

**Submission from Soul City Institute for Health and Development Communication
to the
Portfolio Committee: Social Development, Gauteng Legislature
on the
Children's Amendment Bill**



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Organisational Profile

The Soul City Institute for Health and Development Communication (Soul City IHDC) is a social change project which aims to impact on society at the individual, community and socio-political levels. Soul City IHDC is South Africa's premier edutainment project. A non-governmental organisation, it was established in 1992 at a time when South Africa was on the cusp of democratic change. It is a health promotion organisation, subscribing to the principles of the World Health Organisation's Ottawa Charter. According to the Ottawa Charter, health is a product of a range of intersectoral actions that include building an enabling environment, advocacy for health public policy, community action, developing personal skills and reorienting the health services towards the health promotion approach.

The work of Soul City IHDC begins from the recognition that the social issues engaged through our edutainment programmes are just that - social issues - and thus cannot be addressed solely through behavioural changes at the level of individuals or targeted communities, but also often require behavioural changes on the part of key stakeholders shaping our society, from legislators and policy-makers to educators and other public and private sector role-players impacting on the health and development environment.

Interest in the Public Hearings

The impact of poverty and HIV&AIDS on children, and particularly school going children, is emerging as a massive challenge, and the time to act is now. A literature review commissioned for Soul Buddyz 3 and Soul City 7 respectively revealed, *inter alia*, a number of problems impacting on the process of teaching and learning as a result of the HIV and AIDS pandemic and poverty; and the role that government, schools and communities can play in alleviating some of these problem by supporting vulnerable children in and through schools.

Amongst problems experienced by vulnerable children (and educators) are the high learner to educator ratios in classrooms, lack of basic services in schools (such as electricity, water and sanitation), lack of access to adequate social welfare services, and educators being required to take on additional roles for which they not adequately trained.

Lack of basic services in communities and schools is particularly severe. Exhaustion, absenteeism, being forced into situations of sexual abuse and child labour, not being able to afford school fees, transport problems, a general lack of food and inadequacy of feeding schemes, difficulty in

accessing enough money to stay alive (or any money at all) through the state grants system, problems with caregivers after the death of parents, and not having a uniform are some of the major difficulties experienced by vulnerable children. All of these conditions are not conducive to regular school attendance nor are they conducive to learners participating in education and gaining its maximum benefits. This is extremely dangerous in a context where education is the “best social vaccine against HIV/AIDS.”

In addition to vulnerability as a result of poverty, an escalating number of children continue to be orphaned as a result of parents dying from AIDS. Some of these children are HIV positive themselves.

Orphaned children are not only traumatised by the loss of parents (whose physical deterioration they may often have witnessed), they may lack the necessary parental guidance through crucial life stages and socialisation into adulthood.

The impact on the ability of these children to eventually participate constructively in social and economic life is likely to be significant, and will no doubt increase levels of juvenile crime.

Psychosocial effects will be worsened by accompanying threats to the basic survival (food, housing, education, and health care) and security (protection from exploitation and abuse) frequently experienced by orphans and other vulnerable children.

It is against this background that

The Schools as Nodes of Care & Support for Vulnerable Children Campaign

In collaboration with the National Association of School Governing Bodies (NASGB), the South African Democratic Teachers Union (SADTU), South African Non Governmental Organisation’s Coalition (SANGOCO) and the Alliance for Children’s Entitlement to Social Security (ACCESS), Soul City: IHDC has embarked on a multi-year campaign focusing on ***‘Promoting Schools as Nodes of Care and Support for Vulnerable Children’***.

The campaign uses a range of tools to promote community and government action to care for and support vulnerable children, in and through the school system. The school environment presents an excellent setting to identify and respond to child vulnerability. Children spend most of their time at school and there already exists an established infrastructure to promote this type of approach.

Schools as nodes of care and support implies creating an environment in schools in which children are both able and enabled to learn. Such an environment must be friendly and welcoming to children, healthy for children, effective with children and protective of children. The promotion of such child-friendly learning environments is an essential part of increasing access to, and improves the quality of teaching and learning.

The approach requires communities to think out the box and to picture broadly what schools and surrounding communities can do to help vulnerable children. Providing care and support for vulnerable children at school does not suggest new and added responsibilities for educators.

