekly to check on school attendance, health, nutrition and general coping, be helped to access health care when needed, get medical support for HIV/AIDS, benefit from church and welfare collections for clothes, bedding and building materials, receive assistance to apply at Home Affairs for Identity Documentation, Birth and Death Certificates, receive counselling to deal with feelings surrounding loss and grief, and have one trustworthy adult to whom they can come with their problems. From the responses provided, it seems that educators feel that along with a return to communal values, the broader community could do much to support the school and governing bodies in building an inclusive education and training system, while at the same time doing much to help LCHH. Research by Nesangani (2006, p. 225) outlines how this is possible through the adoption of a Community Building Approach (CBA) intervention strategy for assisting LCHH with home and school problems arising, as a result of living without parents. Accordingly, educational psychologists are involved in, and made responsible for, identifying LCHH and recording their background information on school databases. Thereafter, interested parties and stakeholders meet to address the needs of these LCHH according to their profiles. Focusing on the holistic support, education and empowerment of LCHH by involving all appropriate stakeholders and interested parties – interventions focus on: housing needs; physiological and educational needs; addressing promiscuity, prostitution, sexual abuse and rape; support for general feelings and lack of security; academic achievement; educator's attitudes as well as supporting substance abuse, misbehaviour, dropout and discipline at home and at school. In this way, participants' desires (as reflected in the sentence completions) for schools and educators "to work hand-in-hand with the community" can be realised.

Improving communication channels so that educators know about orphans

This inquiry highlighted an urgent need for educators to be made aware of the orphan, or child-headed, status of learners in their classrooms: "Maybe if we can know way before time when they are admitted at school." The importance of sharing this information with colleagues was emphasised:

> "I would prefer that us as teachers, if we discover, we let others know that there are learners who are orphans or (from) child-headed families, or that there are no parents."

There was also a sense amongst participants that being 'forewarned' gave them a sense of being 'forearmed': "We as educators will have to identify them and know them [...] so [...] we know that we can do something for them and [...] can care for them." From a preventative stance, such knowledge was expressed as being crucial: "... we are having to identify these learners, sometimes it is helpful [...] finding out that this child has a problem." And even though such identification is central to most

orphan care and support models (as summarised by Schneider & Russel, 2000 in Louw, Edwards & Nel, 2001, p. 98) this inquiry highlights a gap where educators are not always aware of the needs of their learners beyond the classroom. When using a systems approach to understanding the kinds of barriers to learning and development, faced by LCHH, this lack of knowledge is problematic and in itself a barrier. When LCHH remain unidentified, appropriate care and adequate support cannot be affected, which results in a form of exclusion, instead of inclusion. It would seem that in this context, failure to disclose, inappropriate communication channels and competencies are a critical barrier to the learning and development of LCHH, since problem solving, preventative and health promoting initiatives are not employed (Engelbrecht, *et al.,* 2001, p. 53). Evidently, this situation needs to be addressed if inclusion is to occur: "… you know what, we have to try by all means to look at these children, where they are coming from, what they are facing … "

The need for self-care

With educators as frontline workers in the human service of education and when one thinks of the kinds of people, environments, working conditions and resultant stress that are operational in the South African context, it is not surprising that they have a tendency to suffer from psychosocial stress and accompanying psychological problems. In remarking generally that working in the current teaching system is stressful, participants in this inquiry questioned the need for self care to be acknowledged as a means of supporting educators to work with LCHH:

> "… we have to be helped on how to de-stress because teachers are stressed […] they have their own problems, and if you have your own problems about your own family, something you have to deal with, then when you come here to school and you find this load again (working with LCHH) […] how do you manage?"

Furthermore, when one considers the working contexts of educators who teach LCHH, the issue of 'self-care' cannot be ignored because of the emotional demands placed on educators:

> "… educators will need to have counsellors because we are exposed to those things and it affects us emotionally […] you find that you can hardly sleep at night because you are thinking of what you heard about these children (LCHH) during the day […] so what we need is counselling so that we can maybe learn to accept that it is like that, to accept the conditions that are happening out there …"

Educators appear to be describing negative psychological experiences indicative of 'burnout', which seems to be occurring as a result of what is commonly known as 'compassion fatigue'. As explained by James and Gilliland (2005, p. 575), this is a condition where front line workers unwittingly absorb and internalise the very trauma that is manifested by the people that they care for. From a systems perspective, these negative experiences could manifest behaviourally, physically, interpersonally, and attitudinally, by having a potentially insidious effect on educators, their learners, co-

workers, family, friends and school (James & Gilliland, 2005, p. 507) and should be addressed as an aspect of health promotion in schools.

