Catherine Campbell, Clare Coultas, Louise Andersen, Elena Broaddus, Morten Skovdal, Connie Nyamukapa, Simon Gregson

Conceptualising schools as a source of social capital for HIV affected children in southern Africa

Working Paper

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Authors

Catherine Campbell (c.campbell@lse.ac.uk)[a]
Clare Coultas (c.j.coultas@lse.ac.uk)[a]
Louise Andersen (louise.b.anderson@gmail.com)[a]
Elena Broaddus (elena.broaddus@jhu.edu)[b]
Morten Skovdal (m.skovdal@gmail.com)[c]
Connie Nyamukapa (nyamukapaconnie@gmail.com)[d,e]
Simon Gregson (sajgregson@aol.com 0207 594 3279)[d,e]

[a] Department of Social Psychology, London School of Economics and Political Science
[b] Department of International Health, Johns Hopkins Bloomberg School of Public Health
[c] Department of Public Health, University of Copenhagen
[d] Biomedical Training and Research Institute, Harare, Zimbabwe
[e] Department of Infectious Disease Epidemiology, Imperial College School of Public Health

Abstract: Many AIDS-affected African children lack forms of adult support and guidance traditionally provided by families. There is growing policy attention to the role schools might play in caring for children in extreme adversity in ways that go far beyond traditional education. We use the concept of the "HIV competent school," which incorporates bonding, bridging and linking social capital, to frame a selective review of the literature on school responses to HIV/AIDS in southern African countries, and an in-depth case study of indigenous school responses in eastern Zimbabwe. We call for greater attention to the ethic of care emerging from the interaction between AIDS-affected children and relevant peers and adults in the school setting and the way in which this is limited or enabled in particular social settings.

Introduction

African children are disproportionately affected by AIDS and poverty, which undermine school enrolment, class attendance, concentration and academic progress (Ardington and Leibbrandt 2010; Kasirye and Hisali 2010). In resource-poor contexts, schools are often one of the few support organisations available to children (Skovdal and Campbell 2015a), and international HIV/AIDS policy increasingly allocates them a significant role in supporting AIDS-affected children. However the ability of schools to play this role is often assumed rather than supported with empirical evidence. Much remains to be learned about what role schools can play in supporting the health and well-being of HIV-affected children, and how best to conceptualise the psycho-social pathways between school attendance and positive outcomes.

The concept of social capital is increasingly advocated as a framework for exploring the processes through which schools might fulfil this role. Interpersonal communication and solidarity in naturally-occurring social networks has been identified as a key driver of positive HIV-related behaviour and impact mitigation in sub-Saharan Africa (Halperin et al. 2011). However, to date, in HIV research, social capital has been conceptualised narrowly in terms of levels of engagement in local community organisations (e.g. women's groups or sports clubs) and there are calls for both empirical and theoretical attention to a wider array of indigenous social networks (Campbell et al. 2013) particularly those specifically concerned with the well-being of children. We map out these theoretical and empirical challenges in this paper through a focus on schools.

The paper has three parts. Firstly, theoretically, we introduce the notion of the 'HIV competent school' as a productive conceptual springboard for further research and policy development in this field. , Here we take as our starting point Nhamo et al's concept of the 'HIV competent community' (Nhamo, Campbell, and Gregson 2010), and expand this with Woolcock's (2001) distinction between bonding, bridging and linking forms of social capital. Secondly, we use this concept to frame our review of the existing literature from southern sub-Saharan Africa on the role of schools in supporting HIV/AIDS affected children (including orphans, children with sick parents, or children who are themselves HIV-positive), with particular attention to the potential for schools to facilitate or hinder various forms of health-enabling bonding, bridging and linking social capital. We conclude by demonstrating the utility of this framework in making sense of

the findings from our on-going case study of school support for HIV-affected children in Zimbabwe, demonstrating the utility of the new framework for generating insights and guiding further research in this area.

