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Psychosocial support for orphans and vulnerable children in public primary schools: Challenges and intervention strategies

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Much has been written about orphans and vulnerable children (OVC) with regard to their education and living. However, relatively few studies have documented the psychosocial support provided for OVC in public primary schools to enhance their psychosocial well-being. This study therefore contributes to the understanding of the challenges experienced by teachers in providing psychosocial support for OVC and the possible intervention strategies that could be adopted to mitigate these challenges. Seven public primary schools from Soweto participated in the study, comprising 42 educators and 65 OVC in Grade Seven. Findings that emerged provide supporting evidence that minimal psychosocial support is offered, and it is marred by numerous challenges in public primary schools, including lack of professionals to provide guidance and counselling services, few teachers trained in life orientation, and a lack of support from parents/guardians for OVC. Based on the findings, several intervention strategies are presented.

Keywords: challenges; interventions; life orientation skills; orphans and vulnerable children; training

Introduction

The number of children orphaned by (Human Immunodeficiency Virus) HIV/AIDS (Acquired Immunodeficiency Syndrome) and those made vulnerable by other factors has risen worldwide, creating peculiar circumstances that may affect children's ability to benefit from regular education (Chitiyo, Changara & Chitiyo, 2008). Globally, almost 10% of the people infected with HIV/AIDS are children and youth under 18 years, while 17.8 million children have been orphaned by AIDS (Joint United Nations Programme on HIV/AIDS (UNAIDS), 2013). Sub-Saharan Africa, Latin America, and the Caribbean have experienced the effects of HIV/AIDS, which have changed human lives, along with the shape of societies (Family Health International (FHI) & United States Agency for International Development (USAID), 2001). The overwhelming number of OVC live with either one parent, elderly grandparents who also need care and support, or with poor relatives who struggle to meet their own needs (FHI & USAID, 2001). Children in such circumstances are at risk of losing opportunities for schooling, decent living and meeting their psychosocial needs.

Sub-Saharan Africa has been identified as the world's poorest region with the largest proportion of vulnerable children in the world (Pillay, 2014b; Sewpaul & Mathias, 2013). More than four fifths of all children orphaned by HIV/AIDS worldwide live in Sub-Saharan Africa, where every eighth child is an orphan who has lost one or both parents (Mishra & Bignami-Van Assche, 2008, UNAIDS, United Nations Children's Fund (UNICEF) & USAID, 2004). Heath, Donald, Theron and Lyon (2014:309) point out that 17.8 million children have lost one or two parents through HIV/AIDS worldwide and that "South Africa has the highest per capita of recorded HIV/AIDS cases" as compared to other countries. Research has further indicated that, although child-rearing by family members is supportive of resilience among South African OVC, there are increasing reports of child-headed families (Daniel & Mathias, 2012; Pillay, 2012; Theron, 2012). Prior to being orphaned, these children care for their dying parents while responsibility changes once parents die, to caring for younger siblings (Heath et al., 2014, Ramphele, 2012).

Africa Leadership Initiative (ALI, 2007:5) points out that "South Africa's strength and resilience as a country is dependent on the well-being and health of her children" which has been complicated by the HIV/AIDS crisis, and other social factors, contributing towards an overwhelming and unprecedented number of children requiring care and support. The report further argues that the country faces the challenge of providing a response that could allow the most vulnerable children to receive love and care, and adequately address their needs (ALI, 2007). These circumstances further complicate and compromise South African children's rights, which were grossly violated during apartheid (Pillay, 2014a). Being the place where learners spend most of their time during the day, the school could be the right place to institute proper systems so as to ensure that OVC receive psychosocial support. Therefore, the current study sought to establish and document the challenges experienced by educators in providing psychosocial support for OVC in public primary schools, along with the possible intervention measures adopted to mitigate these challenges. Other countries experiencing similar OVC predicament can also learn from what happens in South Africa.

