'We are never invited': School children using collage to envision care and support in rural schools

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The voices of school children who are orphaned and vulnerable are more often than not missing from conversations about their care and support at school. In a rural ecology this is even more so the case. This article draws on a study with school children in rural KwaZulu-Natal and explores their constructions of care and support in the age of HIV (Human Immunodeficiency Virus) and AIDS (Acquired Immune Deficiency Syndrome). A qualitative approach using collage, a visual arts-based method was used with 20 school children from two rural schools in KwaZulu-Natal, South Africa to co-produce data with the participants, which was analysed using thematic analysis. A bio-ecological systems theory was used to frame how rural school children understand and envision care and support in a rural school context, explaining their ideas of transforming school care and support provided for vulnerable children. The findings point to the need for strengthened competencies and agency, improved collaboration and inclusion at school level, and enhanced relations and agency at community level. The findings suggest a democratising of care and support, and have implications for systemic pro-grammatic interventions and policy-making aimed at strengthening the relationships of the individual, the school and the community.

Keywords: care and support provision; collage; HIV and AIDS; intervention; rural school; school children; visual arts-based research

Introduction

> …privilege the voices of those most affected and view them […] as protagonists in their own development, capable of understanding their lives and of identifying, developing (or informing), implementing and (partially) resourcing interventions that address the challenges they face (Moletsane, 2012:5).

There is growing recognition that young people confronted by challenges, should be seen as key participants in addressing and resolving such challenges (Moletsane, 2012), contributing to their own well-being, that of their families and schools, as well as the community as a whole. One such challenge is that of being orphaned. The high numbers of orphaned children rendered vulnerable by HIV and AIDS in the world have made prevention, management of HIV and AIDS, and the care and support of infected and affected children not only necessary, but everyone's business (Department of Basic Education (DBE), Republic of South Africa, 2013; Joint United Nations Programme on HIV and AIDS (UNAIDS), 2013). If the children are in school, the school becomes the critical space – especially in the absence of a parent – for nurturing, supporting, and protecting children while they are being educated for a better future. To this end, the DBE, Republic of South Africa (2013) has declared that schools, including those in rural ecologies, should be cornerstones for HIV prevention, and also for offering care and support to all children infected and affected by HIV and AIDS. As a result, schools are to be "utilised as centres for enhancing access of young people to services for sexual and reproductive health, including HIV … care and support or referral to providers of these services" (DBE, Republic of South Africa, 2013:3). Schools can play a vital role in this regard, and school management teams need to assume responsibility for ensuring that all members of the school community participate – including school children themselves – in decision-making around processes of care and support. While there is a significant amount of literature about schools providing frontline support to all the children and the communities they serve (DBE, Republic of South Africa, 2013; United Nations Children's Fund (UNICEF), 2010), little has been written about how rural school-going children experience and also envisage care and support at school, and how this might inform or transform interventions provided not only in school, but across the various bio-ecological systems.

Care and Support

Care and support of vulnerable children is everyone's concern, and all bio-ecological systems are required to play their part. A wide range of care and support is often provided by families and extended families, by schools, by religious and community organisations, as well as by non-governmental and government organisations, but often in a fragmented way. South Africa has developed policies to make schools better places for all children, including those orphaned and rendered vulnerable by HIV and AIDS in rural contexts (DBE & MIET Africa, 2010). Although the central role of schools is generally seen as promoting academic development and excellence (Blank & Berg, 2006), they cannot ignore provision of care and support, in trying to ensure a holistic approach to the child at school. Wood (2008:186) thus states that "schools should try to create an environment in which children feel loved, secure and valued, since many of them may not receive this support at

home". In pursuit of such an environment, Argall and Allemano (2009) argue that schools should engage in joint activities to learn from one another. That is, participation by the whole school community (in other words other schools, the school governing body, the school management team, the principal, the teachers, and the learners) plus local community people, ought to be drawn on in the provision of care and support (DBE, Republic of South Africa, 2012).

Rural Ecologies

Rural communities, including schools, are often isolated, far from main economic activities, and often referred to as 'needy', 'lacking resources' and 'hard to reach' (Hlalele, 2012; Mahlomaholo, 2012), possibly implying to be deficient in the essential skills that may contribute to the South African economy. Children in these rural communities often are caught up in a vicious cycle of vulnerabilities, which includes poverty, food insecurity, unsafe water and sanitation (Cluver, Boyes, Orkin & Sherr, 2013; Martin, 2015). HIV and AIDS also puts poor and vulnerable children and their parents at risk of losing their lives and livelihoods (Cluver et al., 2013). The long distances from their homes to schools and clinics also contribute to school children lacking information as well as access to basic services which in turn, exacerbates their vulnerabilities (Martin, 2015).