Conceptual framework: social capital and the 'HIV Competent School'

In the first decade of the millennium, the international community positioned itself as champion of AIDS-affected children, initiating and funding many projects to advance their economic, educational and emotional empowerment (USAID and CRS 2008; UNICEF 2009). These were usually designed and funded by overseas development and health professionals, and imposed on target communities in 'top down' ways, often with little or tokenistic local consultation. Yet social development interventions are more likely to succeed when they resonate with communities' own understandings of their needs and interests, and build on pre-existing community strengths (Skovdal and Campbell 2010). For this reason there are growing calls for programmes that identify and facilitate local responses to problems, working with existing community resources. Even in the absence of money, poor communities often have 'portfolios of assets', particularly local social capital in the form of formal and informal community networks (Moser 1998; Skovdal et al. 2009). The school is one such network. The education system is the largest institutional network and body of skilled people interacting with children in most sub-Saharan African settings. A growing body of research discusses the potential for schools to go beyond education, to contribute to tackling the material, practical and emotional challenges faced by many AIDS-affected children (Bell and Murenha 2009; Kelly 2000; Nordtveit 2010b; Tang et al. 2009). Various related interventions have been put in place in African settings (Pridmore 2010; UNICEF 2009; USAID and CRS 2008).

However, existing research and efforts generally take the form of collaborations between schools and outside development actors and agencies, who bring additional skills, resources and/or funding. Furthermore, research tends to look at how schools have 'learned' to respond to AIDS through being enrolled in externally driven and/or resourced programmes. In this paper we argue for greater attention to the way in which schools, teachers and associated networks have sought to include and support children in the absence of external guidance or resources. There is a need for in-depth case studies of 'bottom-up' best practice in this regard, enhancing understandings of what citizens can

themselves do to promote the development of their communities, and a need for theoretically sound frameworks to guide this research, much of which has been descriptive in nature.

In this paper we suggest that the concept of the 'HIV competent community' (Campbell et al. 2013), already widely used to highlight the role of informal community group participation in the HIV/AIDS response, provides a useful starting point for development of the notion of the 'HIV-competent school' advanced in this paper as a framework for analysis and action in this field. An 'HIV competent community' is a context where people are most likely to collaborate to reduce stigma, promote health-enhancing behaviour change, and support the care and treatment of the AIDS-affected. It resonates with the more general concept of resilience; the ability of certain individuals and communities to thrive in the face of adversity (Boyden and Mann 2005; Skovdal et al. 2012). Skovdal et al. (2009; 2010) link resilience to opportunities for positive participation in community networks and describe how AIDS-affected orphans in Kenya were able to weather difficult social circumstances when they had opportunities for social relationships that helped them to: (i) construct positive identities; (ii) mobilise support (from peers, community and so on); and (iii) generate income to help sustain households undermined by the illness or death of parents. This emphasis on social relations and positive social participation places social capital – the relationships and social networks that facilitate collective action – as the driving force behind HIV-competence. In this paper we extend the concept of 'HIV competence' from its focus on communities to a focus on schools, with particular attention to the potential for schools to serve as sources of positive social capital for providing care to children in contexts where traditional familial sources of guidance and support have been disrupted by the twin ravages of HIV/AIDS and poverty.

Elsewhere we have written extensively on *community* support for orphans and people living with HIV/AIDS in South Africa (Campbell, Nair, and Maimane 2007; Campbell et al. 2009), Zimbabwe (Nhamo, Campbell, and Gregson 2010) and Kenya (Skovdal et al. 2011), defining an HIV-competent community as one where people have access to social and cultural spaces in which they can (i) access health-appropriate knowledge; (ii)

engage in dialogue and debate with trusted others to 'translate' this knowledge into actionable life skills; (iii) recognise the indigenous individual and social skills at their disposal for responding to their circumstances; (iv) build a sense of solidarity and common purpose regarding their ability to ensure their health and well-being; (v) develop strong and supportive relationships in their immediate community; and (vi) develop links to supportive external networks in the public and NGO sectors.

Woolcock's (2001) distinction between bonding, bridging and linking social capital provides a useful framework for systematising and developing the last three points. We use this three-way distinction between different forms of social capital as a framework for conceptualising which aspects of the school environment are most likely to support the development of appropriate knowledge, critical dialogue and the formulation of appropriate action plans by children, teachers and the wider networks that constitute the school community.