Skinner and Davids (2006:2) identified multiple vulnerabilities to which children could be exposed including: “HIV/AIDS and other illnesses, disability, poverty, limited access to services, physical, sexual and emotional abuse and neglect, child-headed households, violence and substance abuse within communities”. Action for the rights of children (ARC, 2009) points out that the experience of difficult or disturbing events could significantly influence the social and emotional well-being of a child. The report reveals that, “exposure to violence or disaster, loss of, or separation from family members and friends, deterioration in living conditions and lack of access to services could all have immediate, as well as long-term consequences for children’s balance, development and fulfillment” (ARC, 2009:11). Nevertheless, active family support, providing love and care have been found to enhance resilience among the youth (Theron, Theron & Malindi, 2013). With early intervention therefore, these children may be helped to become productive members in society. The current study focused on psychosocial support provided for OVC in public primary schools.

Psychosocial Support

The term psychosocial emphasises the close connection between psychological aspects of our subjective experiences (involving personal thoughts, emotions and behaviour) and broader intersubjective social experiences (involving relationships, tradition and culture) (ARC, 2009, UNICEF, 2009). HIV/AIDS subjects children to stigma outside the family, which becomes a barrier in receiving social support (Heath et al., 2014). Grandparents and extended family members in many communities who provide the social support are usually overburdened with caring for children whose parents have died which is a hindrance to the provision of the intended social support for these children (Clacherty, 2004). Heath et al. (2014) maintain socio-emotional support to be key in addressing children’s grief in addition to the stigma and challenges associated to living with HIV/AIDS. UNICEF identifies three domains of psychosocial aspects considered most helpful in evaluating children’s lives and experiences. The domains include: a) skills and knowledge such as life skills, using culturally appropriate coping mechanisms; b) emotional well-being such as feeling safe, trust in others, self-worth; and c) social well-being, such as relationship with peers, sense of belonging, and access to socially appropriate roles (UNICEF, 2009:10). Psychosocial support in this context therefore, could refer to the care and support provided to influence both the child and his/her social environment, with a view to enhancing his/her psychological and social well-being.

Smart (2003) maintains that schools and teachers play a critical role in the development of OVC, especially in the wake of the loss of parents and parenting. The school system offers an opportunity to provide psychosocial support, which is an important need for OVC, which is usually neglected in favor of material, economic, nutritional and other physical needs. Richter, Manegold and Pather (2004:31) observe that, “programs [*sic*] could work with schools to make curricula more directly relevant to children’s lives by including life skills, household management training and care for children and ill adults”. They further add that teachers need to be trained to address the psychological problems of children that lead to poor performance and children dropping out of school (Richter et al., 2004). Jacobs (2011), in his study, noted that learners from disadvantaged backgrounds were more positive about life orientation, although it was not clear whether they applied the learned skills to their lives. This indicates that there is need for teachers to closely monitor and support learners to practice the life skills they learn at all times in school and at home.

In their study, Wood and Goba (2011) established that teachers’ training in life orientation is critical in equipping them with knowledge and skill, and improving their attitudes towards dealing with OVC. The trained teachers however, felt marginalized, where, as they were the only ones targeted for HIV training by the Department of Education, they found it challenging to involve their colleagues in the initiative. This is a clear indication that for all teachers to be involved in supporting OVC there is a need to have them trained in life orientation.

Theoretical Perspective

This article is anchored on the theoretical underpinnings of Erik Erikson’s eight stages of human development across the life span. Erik Erikson (1963) developed a theoretical framework aimed at establishing connections between various stages of human development and the relationship between the individual and society. He maintains that as each stage progresses with age, the family, school, peer group and society influences the complexity of an individual’s behaviour (Batra, 2013). Failure to achieve the desired virtue in a given stage of development may amount to emotional discomfort, leading to the inability to cope with the challenges of the current and later stages of development (Batra, 2013). Tchombe (2011:274) postulates that successfully dealing with the crisis in each stage could enable “successful management of the challenges during development to promote a healthy development of the child’s ego (self)”. Tchombe (2011) further agrees with Erikson where he argues

that managing the crisis effectively at each stage of development is key to socialising children in most African cultures, however, as Pillay (2014b) rightly argues, Erikson's theory omitted consideration of the variability of cultural dynamics affecting the different stages of psychosocial development, noting that different cultures would necessarily have different ways of framing the crisis. According to Pillay (2014b), a strict application of this theory would mean that there are many psychologically unhealthy children in Africa.