Balfour, Mitchell and Moletsane (2008) however, put forward a counter argument, positioning rural and rurality rather as 'generative' and sufficient. In emerging economies such as South Africa, rural school children are, therefore, an essential resource that contributes to a nation's economy, given that they are expected to be agents of their own lives and agents of their own communities or of society as a whole. Their failure to participate fully might compromise the manner in which their needs are met (Mueller, Alie, Jonas, Brown & Sherr, 2011), as they are more likely to be seen as 'receivers' of, for example, food parcels and school uniforms, and remain out of sight and out of mind as 'givers'. Butler and Mazur (2007) stress the vital role played by local people in rural areas, and the ways in which they adapt to sustain their lives. Thus, the success of providing care and support in rural schools depends on understanding the schools' ecologies (Butler & Mazur, 2007; Mahlomaholo, 2012), and drawing on school children as knowers of their own lives and contexts, which in turn may contribute to transforming care and support interventions.

Research Question

The following question is formulated: *how do secondary school children envisage care and support provided to children orphaned and rendered vulnerable by HIV and AIDS at school in a rural ecology?*

Theoretical Framing

Children who are vulnerable are not vulnerable 'in a vacuum' as it were, but they are vulnerable in an ecological system, i.e. family, school, peers, community, which might create the vulnerability but which simultaneously might contribute at once to addressing the vulnerability. It is this connectedness and mutuality which drew us to bio-ecological systems theory (Bronfenbrenner & Morris, 1998) as a framework for this study. The theory emphasises the importance of the environment in which children grow up, and conceptualises environmental influences as different nested systems, for example, the individual (ontogenic) system, the microsystems (family, neighbourhood, peers, school, church) mesosystem (the links between the micro-systems), exosystem (contexts of which the child is not part but which influence the child), macrosystem (attributes and ideologies of culture, society) and chronosystem (changes occurring over time); depending, for instance, on the amount of direct interaction that a child has with these systems. In other words, the key emphasis of the child's development is influenced by the degree of reciprocal interactions, interdependence and interrelationships within the child's environment. Bronfenbrenner is cognisant of the value of the child's own unique perceptions and opinions of the world around him or her, where over time, children may engage differently with environmental changes, reconstruct themselves, and consequently influence the settings in which they develop (Bronfenbrenner, 1994).

The literature unequivocally indicates that bio-ecological systems theory provides a productive lens for examining dynamic interactions among persons, groups, and their environments (Bronfenbrenner & Morris, 1998). The emphasis on bio-ecological systems theory is premised on and appreciates a child as an active person with the potential to address issues in his or her complex social world (Donald, Lazarus & Lolwana, 2006).

Methodology

The study was conducted in the Vulindlela District, situated about 120 km north-west of Durban in KwaZulu-Natal, where HIV and AIDS prevalence is high (South African National AIDS Council (SANAC), 2015). Schools in rural areas generally remain challenged to respond adequately to the needs of children (Hlalele, 2012; Khanare, 2012; Mahlomaholo, 2012), in particular school children rendered vulnerable by HIV and AIDS.

Twenty Grade 11 school children, both girls and boys aged between 16 and 19 years, from two secondary schools participated in the study.[i] The schools were conveniently chosen with the partici-

pants purposively selected, as they were deemed to be potentially information-rich (Babbie, 2001) about the care and support that should be provided for orphaned and vulnerable school children, although they themselves were not identified as orphaned or vulnerable.

Visual Arts-Based Research

The term 'visual arts-based' suggests a variety of formal and informal methods and techniques, that is, oral, written, or visual, inviting participants to participate in the co-creation of knowledge about themselves (Cole & Knowles, 2008). By employing visual arts-based approaches, a high value is placed on enabling participation, when words are not easy to find to articulate difficult issues (De Lange, 2012). Moletsane (2012) posits that visual arts-based research provides a sense of collective and democratic relationships during the research process, and, according to Schratz and Walker (1995), can enable positive social change. For these reasons, the authors were keen to draw on collage-making with Grade 11 school children positioning them as identifiers and mobilisers of care and support networks, or what Skovdal (2010) refers to as collective social actors.