'Bonding' social capital

Putnam (2000) defines 'bonding' social capital as relationships between members of a network who are similar in some way. In the HIV-competent school context this would entail any kind of positive social participation within the school (e.g. between pupils and peers, pupils and teachers, head-teachers and teachers and so on) that builds strong relationships, confidence and agency associated with a sense of common purpose and feasible local action plans in relation to supporting those affected by HIV/AIDS and poverty. This emphasis on social participation as a motor of effective coping is consistent with Vygotsky's (1980) emphasis on social activity (engagement in tasks involving interpersonal relations, goal-directed behaviour and shared understandings) as the motor of child development. According to Vygotsky, it is through engagement in social activities, guided by peers and adults, that children develop new skills and mature approaches to problem solving. Whilst Vygotsky tends to focus on children's cognitive development, Winnicott (1973) argues that positive and secure relationships with 'good enough' carers also open up opportunities for positive emotional development, and that other significant adults may contribute to the provision of 'good enough' caring in the absence of parents. It is through these positive relationships that an AIDS-affected child,

and his or her peers and significant adults (such as teachers) may co-construct the social spaces that can support them in acquiring the psycho-social competencies (e.g. knowledge, agency, support and recognition) needed for coping with their life challenges.

'Bridging' social capital

'Bridging' social capital refers to horizontal networks of association, consisting of reciprocal relationships between people who share broadly similar demographic characteristics (Szreter 2002; Woolcock 2001). In the context of an HIV-competent school this would therefore involve links between the school and those within the community who have equivalent access to resources and influence such as parents, churches, and local leaders. These 'bridging' links are of particular importance with regard to supporting the development of AIDS-affected children as their needs for care and protection are not contained within the school but also extend into their communities and home life. Coleman's (1988) now seminal work on exploring the markedly higher levels of attainment among students in Catholic high schools in the US in comparison to those in state schools, identifies the fostering of high parental involvement as a key driver of this. In the case of AIDS-affected children in southern African countries, given the absence of parents in many cases, and children's complex range of needs (psycho-social, physical, legal, financial), the more widespread collective support of the community as a whole becomes ever more vital.

'Linking' social capital

In Putnam's (2000) conceptualisation of social capital, 'bridging' encompassed all connections between heterogeneous groups. However Woolcock (2001), in recognition of the marginalising and disempowering effects of poverty, drew attention to the fact that the 'bridging' social capital of the poor has significantly more limited efficacy and influence than that of the rich. In acknowledgement of this, he called for the need to distinguish between horizontal ('bridging') networks and vertical networks which facilitate connections up and out of the community with formal institutions. For an HIV-competent school this would include supportive networks with government bodies, non-

governmental organisations (NGOs) and donor agencies. As Szreter (2002, 578) highlights, 'linking' social capital "brings in to the centre of social capital theory considerations of power, inequality, and the role of government and the state". For AIDS-affected communities in southern African countries strong 'linking' networks essentially mean access to life-saving resources that communities living in poverty are ordinarily deprived of (livelihood materials, medicines, protective insurance against unforeseen disasters, dialogue with the state, and generally opportunities for upward mobility). In schools, they also have the potential to foster recognition and self-worth for work done by teachers, adding validation and incentive for strengthening 'bonding' and 'bridging' social capital, and can also provide learning opportunities for government and donor agencies around the specialised needs of these communities ravaged by HIV/AIDS and poverty.

Existing research on the role of schools in supporting AIDS-affected children

In order to explore the successes and challenges associated with positioning schools as sites for supporting AIDS-affected children, we performed a review of current research on this topic in nine countries in southern sub-Saharan Africa: Zimbabwe Mozambique, Namibia, Lesotho, South Africa, Botswana, Zambia, Swaziland and Malawi. Keywords such as 'school', 'teacher', 'care', 'protection' and 'support' were used, and only including papers published in social science or psychology journals after the year 2000, 51 articles were identified. Excluding papers which focussed on tertiary education, the epidemiological aspects of HIV or purely on HIV knowledge and SRH education, 30 articles were identified for review. Below we use the concept of "HIV competent schools" to frame our analysis, examining the ways in which 'bonding', 'bridging' and 'linking' social capital were fostered or hindered. In doing so, we demonstrate how this conceptual framework is useful in organizing a heterogeneous body of literature and exposing key challenges, gaps in the literature, and implications for future policy and practice.