In this article, it is not our intention to discuss all Erikson's developmental stages, but to focus our attention on the childhood stage of 7-12 years of age, and the psychosocial crisis of 'industry versus inferiority'. This stage was selected because our study focused on Grade Seven children in primary schools, some of whom are within this age bracket. Tchombe (2011) argues that children in this stage try hard to be good, responsible, and to do things correctly. They are conscious of moral values and are able to recognise cultural and individual differences. Therefore, getting proper guidance, direction and support from parents, guardians, teachers, and significant others is key to enabling them embrace these virtues. While this scenario is the ideal situation, the case could be different for OVC, due to the challenges they face in their daily lives. These children would therefore need recognition, love, guidance, counselling and encouragement to enhance their psychosocial needs.

The childhood stage culminates in the beginning of puberty, and is marked with sexual maturity and a growth spurt in physical development. All these factors influence the child's perception of self, making him/her aware of the self (Tchombe, 2011). This implies that providing OVC guidance on social relationships is critical to enhancing their self-esteem, and to developing an understanding regarding how to relate with others in society. Guidance could therefore be provided by teachers, parents/guardians and professionals. In trying to understand the psychosocial support provided for OVC, we sought to establish answers to the following questions:

1. What challenges are experienced by educators in providing psychosocial support for OVC?
2. What intervention strategies could be put in place to mitigate these challenges?

Research Methodology

A mixed methods research design involving descriptive and qualitative data was utilised in this study (Creswell, 2012; Tashakkori & Teddlie, 1998). Questionnaires for learners and educators were designed to capture both descriptive and qualitative

data concurrently, through closed and open-ended questions.

The study was conducted in public primary schools in Soweto, South Africa, targeting learners in Grade Seven. Public primary schools were targeted, since most OVC cannot afford the costs of private schools. Grade seven learners were targeted, since they were perceived to be able to read and answer questions in English. Systematic random sampling (Acharya, Prakash, Saxena & Nigam, 2013) was utilised to select 10 public primary schools in Soweto that were visited for this study. Seven public primary schools agreed to participate in the study, while three schools declined. Sixty-five OVC in Grade Seven whose parents/guardians agreed to participate in the study, were purposively selected. Forty-two educators from the selected schools, who agreed to participate in the study, were also purposively selected.

Data Collection Tools and Procedures

The questionnaires for both educators and learners sought information on the psychosocial support provided for OVC, challenges experienced by educators in providing this support, and the possible intervention strategies that could be adopted to mitigate the challenges. Initially, the questionnaire was piloted in one public primary school in Soweto (which was not included in the final sampled schools). In the pilot study, nine learners filled in the learner questionnaire, while six educators completed the educator questionnaire. Respondent validation (Silverman, 2001:235) was utilised to validate the questionnaires where the participants (educators and learners) in the pilot were taken through their responses in the questionnaire, so as to establish whether the questions and responses they gave responded to their own experiences. Their responses and suggestions were utilised to improve the questionnaire. Thus, in the educator questionnaire, certain items were split to capture the actual psychosocial support provided for OVC by various stakeholders. The learner questionnaire was also improved by deleting some items/questions in the questionnaire that were found to be too challenging for Grade Seven learners to comprehend. The improved questionnaires for learners and educators were therefore utilised to collect data for this study.

Reliability and Validity

To enhance the reliability of the findings, triangulation of data sources was utilised, where responses via descriptive statistics from the closed-ended questions were corroborated with the actual words of the participants from the open-ended

questions (Creswell, 2012; Tashakkori & Teddlie, 1998). As mentioned earlier, during the pilot, respondent validation was utilised to validate the questionnaires, where participants in the pilot were taken through their responses in the questionnaire to establish whether the questions and responses they gave captured their own experiences (Silverman, 2001:235). Findings are reported using descriptive statistics, supported with the actual words from participants. The trustworthiness of qualitative data was enhanced by using verbatim responses of the participants.