Collage

Collage is a creative method in which people use existing materials such as pictures, photographs, coloured paper, as well as symbols or words, to create an artistic composition on a particular theme or topic (Butler-Kisber, 2008). Collage importantly provides a sense of intense engagement while producing the artifact (Mitchell, 2011). It provides for both visual and text forms of evidence – a facet often missing in other methods such as interviews. More broadly, by employing collage, a high value is placed on creating a space for participants in which to talk, think, create, discuss, reveal, learn, and even unlearn certain beliefs (Norris, Mbokazi, Rorke, Goba & Mitchell, 2007). Butler-Kisber (2008) argues that when participants engage in creative and thoughtful processes about 'what' and 'how' to represent their ideas, such processes can contribute to subtle change in their lives.

Creating the collages

We worked with the school children to generate – through the use of collage – what they envisaged care and support of vulnerable school children in a rural school should be like. A workshop approach (Mitchell, 2011) was used:

The school children were first exposed to what a collage is and a short explanation was offered, also pointing out how and where collage is used. The participants were shown examples of collages from previous studies on various HIV and AIDS-related issues. In doing so, the participants were given time to have a look, ask questions, and seek clarification. This exercise was helpful to developing the confidence necessary for making a collage (Butler-Kisber, 2008). Following the brief explanation, a prompt was given to the participants, *"create a collage showing what care and support should be like in the school"*. The children formed groups of their choice consisting of five participants each. They were given magazines, pairs of scissors, glue-sticks, coloured pens, A4 paper, and A3 size charts for creating their collages.

They were encouraged to think about the issues of care and support in their school and to brainstorm and use the A4 papers to jot down what they intended putting in the collage. Their discussions revolved around why the group wanted to do a collage, what aim it would fulfill, and what messages they wanted to convey. They then looked for pictures and texts in the magazines given to them, which could help to represent their ideas of envisaged care and support, and use them to create a collage (See Figure 1).

The four groups each created a collage in the hour allocated to them. The groups were then asked to explain their collages to the whole group. These presentations opened up a further space for conversation about care and support.

The essence of school children's views of what care and support should look like in school is represented in the four collages (See figures 2–5).

Their own explanations of the collages is seen as the first layer of analysis by the participants themselves, while Tesch's (1990) open coding process was used as the second layer of analysis to answer the research question. The findings offered are recontextualised in existing literature, framed by Bronfenbrenner's bio-ecological systems theory. In the next section, we offer some empirical evidence of school children's conceptualisations of care and support and what they envisaged to be appropriate for vulnerable children in rural senior secondary schools in the age of HIV and AIDS.

Findings

We discuss the data according to the three main themes, which emerged from the participants' analysis of their collages and our analysis of their analysis, namely: they envisaged strengthened competencies for themselves as individuals, improved collaboration, and inclusion at school level; and enhanced relations and agency at community level.[ii]

Strengthened Competencies

The first theme highlights the school children's ideas of what they see as necessary competencies (communication, psychological strength, financial savvy, promotion of health, youth leadership, accessing online information, and decision-making), and how these could enable their agency to help themselves and others which may in turn contribute to improved care and support in the school.
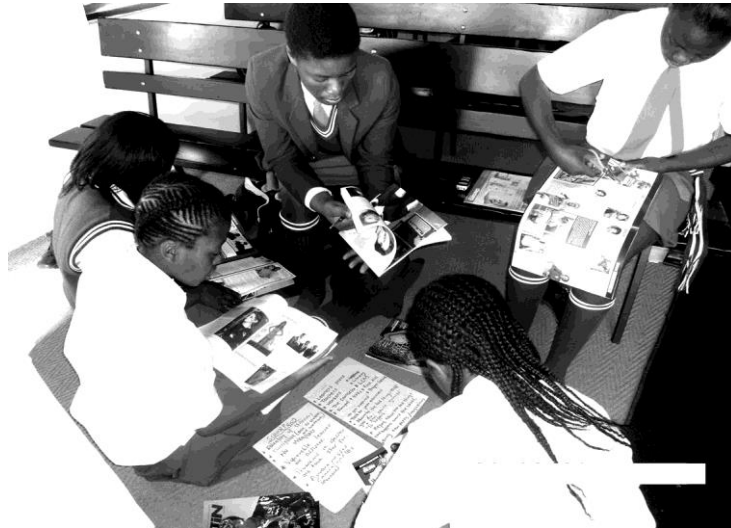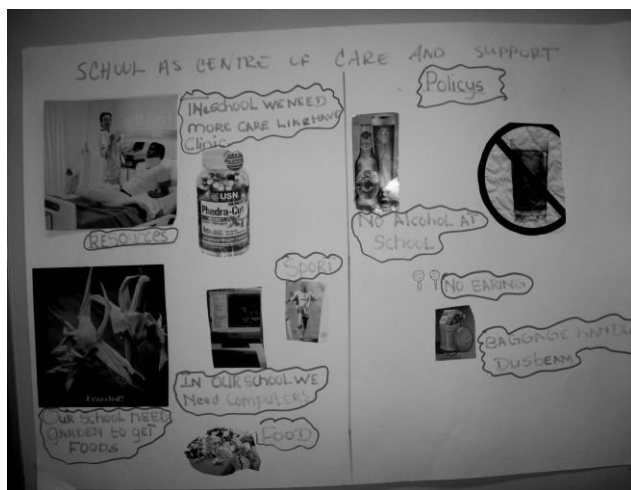
Figure 1 School children engaged in making their collage
(Photograph by Fumane Khanare, used with her permission)