Supportive relationships in schools ('bonding' social capital)

Out of the 30 articles, 21 covered aspects which could be ascribed to 'bonding' social capital. These included a range of approaches either used in isolation or the combination of a few. Some identified school attendance in itself as a form of protection to orphaned children and so entailed the provision of materials such as uniforms and school fees (Hallfors et al. 2011; Chitiyo, Changara, and Chitiyo 2008; Kendall and O'Gara 2007; Ansell 2008; Rudolph 2009). Others worked to build the 'resilience' of vulnerable children through providing psychosocial training or counselling to them (De Villiers and Van den Berg 2012; Pillay 2012b, 2012a; Chitiyo, Changara, and Chitiyo 2008; Magano and Rambado 2012), or expanded this support to the social context, exploring ways in which a 'safe space' for children could be created in schools through feeding schemes (Ebersöhn and Ferreira 2011; Ansell 2008; Rudolph 2009), peer group support (Gregson et al. 2004; Visser 2004), or the training of teachers to apply basic counselling skills with children (Ebersöhn and Ferreira 2011; Ebersöhn, Ferreira, and Mnguni 2008; Phasha 2008). Two quite stark tensions could be seen across all the articles: firstly the different possibilities and limitations of these programmes dependant on whether it is a state-driven institutionalised programme or an intervention powered by external change agents such as NGOs; and secondly, the divergences between the needs of children and those of teachers.

The articles which described interventions using external change agents such as psychologists or NGO workers, certainly at the intrapersonal level described improvements in children (De Villiers and Van den Berg 2012; Pillay 2012a; Chitiyo, Changara, and Chitiyo 2008), however resistance was experienced from teachers who had not been included (Visser 2004), and questions around the sustainability of these programmes also came into play. Chitiyo et al. (2008) highlight the need to revise school curricula to make such psychosocial support to children a formally recognised dimension of the school experience, however two articles (Magano and Rambado 2012; Pillay 2012b) looking at the Keystone Life Orientation (KLO) subject which has been integrated into schools in South Africa with this aim of incorporating the boosting of psychosocial and life skills into school lessons, exposed the problems associated with this. Both the

articles collected the perspectives of teachers and quite clearly demonstrated that the introduction of a curriculum alone is not sufficient for creating positive 'bonding' social capital in schools. Teachers, themselves living in poverty, emphasised the strain put on them by providing material support from their own pockets to children in dire need - such as a bar of soap or a sanitary pad (Pillay 2012b). They also feared suffering psychological burnout in meeting children's very profound emotional needs, feeling inadequate in providing emotional support to students as they lacked counselling and career guidance training and were already overworked, teaching other subjects in addition to the KLO curriculum (ibid). While identifying collaboration with other teachers as important in offering support to HIV-affected learners, they struggled to do this without any systematised support, and problems over a lack of adherence to confidentiality among teachers about student problems was also expressed (Magano and Rambado 2012). Furthermore, whilst teachers emphasised their need for training in psycho-social skils, in reality they said that they lacked time to do the training let alone provide the extra support to students (Pillay 2012b), and even with this training, teachers described still not feeling adequate to the challenges of supporting children's emotional well-being (Ferreira, Ebersöhn, and Odendaal 2010).

This highlights an important point for consideration in work aimed at strengthening 'bonding' social capital – that there can be negative and harmful aspects to these more supportive relationships, mainly associated with the 'extra obligations' that come with them (Woolcock and Narayan 2000). What is beneficial for children can add strain and responsibility to already overworked teachers. Two of the studies in particular highlighted the urgent need to address the issue of 'care' of teachers. Van der Vyer et al. (2013) stressed the need for head-teachers to be trained in the psychological determinants of care so as to be able to better support teachers in their own caring roles. In Zimbabwe, Mapfumo et al. (2012) exposed how the teacher mentoring of student teachers scheme served as an added stressor for these student teachers rather than a support, and that their coping mechanisms included the beating of children. Nordveit (2010a) in looking at schools in Namibia and Swaziland also remarked that schools could not act as safe spaces for children because of the overworked and abusive teachers. Clearly, any work that aims to strengthen 'bonding' social capital in

schools needs to provide support and care to the variant needs of both students and teachers.