Ethical Considerations

Ethical clearance to conduct this study was granted by the Ethics Committee of the Faculty of Education at the university, in which the authors are employed (Creswell, 2012). Approval to conduct the study in public primary schools was granted by the Gauteng Department of Education. Further permission to access public primary schools in Soweto was granted by the District Director, Johannesburg Central District. Permission to conduct the study in each school was thereafter granted by the principals of the schools that participated in this study. Written consent was then obtained from parents/guardians for learners, while educators gave their consent by signing a consent form. To enhance confidentiality, no names of participants or schools are mentioned in this article. Letters of the alphabet have been used to identify the schools that participated in the study. Participants have been identified as either learner or educator by the letter of the alphabet representing their school when using actual words.

Data Analysis

The statistical package for social sciences (SPSS) was utilised to organise and prepare data for analysis. Once data collection was completed, data from closed-ended questions were captured in SPSS processed, and then presented in descriptive statistics involving frequencies and percentages in tables ready for analysis. Qualitative data from open-ended questions were typed into text, and coded and categorised into themes ready for manual analysis. Qualitative data were analysed alongside the descriptive data to provide an overview of the challenges experienced by teachers in providing psychosocial support for OVC, as well as the possible intervention strategies that could be adopted to mitigate these challenges.

Results

Three themes emerged from data analysis as important in providing psychosocial support for OVC. The themes included: provision of counselling

services, life orientation skills, and support from parents/guardians.

Provision of Counselling Services

It emerged from data analysis that OVC needed counselling services due to the challenges they face on a daily basis, such as: behavioural problems, low self-esteem, and lack of communication with teachers and other learners.

Behavioural problems among children such as bullying, aggression and low self-esteem, were reported to be challenging to not only learners but also for educators. One educator from School A revealed that "*due inferiority complex, some OVC are fond of bullying other children*". Others were reported to be "*full of anger and aggressive to other learners*" (educator, School G). Another educator from School A added that some OVC "*have low self-esteem with low morale, likely to affect their performance in school*". Others were reported on as: "*...lack concentration, depressed and struggle to communicate with other learners*" (educator, School C). The most difficult part for educators was how to disclose to children that their parent/s had died of HIV/AIDS. One educator from School G reported that "*it is difficult for us to disclose information for OVC who are not aware that their parents died of HIV/AIDS. Sometimes, they get to know that [sic] from other children*". Therefore, the provision of counselling services by trained professionals to OVC would be a better way of helping children with such behaviours and feelings, towards enhancing their self-esteem.

Findings further revealed that provision of counselling services for OVC were hampered by the lack of professional counsellors, psychologists, social workers and the fact that schools did not have peer counselling among children. An educator from school D pointed out that "*the school does not have a psychologist, counsellor or social worker to give services [sic] to these learners [OVC]*". This finding was confirmed by 19 (45.2%) of the educators, who indicated that professional counsellors never visited schools to counsel OVC, while 11 (26.2%) indicated that counsellors only visited schools once a year. Without proper counselling structures for children in public primary schools, OVC are likely to be left to struggle with the challenges they encounter, which in turn is likely to affect their academic performance in school.

In order to ensure that OVC are provided with counselling services, participants suggested the following strategies: first, the government should hire professional counsellors, psychologists, and social workers for a cluster of schools, to support OVC experiencing the challenges mentioned above. One

educator from School B pointed out that “*each school should have its own professionals like psychologists, and counsellors*”. This suggestion was supported by another educator from School C, who added that “*the government should put one social worker in a cluster of schools for OVC to be referred to them. The social workers could visit these children in their homes and assist parents/guardians apply for social grants to support them*”. Second, counselling services should be provided on a regular basis to OVC. One educator from School G felt that “*counselling should happen often*”.