To the contrary there is a conscious acknowledgement of the sterling role educators have played to date, in spite of a large number of educators being affected by similar conditions as their learners face. Instead, school governing bodies (SGBs) have been identified as key role-players in leading the call for action. To this effect a range of community mobilisation strategies will be employed to build their capacity to deal effectively with child vulnerability. Some of these include training and development of user-friendly guides of services and benefits available for children.

RECOMMENDATIONS

In line with the campaign referred to above, the Children's bill provide South Africans with a chance to protect children from vulnerability through schools themselves. Further, it provides an opportunity to strengthen the ability of those organisations – a bulk of which are non-governmental organisations – to provide support and other services for children through schools. We therefore make the following calls:

A CALL FOR THE INCLUSION OF A CLAUSE DEALING WITH PREVENTION AND EARLY INTERVENTIONS, AS WELL AS THE FUNDING THEREOF

A focus on early intervention and prevention, rather than on treatment after a problem has developed, is both socially and economically more effective in the long term. Put simply, prevention is better than cure.

Early intervention programs have been found to provide psychological and social benefits to children, families and communities. These include: higher rates of employment and skill levels in mothers; decreased welfare expenditure; increased school performance; a lower rate of criminality within families; a reduction of child abuse and neglect notifications and some decrease in health

service (emergency room) attendance rates (NIFTeY online 2002). Evidence has emerged that an investment in the health and development of young children while producing social benefits will also produce economic benefits, particularly associated with a decreased need for services (for example, Barnett 2000; Karoly et al. 1998). The ability to demonstrate cost-effectiveness is vital for policy makers who must weigh up the benefits of providing services against the costs of providing programs (Barnett 2000).

If South Africa is to raise adults capable of running an equitable and democratic society, then we must focus on prevention. While it is true that prevention seems expensive, research evidence is clear that that the costs of failing to prevent abuse and neglect far exceeds the costs of prevention¹

OUR REQUEST: PLEASE PROVIDE FOR SUFFICIENT COSTING OF EARLY INTERVENTION PROGRAMS FOR CHILDREN.

In this particularly difficult time, it is vital for policy makers to insist that investments in prevention and early intervention programs be costed in the Children's Amendment Bill. The adage "An ounce of prevention is worth a pound of cure" reflects the importance and cost effectiveness of prevention and early intervention. This avoids the 'pay later' approach to problems and saves the costs of foster care, juvenile and adult corrections, public assistance and other expensive programs.

A CALL FOR THE INCLUSION OF A CLAUSE ON THE ROLE OF SCHOOLS

While s105 places an obligation on teachers to report abuse and deliberate neglect, there are many instances when teachers come across children in especially difficult circumstances that do not fall under the ambit of s105 or 150 yet who need assistance. Placing a duty on schools to identify such children, keep a database of prevention services and refer children to these services would assist children and their families to obtain help early before the problem escalates into a problem requiring statutory intervention.

Such a system would also facilitate teachers and schools having close links with community structures such as NGOs as well as government, providing prevention services which would help reduce the heavy "social work" burden currently been borne by teachers.

¹ Bower, C. 2004. *The Children's Bill - a new dispensation for South African Children*, unpublished, SAPA Conference, Cape Town, August 2004

Previous versions of the Bill specifically referred to the role of schools in relation to identifying and referring vulnerable children to prevention, early intervention and protection services and programmes.

Such a clause acknowledges the role that schools can (and do already) play in:

- (a) providing a gateway for prevention services, and
- (b) in responding to the psychosocial needs of learners

We therefore the insertion of the following clause:

Schools to assist in identifying children in need of prevention and early intervention services

(1) The MEC for education must –

- (a) compile and maintain a referral list of service providers in the area who provide prevention and early intervention services**
- (b) on a confidential basis, identify children in need of prevention and early intervention services,**
- (c) where appropriate, assist such children and their families to access prevention and early intervention services.**

CONCLUSION

We acknowledge the difficulties faced by law-makers in balancing the sometimes competing needs in terms of resource allocation. We submit, however, that heeding the calls we have made will go a long way towards contributing to the health and well being of children and young people. It will further ensure that more and more children stay at school – an objective that we should all be striving for.