Figures 2–5 The four collages created by the participants
(Photograph by Fumane Khanare, used with her permission)

"Let's talk important things!": Communication

The school children in the study call for a school culture that is open and focused on communication. Such a culture might enable better relationships and learning about and from each other's experiences.

> Here [Figure 1] *we are saying 'let's talk important things in our school'. We need people to talk to, like Heads of Departments, principals, and teachers because among teachers there are counsellors* (Teddy Bear, girl aged 19). [all *sic*]

Some of the children applauded the work done by their peers, and believed that more interaction with youth-led school groups would increase skills and experiences, and improve the handling of their daily problems.

> *Peer educators are still young, but they have been equipped with leadership skills, however, not much support from the school about the peer educators; it is only few individual teachers who are interested in this group* (Moonlight, girl aged 16). [all *sic*]

It is arguable that reasons for poor interpersonal relationships within this system are encapsulated in a hostile and negative school environment (Delva, Vercoutere, Loua, Lamah, Vansteelandt, De Koker, Claeys, Temmerman & Annemans, 2009; Khanare, 2012), which in turn, constrains care and support. To break this cycle, the participating school children asked for more open and positive talks in which school community members share skills, talents, and experiences.

"They are happy when it is sports time": Extended psychological strength

Strengthened interpersonal relationships are also regarded as a source of psychological strength and support. According to the participants, sport allows school children to meet regularly, relate to each other and their coach, and share their challenges, enabling their psychological well-being. They also expressed the need to have various sport codes that would include every child.

> *The boys who play soccer [pointing in her collage] do not have stress and they are happy when it is sports time, because they know it is where they will forget about all their problems* (Rose, girl aged 18).
>
> *We are saying we need other sports too to be introduced and supported in our school* (Rose, girl aged 18). [all *sic*]

According to the school children, sport is important in creating social spaces in which school children can demonstrate hidden and other talents, and achieve success, but also draw on the support of one another. UNAIDS (2005) observes the effectiveness of sport interventions in relation to HIV and AIDS, and on the general well-being of all children. This is strongly reflected in the Millennium Development Goals (MDGs), namely the guiding international framework, to which South Africa is a signatory.

"We already have some ideas": Financial competencies

The participating school children believed that strengthening care and support through developing children's financial competencies may benefit vulnerable school children and the school at large. Income generating activities founded or led by the school children were referenced as important during the collage discussion.

> *We [school children] can organise a certain project and the teachers might help us in finding the facilitator. The facilitator could be one businessman or woman here in the village [...] This person can help us with business skills and some of us we already have some ideas, but we do not know how to use those skills to help ourselves and other people* (Sunflower, girl aged 17).

As Kumar (2012) and Skovdal, Mwasiaji, Webale and Tomkins (2011) argue, financial or economic activities typically take a central role in addressing many of the challenges that vulnerable children face. Our findings provide insight into how rural secondary school children see themselves in the implementation of economic activities that could strengthen care and support for them at school level, gainsaying adult dependency.

"We need first aid training": Promoting health

Promoting health-related competencies among school children seemed to be intuitively easy. The findings suggested that training school children in activities which include administering first-aid services, cultivating vegetable gardens, and learning about nutrition are essential components in sustaining care and support.

> *We need first aid training ... and the first aid kit should be available to all the learners and not be locked in the principal's office* (Masiyama, boy aged 18);
>
> *I want to plant good vegetables in the garden at home and take care of my sister who is sick, but I can't do that because I do not know how to plant things like avocadoes and cucumbers like the ones we have put in this collage [pointing to his collage]. Maybe we can [...] find out those which are suitable to the environment here* (Starlight, boy aged 18). [all *sic*]

Health promotion is diverse and differs across contexts. For the school children in the study, it included training in first-aid and establishing and maintaining a vegetable garden to produce nutritious food.