Recommendations

Although, not exhaustive, it is hoped that the following recommendations, based on the findings, will offer the field of Educational Psychology Research much to consider when developing programmes to support educators to include LCHH in classrooms and schools.

Addressing the lack of awareness

Systems need to be developed to help raise awareness amongst educators of the orphan status of learners at school. When coping with orphanhood some LCHH may choose to remain anonymous fearing discrimination and exploitation, whilst others may characteristically endure a number of barriers to learning and overall aspects of human development. Appropriate support systems need to be activated by educators. School registers and databases could be used, but there is the risk of compromising confidentiality. LCHH would have to agree voluntarily to be listed and receive assurances regarding confidentiality and disclosure. With the aim of making educators aware of the contexts of the learners they will be working with, educators should be duty bound to hand over updated learner profiles to their colleagues at the end of each academic year. In this manner, awareness, progress and support of LCHH can be monitored. Community members, such as clergyman, policeman, neighbours and extended family members are sure to be aware of the impending impact on LCHH, and would do well to inform school-based support teams in times of need. Likewise, community health professionals such as doctors, nurses, social workers, psychologists, policemen, and traditional healers should be compelled to ask LCHH if they would like to be referred to school-based support teams. In turn, school-based support teams should be obliged to inform district offices so that the DoE can, then, compile a national database of LCHH to manage support initiatives. In general therefore it seems as if the DoE and government need to make a long-term effort to make African communities aware of the challenges faced by LCHH.

Building capacity

When thinking of the professional development of in-service and pre-service educators, the DoE and higher learning institutions' training modules should specifically focus on training, capacity building and improving competency with respect to working with LCHH. Course modules could assist educators in the following respects:

1. Identifying and supporting LCHH with the number of barriers to learning and development that they are known to experience as a result of coping with orphanhood;

2.   Making suitable referrals and accessing multidisciplinary support services as well as activating existing community support systems on behalf of learners;

3.   Acquiring basic counselling skills to use when communicating with LCHH when issues related to trauma, grief and bereavement surface; and

4.   Raising educator awareness of the need for self-care to avoid burnout associated with the demands of working with LCHH.

Training modules should take the format of practical workshops moulded to suit the needs of specific school or classroom contexts. Service providers (e.g. district trainers or educational psychologists) must be directed by needs analysis when developing workshops.

Intervention strategies for obtaining financial incentives and increasing motivation

Whether the call for financial incentives and efforts to improve educator motivation, in this inquiry, is related to the systemic variables affiliated with the entire South African teaching profession (e.g. professional demands of the teaching context, the high living costs and the low status of teaching), or the contextualised needs of educators working with LCHH, the psychological importance of pay as an extrinsic motivator is never the less highlighted. If acknowledged and addressed, financial incentives and accompanying improvements in motivation could indirectly help educators to work with LCHH. Schools and communities can find ways of fulfilling these needs rather than relying on government to empower them. As managers of school budgets, school-governing bodies have the propensity to grant discretionary and performance-related bonuses. They can also collaborate with community organisations to raise funds. Therefore, schools can create their own incentive and motivation schemes. For example, they could offer 'paid leave' or give community-sponsored prizes, as teaching awards, to publically acknowledge deserving educators.

Improving resources

The significance of improving teaching resources so that educators are better able to include LCHH is reasonable when considering the contextual challenges that exist in South Africa, as a result of the socio-economic legacy created by apartheid. As resource needs are bound to vary from one schooling context to another, the budgeting and buying capacity of school management teams and governing bodies need to be prioritised. Fund raising efforts and resource sharing initiatives within the school, and its schooling community, could address needs without having to rely on governmental resource provision.