Networks of solidarity with schools ('bridging' social capital)

10 of the 30 articles addressed aspects of 'bridging' social capital with initiatives ranging from parent groups, community outreach activities, and in one paper the referral of 'troubled children' to local psychologists. The premises behind all of these are both that schools need the support and involvement of communities to make lasting care initiatives for vulnerable children effective (Kendall and O'Gara 2007; Johnson and Lazarus 2008), and that schools are also a vital potential institution of care for the community as a whole (Louw, Dunbar-Krige, and Fritz 2010). Nevertheless the lack of systematisation to the approaches discussed in the literature is clear, with all involving an increased workload for teachers and relying heavily on their passion and resourcefulness to create and maintain links with communities. Furthermore the perspectives from communities about working with schools is strikingly absent which as can be seen in the findings from the 10 articles below, would add value to the understanding of why current 'bridging' activities are not working.

A parental group set up by an NGO providing occupational therapist services to children exhibiting delayed developmental problems showed good results in terms of extending support to the homes, and parents as a result learnt more about the educational expectations of their children and also felt included and respected (Pitt et al. 2013). The authors did however emphasise that it took a lot of work initially to get parents to attend, and an attempt at a similar initiative led by teachers rather than NGO workers described how although parents said they were interested in becoming more involved in the school, they 'never came' (Pillay 2012b). Reliance on the initiative of individual teachers is also clear in the community outreach projects which worked to build partnerships and create dialogue between the school and community. Rudolph (2009) asserts how the success of such programmes depend greatly on supportive school leadership, and Ferreira et al. (2010, S101) remark how "teachers displayed a willingness to support their community in coping with HIV/AIDS yet did not perceive themselves as being adequately equipped to do so, and therefore refrained from acting intuitively" on their

own accord to problems presented. The one study out of these 10 articles which did not involve the input of external (NGO or researcher) change agents discusses how in South Africa, teachers are able to refer children with problems to a psychologist (Magano and Rambado 2012). However psychologists paid for by the state are not a resource that is accessible in other African countries such as Zimbabwe, and the need for better links between the school and communities/homes was still emphasised by the authors. Ultimately, what is noticeably missing from this literature is discussion around indigenous or community-driven activities which we argue greatly limits a full exploration of the potential of this aspect of social capital.

Institutionalised support to schools ('linking' social capital)

Out of the 30 articles, 6 discussed issues associated with 'linking' social capital. The dearth of focus on this aspect of social capital in both practice and research is clear, and in all but one of these 6 papers, institutionalised support is only brought up indirectly and in passing (rather than the central focus of concern) in reference to factors that hinder the effectiveness of initiatives aimed at strengthening 'bonding' and/or 'bridging' social capital. The exception here is Ansell's (2008) seminal work looking at the extended role of schools in AIDS-affected Lesotho and supporting the need to focus on school *systems* which are built around an institutionalised ethic of care, as opposed to the current situation in which pastoral care relies largely on the individual acts of kindness from teachers (a problem which has also come out of the other literature). Each of the six articles does indeed start to indicate where and how connections with external agencies (e.g. government bodies, academics, and NGOs) are currently hard to create and sustain for schools in AIDS-affected contexts – but the preliminary nature of these insights points to the urgent need for more research to focus directly on this 'linking' social capital.

Problems around the sustainability of interventions run by NGOs or academics in schools have already come out of the analyses of the literature in previous sections. When such initiatives bypass the school system and its resources, this can also cause tensions and even potentially disrupt positive 'bonding' social capital in schools. Visser (2004) describes a programme in South Africa which involved psychology university

students training young people to act as peer educators, and which faced resistance from teachers as they had different ideas to the university students in terms of what the peer educators' roles should be. Sewpaul (2000) also stresses that many of these interventions, even when they do work on building the capacity of staff and students in schools, overestimate people's abilities to put their new knowledge into practice and effect change within unyielding institutions such as schools.

In this way any efforts aimed at changing the school context need to approach this challenge from the institutional perspective as well, exploring how change (whether top-down or bottom-up) is effected in practice as well as how institutional procedures can impede on more holistic community-, teacher- or student-driven approaches. Mafora (2013) discusses the challenge of institutionalising new and unfamiliar roles into already over-burdened and under-resourced schools in his paper on how a new policy directive in South Africa aimed at promoting transformative leadership for social justice in schools is failing. This policy comes from the realisation that schools as institutions currently foster unjust and dysfunctional practices (such as verbal and physical abuse, intolerance of diversity, poor engagement with students and parents, and so on) and works to tackle these issues by encouraging more collaboration between teachers and also with students, as well as enhanced dialogue and respect between these groups (ibid). Yet the author highlights problems of established hierarchies in bureaucracies, persisting gendered and age-related discriminations, teacher resistance to top-down imposition, and inadequate support from government district offices as impeding this transformation (also stressed by Pillay 2012b), in addition to the problem with positioning this transformation as something that comes from 'leadership' as opposed to a more collective process (Mafora 2013).