Through counselling services, OVC whose parents/relatives had died of AIDS could be helped to cope with the loss through gentle disclosure. The disclosure could be done by “*counsellors or guardians at home, instead of these children, hearing it from other kids, which becomes a serious challenge*” (educator, School G).

Life Orientation Skills

Findings revealed that life orientation skills such as caring for the sick, running errands at home, having relationships, and issues such as peer pressure and sexual abuse, were not adequately addressed in schools. The contributing factors mentioned by educators included fewer teachers trained on life orientation skills, and a large number of OVC in schools.

Descriptive statistics indicated that on rare occasions, learners were taught how to care for sick persons at home. Twenty (31%) learners and 22 (52.4%) educators indicated that learners were taught a few times a year how to care for a sick person, while 17 (26%) learners and six (14.3%) educators indicated that this skill was taught once a month. Having slightly more than half of the educators and a third of learners indicating that learners were rarely taught how to care for the sick, shows that OVC with ailing parents/relatives would not be adequately equipped with the required knowledge and skills to do so. With regard to relationship skills, 30 (46%) learners indicated that they are taught once a month, while 25 (59.9%) educators indicated that this skill was taught a few times a year. The responses suggest that in some schools, learners are taught about relationships, whereas in others, this aspect is rarely taught. Given the fact that some learners in Grade Seven are approaching or would be in the puberty stage, teaching them about relationships ought to be a subject of discussion on a daily or weekly basis, so that they are aware on how to relate and interact with close relatives, friends and strangers, in order to avoid being vulnerable to abuse.

In establishing how often learners were taught to cope with peer pressure, 13 (20%) learners

indicated they were never taught on this aspect, 28 (43%) indicated being taught once a month, while 11 (17%) indicated mention of it only a few times a year. The responses could be an indication that peer pressure is rarely discussed in schools. Peer pressure and tolerance of one another is an important aspect of psychosocial support that needs to be given keen interest so as to enable OVC to learn how to interact and appreciate one another, regardless of their status. Knowledge on how to deal with peer pressure is particularly important for OVC to avoid being lured into engaging in early sexual encounters, which may result in early pregnancy and sexually-transmitted infections, or in falling under the influence of bad groups, which may influence anti-social behaviours among OVC.

With regard to teaching about sexual abuse or molestation, 26 (61.9%) educators indicated that the topic was taught a few times a year, nine (21.4%) indicated once a year, while six (14.3%) indicated once a month. The responses seem to indicate that either sexual abuse is rarely discussed with learners in some schools, or it is not taught at all in others. The prevention of sexual abuse should be a subject of discussion with teachers and learners on a regular basis, in order to equip learners with the knowledge and strategies required to prevent it from happening, by way of reporting any attempt or actual abuse to the relevant authorities. This knowledge is valuable to OVC, who at times live alone, and are vulnerable to sexual abuse by strangers and even by people they know and trust.

Although the current study did not seek to establish whether or not educators were trained in basic counselling and life orientation skills, lack of expertise and training of educators in life orientation were cited as challenges, limiting educators from providing psychosocial support for OVC. One educator from School C reported that: “*I did not receive any training about how to support these children, therefore I cannot help them*”. The increasing number of OVC was also cited as another challenge to providing psychosocial support, as captured in the following words: “*the number of OVC is increasing, and somehow I cannot afford to meet their [sic] needs for all of them*” (educator, School E).

In overcoming challenges related to life skills, training all teachers in life orientation and basic counselling skills was recommended as a strategy that could be utilised to equip teachers with the knowledge and skills to identify and refer OVC to the right services. One educator from School C pointed out that “*each teacher should be trained on [sic] counselling OVC to be able to work with them. Every teacher must be given a chance to go for training on [sic] basic counselling*” (educator, School F).