Appropriate governmental involvement

In the context of this inquiry, participants questioned the government's grassroots understanding of how contextual realities hamper the implementation of policy

expectations. Consequently there was a call for increased government involvement to focus on the need for the DoE to manage existing support services appropriately. Participants' perceptions in this inquiry highlighted a belief that there was a disparity in support service provision, which counter-intuitively favoured more advantaged schooling contexts. As such it is recommended that the DOE undertakes regular needs analyses, with respect to determining more appropriate psychological support service provision, and allocation, according to the level of need. An empirical ideal which would be hard to achieve is the situation where, schools with large numbers of LCHH would automatically qualify for support service provision, and will warrant the employment of equitable numbers of psychologists and social workers to fulfil these needs.

Accessing multidisciplinary support services

'Access to', as well as 'collaboration with', multidisciplinary support services would be helpful for educators working with LCHH. Apart from incidental learning about 'self-care', educators could receive practical suggestions on how to cope with the social, emotional and psychological needs of LCHH in their classrooms, if they worked closely with associated health professionals such as nurses, social workers and educational psychologists. While the Departments of Health, Education and Social Welfare could do much to increase the support base of available public service practitioners through community service and outreach programmes, school-governing bodies could activate school community support mechanisms or appoint private practitioners. Furthermore, healthcare providers could also offer some 'pro bono' services as part of their individual contributions towards community outreach and service. Moreover, professional associations could acknowledge these efforts by making them count towards the accumulation of annual professional development points, which all healthcare providers are expected to work towards.

Activating community support

While the capacity for community support is far reaching, in terms of fund raising, sponsorship and material or financial donations, community involvement on behalf of LCHH is a necessary component of supporting the educator, as in reality they are limited in their capacity to do everything for LCHH in their care. As the challenges encountered by educators are multidimensional and complex, whilst being socially and culturally interconnected, community involvement focusing on the support, education and empowerment of LCHH is arguably crucial. Fellowship and the return to values where communities mobilise caring efforts would go a long way to address, and intervene on issues, such as: inadequate housing, physiological and educational needs, feelings associated with abuse, promiscuity, prostitution, sexual abuse and rape, lack of security, academic achievement, educator's attitudes, substance abuse, misbehaviour and discipline at home and in the classroom, as well as school dropout. Existing community support mechanisms similar to NGOs, traditional healers and clergymen could also meet the needs of LCHH, by giving them valuable spiritual guidance and support, in addition to, rallying the community members to meet their physical needs.

While support service providers, such as educational psychologists and social workers, could follow the principles inherent in the Community Building Approach (CBA) to coordinate the efforts of interested parties and stakeholders to address the problems and needs of LCHH. As frontline healthcare workers, they are well positioned to support the community to achieving empowerment, critical consciousness, capacity building, issue selection, participation and relevance.

Ensuring 'self-care'

As educators in this inquiry reportedly felt 'psychologically distressed' and recognised a need for self-care, as a result of the emotional demands of working with LCHH, by addressing 'self-care' the general psychological well-being of educators is enhanced; thus impacting positively on the work environment. In highlighting the prevalence of 'burnout' in the human services professions, James and Gilliland (2005, p. 507) remind practitioners to view this problem and intervention holistically from both a systems and organisational perspective, instead of just residing within the individual. As such, the issue of 'self-care' should be built into the school curriculum with educators creating a space for self-care in the workplace. This could involve compulsory tea and lunch breaks, booking counselling time with a school counsellor, social worker or educational psychologist and establishing self-care clubs and support groups to meet after school once or twice a month. School management and support-based teams would do well to monitor their staff by doing 'feelings' checks' at the start of the morning meetings, and to provide onsite emotional support. Attendance at 'self-care' workshops could do a great deal to raise awareness in educators of the beginning symptoms, stages and dynamics of 'burnout', as well as, ways of halting and ameliorating its effects.

Concluding remarks

An original contribution of this study is that is has produced knowledge on the educational and psychological support needed by educators to include LCHH in urban classrooms. As orphan status awareness cannot be taken for granted and LCHH tend to experience characteristic barriers to learning and development, educators need to learn how to identify and manage such learners in the classroom. Furthermore, educators need help with their own feelings of sadness, distress and pain. For these reasons there exists a need for the DoE, district support teams, as well as, school management teams, and support service providers (such as school counsellors, educational psychologists and social workers) to pay more attention to human resource management, especially concerning the development of the professional and personal self of educators.

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