Clearly it is essential that 'linking' social capital involves more than interventions or policy directives which are *imposed on* schools rather than *engage with* schools. In other words, change is not something that can occur through the top-down development of policies or reconceptualisations of organisational changes (often modelled on schools in other contexts), but must involve a detailed assessment of the current available resources and needs of schools. To create HIV-competent schools these external

agencies need to support schools by working in tandem with bridging, bonding and linking relationships, exploring how teacher-teacher, teacher-students, and school-community support networks can be created without harming or overburdening certain people and groups. Mbokazi (2012) for instance highlights the important role of the community in school governance and ensuring that policy aligns with practice. It is crucial to explore how such a community-school relationship could be fostered and incorporated officially into state or NGO support for schools.

Case Study in Zimbabwe

As in many other countries in sub-Saharan Africa, Zimbabwean children affected by HIV and poverty suffer poor physical, sexual and mental health, nutrition, school performance and reduced hopes and confidence for the future (Nyamukapa et al. 2008). Yet, despite dramatic political and economic uncertainty in the past decade, reductions in external NGOs and uneven provision of public services, Zimbabwe has scored unexpectedly highly on some indicators of health and wellbeing relative to other southern African countries. These include contraceptive use (Central Statistical Office and Macro International Inc 2007), adherence to anti-retroviral medication (Campbell et al. 2012; Ware et al. 2009) and HIV-avoidance (Halperin et al. 2011). As such the country provides a useful starting point for research into local capacity to mobilise indigenous resources to respond to social problems, often without external intervention or funding.

In 2013, the authors conducted a multi-method case study (including behavioural surveys, interviews and focus groups, children's drawings, Photovoice, ethnographic observation of schools) of the role of schools in supporting HIV affected children in eastern Zimbabwe (Campbell, et al. 2014b). The study was conducted in a rural area plagued by poverty and unemployment, where one in five children had lost at least one parent to AIDS, one in six adults were HIV positive, and that 40% of adults with full-blown AIDS were not accessing drug treatment (National AIDS Council Zimbabwe 2011). In such a situation many children were caring for sick or dying adults or guardians often with no access to any form of income or regular welfare support or easily accessible health services. These young caregivers and orphans experience worse education outcomes compared to their peers (Pufall, Nyamukapa, et al. 2014) in addition

to poor social, physical and mental wellbeing (Campbell, et al. 2014a). Below we again use the concept of the "HIV competent school" and the distinction between bonding, bridging and linking social capital as a frame to pull together the findings, which are reported in more detail elsewhere (Campbell, et al. 2014abcd; Pufall, Gregson, et al. 2014; Pufall, Nyamukapa, et al. 2014).

The context of this study is the wider disruption of schools and de-professionalisation of teaching that has characterised Zimbabwe since the peak of a long-standing economic crash in 2008, where inflation leapt to billions of percent, the government was unable to pay teachers in many settings, and many schools effectively ceased to function (Shizha and Kariwo 2011). Since this time, the situation has stabilised slightly but the negative impacts on the status and morale of teachers remains, many of them receive very low salaries and are themselves living in poverty, and around 33% of teachers are themselves HIV positive, themselves battling with, and unable to resolve in their own lives, the very problems affecting their HIV-affected learners: heavy stigma, patchy services, caring for other HIV affected relatives and poor health (Machawira and Pillay 2009).

Bonding social capital

The multi-method study highlighted two key forms of potential bonding social capital available to HIV-affected children within schools: relationships between pupils and teachers, and peer relationships between learners themselves (Campbell, et al. 2014a; Campbell, et al.2014c; Campbell, et. al. 2014d). We examine each of these in turn.