Support from Parents/Guardians

Lack of support provided to OVC by their parents/guardians in doing school/homework was cited as a challenge for teachers who were motivated to help them. As one educator from School C reported: *“these children [OVC] don’t have support from the people they are staying with, especially with school/homework”*. One learner from School F also echoed similar sentiments by saying: *“I need someone to learn me [teach me] more by reading English and isiZulu, and I will say: ‘thank you’”* [sic]. Cooperation from guardians/parents to attend school meetings whenever they were scheduled was another challenge cited by educators that was likely to affect how these children could be supported in school. One educator from School E reported that *“some guardians do not honour school invitations”*. Cooperation between teachers and parents/guardians is critical for everyone involved, so as to understand what OVC go through at home and in school. In this way, both parents/guardians and teachers could be in a position to identify how best these children might be supported.

Dropping out of school was another challenge that was likely to affect how the children could be supported. One educator from School E revealed that *“some OVC drop out of school because of [sic] moving from relative to relative”*. It was not made clear why these children moved from relative to relative. However, one could assume that this instability showed a lack of proper support from guardians.

Separation/divorce was mentioned as another challenge that left children suffering psychologically, as one learner reflected: *“I wanted [someone] to help me find my parents and to be free, because my friends sometimes tell me about their parents and I feel sad”* (learner, School G).

In order to mitigate the challenges related to support from parents/guardians, participants identified the following strategies: first, government through schools to organise workshops and seminars for parents/guardians with a view to equipping them with skills and knowledge on the importance of caring for OVC, as one educator had this to say: *“guardians must have [sic] a workshop in taking care of the orphans since they are under their care”* (educator, School F). Workshops and seminars would also provide parents with an opportunity to understand the reasons why OVC should be supported, to complete schooling without dropping out of school to attain their full potential. They also need to be sensitised regarding the importance of the best interest of the child, by supporting children, even when they divorce or separate, as one educator from School G commented: *“parents need to be educated*

such that, even when they move from each other [separate/divorce] let them love the kids in spite of whatever” [sic]. Second, debriefing and counselling children or relatives in the event of losing a loved one through death, was another strategy mentioned that would help. As one educator from School G put it: *“debriefing and counselling sessions should happen to learners [sic] to ensure that they are able to cope with the loss in the event of death of a parent or caregiver”*. Third, involving community members such as business people, alumni and well-wishers in supporting OVC was suggested as another strategy that could be used to ensure that these learners attained their full potential. This idea was encapsulated in the response: *“more business people and alumni should come in and support such kids. They can adopt the kids and support them”* (educator, School G).

Discussion

This study revealed that school children’s psychosocial needs tend to be neglected. The neglect is likely to have dire consequences for OVC, who experience greater psychological challenges. The long-term consequences of such challenges may include low self-esteem, low levels of life skills, learning disabilities, and disturbed social behaviour (FHI & USAID, 2001). Not catering for the psychosocial needs for OVC is likely to negatively affect the economy of concerned countries, as many children would fail to attain basic literacy and numeracy skills. High literacy and numeracy skills are associated with a better economy. Therefore, it is essential for governments to deal with the challenges experienced by OVC, because any country’s investment in its young is an investment in its economic viability and sustainability.

This section will discuss each theme identified in the study, in relation to literature and theory mentioned in this article. The themes include counselling services, life orientation and parental/guardian support.

Counselling Services

The findings from the study have been considered in relation to the psychosocial theory forwarded by Erik Erikson. His theoretical framework has major implications for teachers, parents, school counsellors, school leaders and policy makers (Batra, 2013). Factors including school-based relationships with peers, teachers or books to which learners have access influence children’s emotional development, and are often unrecognised and unappreciated aspects of human development (Batra, 2013). The beginning of puberty, which is marked with sexual maturity and a more rapid phase of physical development

following the childhood stage, heightens a child's awareness of self (Erikson, 1968; Tchombe, 2011). For this reason, having proper channels for guiding and counselling OVC on social relationships is likely to have a positive impact on their behaviour and self-esteem. Findings from the current study revealed that behaviour problems, low self-esteem and lack of concentration and communication were amongst the challenges OVC encountered on a daily basis, which would require them to have counselling services. The findings were consistent with those of Pillay (2012), who found that some OVC were withdrawn, lacked concentration, and at times, were easily distracted. The current study also revealed that sexual abuse was rarely discussed by educators, and that learners in schools that were surveyed gave an indication that this is one challenge that OVC may be facing, and would not know how to deal with. Pillay (2012), in his study, argued that life orientation teachers required the necessary skills to provide counselling support to learners facing various challenges, which was consistent with findings from this study.