In relation to teacher-learner relationships, there was indeed evidence for some individual acts of kindness by teachers towards HIV-affected learners (giving a bowl of soup to a child who had fainted from hunger, or providing an impoverished child with pens or books) (Campbell et al. 2014d). However these tended to be one-off and unsystematically offered on a case by case basis by a minority of teachers. Most teachers cited their own poverty and their own personal problems as deterrents to offering more extensive or systematic support to learners, as well as the lack of a wider institutional context that recognised or supported any efforts they might make in doing so

(ibid). Moreover, many teachers' own challenging and traumatic backgrounds led them to conceptualize 'care' in a limited way as provision of material support, or in a potentially damaging way as discipline and corporal punishment (Coultas, et al. 2014). We argue that there is an urgent need for the creation of school contexts which enable and support teachers to care more effectively for pupils ('care enabling schools') (Campbell, et al. 2014d). In particular this involves creating incentives for them to do so, which are currently lacking – in the form of the formalisation of caring tasks as a core aspect of the teaching role, as well as the inclusion of caring work in the assessment and promotion of teachers (ibid).

Pupils said that relationships with teachers were distant and formal in a hierarchical and authoritarian school system, and they lacked the confidence to approach them with problems. They also often did not perceive teachers as sympathetic to their personal circumstances. On the contrary many young people reported being punished or excluded for behaviours (such as arriving late at school due to caring responsibilities) that were beyond their individual control (Campbell, et al. 2014a). Interestingly pupils overwhelmingly emphasised the emotional devastation and distress of their HIV affected peers in drawings, stories and interviews (Campbell, et al. 2014c). By contrast when asked about the needs of HIV affected children in interviews, teachers emphasised children's material and practical needs, paying little attention to their distress (Campbell, et al. 2014d). In children's accounts of the role of schools in helping them cope (Campbell, et al. 2014a), they often spoke of their peers as a source of invaluable care, support, comfort and distraction in the face of the burdens of orphanhood, poverty and overly demanding caring duties. Some HIV-affected pupils spoke eloquently of the love and comfort derived from strong and supportive friendships. However others spoke just as often of their fear and loneliness in the face of bullies in a context where their association with HIV/AIDS exposed them to vicious stigmatisation and social rejection (ibid).

Bridging and linking social capital

Survey data from 46 primary and secondary schools indicated a positive association between school quality and children's progression in schooling, as well as between school quality and well-being in primary students (Pufall, Nyamukapa, et al. 2014). A more in-depth examination of a subset of these schools allowed for exploration of the nature of this association and painted a more complex picture. Bridging and linking social capital emerged as the two core determinants of an effective response in this sub-study that compared two rural primary schools characterised by very different levels of 'success' in relation to child health and school access by HIV-affected pupils (Campbell, et al. 2014b). Surprisingly the 'unsuccessful' school – categorised as such because of its association with lower levels of child health and school access – was better resourced, with better facilities, better academic results and more motivated and better paid teachers. It also had a formal HIV policy, with teachers having received HIV/AIDS training. The 'successful' school had far fewer advantages of this sort (ibid). Applying a social capital lens helps to explain this seemingly contradictory relationship between school resource level and support of HIV-affected students. In addition to resource access and HIV/AIDS policies and training, the schools differed in two key ways, understandable in terms of bridging and linking capital, respectively.

The first difference between the two schools relates to bridging social capital, specifically it lay in the quality of the school-community interface, and the degree of embededness of the school within its local community. The successful school was located in a smaller and more traditional community, where teachers had daily contact with their pupils outside of the school context, as they went about their everyday lives. Whilst unemployment was higher, people had the opportunities to eke a living out of farming in many cases, and local involvement in local community organisations (such as church and women's groups) was higher. The unsuccessful school, albeit also rural was located near a main road, with a far less stable community and lower levels of trust and daily interaction between people. With no access to farming land, community members often resorted to prostitution and the sale of alcohol as survival strategies, in a context where levels of trust were lower (Campbell, et al. 2014b).

The second difference, related to linking social capital, involved the extent to which each school reached out to outside organizations and accessed support from NGOs for various school needs. This stemmed from the different leadership styles in the two schools, more specifically the head teacher's understandings of the drivers of HIV/AIDS and their associated responses. The 'unsuccessful' school head framed his response to HIV in terms of training of teachers and pupils in HIV-related knowledge and skills, and the formal existence of an AIDS policy. However it appeared that the formal training had had little impact (indeed many of the teachers and pupils were not even aware that they had had it), and the policy appeared not to have been implemented very extensively. The more 'successful' head had a far more sociological understanding of the roots of HIV/AIDS in poverty and political uncertainty, and as a result focused his response more extensively on trying to make links with outside support organisations to assist his pupils (Campbell, et al. 2014b).

A key implication arising from this work is the urgent need for educational ministries and NGOs not only to create significant institutional incentives for teachers to engage in caring activities, but also to support headmasters in putting AIDS policies into practice in meaningful ways – helping them think through ways in which they can formalise the time and resource allocation needed to make them more than an empty formality in the everyday life of the school (Campbell, et al. 2014b).

Much systematic research remains to be done in exploring factors that facilitate and hinder the role of schools in facilitating the types of bonding, bridging and linking social capital most likely to support children. We hope our literature review and case study above have provided a starting point for thinking through how such concepts might be further expanded as tools for analysis by researchers, and action by education ministries and policy makers.

Conclusion

In this paper we have argued for the need for more systematic attention to the role schools might play in supporting HIV-affected children in southern African countries, and provided a theory-based framework to advance this agenda. Much of the empirical

research reviewed above is descriptive in nature, and there is a lack of unifying conceptual frameworks for in-depth scholarly communication about the complex psycho-social processes through which schools do or do not come to constitute social environments that are enabling or otherwise of children's well-being. Given this need, we have argued for an extension of Nhamo et al.'s (2010) concept of the 'HIV-competent community' to talk about 'HIV-competent schools', and developed this conceptualisation further by drawing connections with Woolcock's (2001) three forms of social capital – 'bonding', 'bridging', and 'linking'. We anticipate that this developed framework will facilitate more explicit study into the pastoral roles of African schools, and a move away from the typical discussions to date which have tended to focus very narrowly on the role of schools in transmitting only work-relevant knowledge and skills (Ansell 2008) or exploring child support interventions as isolated projects (Adelman and Taylor 2014), often imposed on schools from the outside, and reported out of the context of their location within the wider school system and school-community interface (Foster, Addy, and Samoff 2012).

Our application of this "HIV competent schools" framework to the literature on schools in southern Africa and to a case study from eastern Zimbabwe sheds light on the complexity of demarcating schools as sites of support for children in extreme adversity and also points toward important directions for future research to further unravel the potential and limitations facing schools in taking on such support roles. In some respects it appears that schools and teachers are indeed able to provide children with vital support, particularly crucial in the absence of any external sources of support from NGOs, and minimal help from the over-stretched and under-resourced public sector. In other respects, however, existing research exposes the potential negative consequences to both teachers and children from these expanded and demanding relationships. In a special edition which will focus on the role of schools in supporting children in hardship, Skovdal and Campbell (2015b) argue for the importance of exploring and embracing this complexity in order to initiate 'real' debates – rooted in the current realities of extremely deprived settings - regarding practice and policy that would better enable schools to take on a social protection and care role. We therefore call for more systematic research that documents examples of best and worst practice, and which pays greater attention to the contexts that give rise to good and bad practice,

particularly to those engagements (i) between children and teachers within schools and (ii) arising out of partnerships and intersections between schools and the wider community inclusive of government and donor agencies.

We have contextualised our arguments against the backdrop of the current widespread reduction in development funding, and a trend towards social development programmes that facilitate indigenous local responses to problems. Ansell's conceptualisation of the 'ethic of care' in schools (Ansell 2008; Noddings 1984) provides a useful starting point for mapping out a research agenda that addresses these three ('bonding', 'bridging', and 'linking') interlinked aspects of psychosocial interactions in the interests of developing a grounded and practical model for what would constitute an AIDS competent school in the southern African context. This also points to a deepening of Rudolph's (2009) to date descriptive concept of 'circles of support' that surround AIDS-affected children, which depicts children as potentially nested within a range of varyingly helpful or unhelpful networks including extended family, peer group, community organisations (e.g. church), health agencies and so on – with school constituting one vital layer of support.

In southern African countries heavily impacted by HIV, schools clearly hold great potential as spaces for supporting children as well as the wider community to develop resiliency in the face of extreme adversity. Yet in order for schools to be able to take up this role in a sustainable way, much more systematic research is needed, looking at the complex interplay of norms and networks within this setting, along with the determinants of positive enabling versus more harmful inhibiting relations between individuals and groups. We hope that the concept of the HIV-competent school as laid out in this paper can be used by researchers to drive our learning on this crucially important issue forward.

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