Findings regarding a lack of professional support by psychologists, counsellors and social workers in schools, were found to be consistent with Wood and Goba's (2011) view that mental health workers by Department of Education (DoE) are unable to meet OVC's mental needs. This finding suggests that there is a lack of checks and balances on the part of the DoE to ensure that OVC in public schools receive psychosocial support.

Life Orientation

Orphans and vulnerable children need support to continue with their education, and to stay connected with family members, peers, and teachers (Heath et al., 2014). Equipping OVC with knowledge and skills in caring for the sick, doing chores at home, conducting healthy relationships and avoiding peer pressure, would prepare them to live a productive life in society. Jacobs (2011) points out that the teaching of life orientation in schools is aimed at educating young people towards becoming responsible, and living a productive life. The DoE (2002) also reiterates that life orientation prepares and guides learners for life and its possibilities by equipping them with skills, knowledge and attitudes to enable them to make informed decisions. The school stands a better chance of providing learners with an opportunity to acquire life orientation skills. The school curriculum should therefore be directly relevant to children's lives by embedding life skills in the curriculum, such as by means of household management, as well as caring for children and the sick (Richter et al., 2004).

Teachers play a key role in providing life orientation skills to learners. The findings of this study regarding training of teachers in public schools to acquire the basic skills required to support OVC concur with earlier studies on the same issue. Thus, training all teachers in life orientation would enable them cope with the large numbers of OVC that are to be found in public schools (Wood & Goba, 2011).

Parental/Guardian Support

Pillay (2012) in his study noted that support from stakeholders both within and outside of the school was key in enabling educational psychologists to play a meaningful role. Findings from the current study confirms this viewpoint, by revealing that although there was a dearth of psychologists to support OVC, it was also clear that parents/guardians were not cooperating with teachers in a bid to support these children.

Orphanhood is frequently accompanied by prejudice and increased poverty, factors that could jeopardise children's chances of completing school education, and may lead to the adoption of survival strategies that increase vulnerability towards HIV (UNAIDS, 2013). During the childhood stage, children experience the 'industry versus inferiority crisis' (Erikson, 1968; Tchombe, 2011), requiring psychosocial support not provided for OVC in this study, in order to understand why things work the way they do.

Implications and Recommendations

Findings from this study revealed the way in which psychosocial support for OVC was hampered by various challenges. The challenges included a lack of proper counselling structures and services in schools, lack of professionals to provide psychosocial support, a paucity of teachers trained in life orientation, and basic counselling skills and lack of support from parents/guardians for OVC. This implies that OVC are left to struggle with their challenges on a daily basis. Lack of proper support for these children may lead to antisocial behaviours, school dropout, and may cause them to become a threat to the social fabric. These factors are also likely to have long-term future implications, where government will spend more resources to support people who are not economically productive.

Thus, the following recommendations may help to ensure that OVC receive psychosocial support to enhance their psychological and social experiences while still young, in order to achieve better outcomes in future live. First, the current study failed to establish the existence and effectiveness of the education support services available for OVC at the

school level, hence there is need for a study to investigate the availability and effectiveness of counselling services provided by counsellors deployed to schools, and those by the school support teams.

Second, this study did not seek to establish whether teachers were trained with mental health support skills during their pre-service training that might enable them to adequately support OVC, and there is therefore need for an in-depth, qualitative study to establish whether teachers are trained on basic counselling and life orientation skills, and to explain any shortcoming of their pre-service teacher training.

Third, there is a need for schools to mobilise community members to support OVC in their care by identifying and engaging alumni, business communities and other stakeholders to support them. The DoE, through schools, could organise workshops and seminars for parents/guardians of OVC to help them acquire knowledge and skills in supporting these children, and where parents and children can get professional psychosocial support when needed.

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