"School prefects are also important": Enhance youth leadership skills

Having an opportunity to become a school or class prefect inspires school children to experience an increased sense of leadership and engagement and gaining a different angle on care and support. In one school child's words:

> *School prefects are also important, and should be*

trained to not only report our wrongdoings, but also correct those bad things. As for now they are not helping those who need help ... (Rose, girl aged 18). [all *sic*]

Our findings reveal the need for a broad-based conception of school children, particularly school or class prefects, as leaders who can be brought into alignment with the systemic care and support of vulnerable school children.

"There should be computers": Improve access to on-line information

Secondary school children in rural schools indicate how access to computers and internet improve knowledge and skills related to HIV and AIDS, and care and support. Two school children captured this vividly during the collage discussion:

So we ... believe our school is still left behind as far as HIV information and care and support information because of lack of internet in the school and in the community (Teddy Bear, girl aged 19). [all *sic*]

The participants further added that the use of computers and the internet would help them to acquire information beyond what they get in formal classroom lessons, which is often inadequate. The school children's recognition that they have alternative ways of obtaining information from multiple sources other than teachers, contributes to them taking responsibility and agency in learning (Bandura, 2006) – a recognition that energises the children to become active in their own learning.

"Invite us to the policy meetings": Accelerating school children's participation in decision-making

Participating in formal meetings with school management and parents was cited as significant for school children, who want to engage actively with school management in providing ideas, suggestions, and opinions, as well as learn about school-based strategic roles. They think that interacting with the principal may help in making decisions that are aligned to their needs, concerns, feelings, and suggestions. The children spoke about the importance of taking active roles in formulating school policies, as one participant commented:

It is important to invite us to the policy meetings because it is neither the teachers nor the parents who will have to abide by these rules, but the pupils. So it is important for us to be invited so that we can tell them about what we like and what we do not like (Protea, girl aged 18). [all *sic*]

When teachers and parents engage in dialogue with school children properly, formulating school policies can be easier and clearer, and can lead to a greater sense of accountability and ownership in the children. Several studies emphasise the importance of listening to and taking children seriously (Chabilall, 2012; Holderness, 2012; Joubert, 2012); empowering them to become co-decision makers, thus expanding their opportunities for

collective learning (Mitchell, 2011).

Improved Collaboration and Inclusion at School Level

The second theme points to the participating school children's sensible view of collaboration as a significant aspect of care and support in the school. All the children cited a need for collaboration and networking with existing groups, such as school teachers, parents, and other school children, including themselves.

In this collage [Figure 2] we have put different people who are important in the care and support in our school. Here we need parents and teachers, we needs security guards [...] we should take care of each other, the pupils and teachers, as well as the parents, be supportive of each other like family members (Flower Star, girl aged 16). [all *sic*]

The participants also emphasised improving collaboration with the school governing body (SGB), a formal structure in the school, which should work with teachers, parents, and school children to take the school forward in relation to improving care and support.

In our collage, I personally think that the School Governing Body, the teachers, and everyone must be involved. SGB can invite everybody to take part, because they are the ones who make decisions about most of the things in the school ... they can also make sure that we work together, because by doing so, they will get good reports from the community that SGB of that school is doing well (Romeo, boy aged 17).

Another participant pointed out that some school children had difficulty sharing their problems in a context where the relationships between members of the school community are fragmented, hence a call for uniting.

I think SGB can help to unite the school so that we can have improved care and support. As the school, we are acting like many families in one compound. We are not acting like one. Teachers go this way, parents this way, and children the other direction, so it is even worse for those who are sick, because they do not know where to go and keep things to themselves. This is our idea of school as a centre of care and support in terms of HIV and AIDS (Table Mountain, girl aged 17). [all *sic*]

Overall, it is clear from the participants that the school as centre for care and support (see Figure 2) in the context of HIV and AIDS is a feasible one provided there is improved collaboration in which the inclusion of school children themselves is fundamental. International and national documents call for children to have a say (Vaughn, Stieha, Muchmore, Thompson, Lang & Lang, 2012) in all matters that affect them (DBE & MIET Africa, 2010; UNICEF, 2013). According to Eppley (2009) and Joubert (2012), inclusion helps to minimise a mismatch between what they want and what is being provided.

Enhanced Relations and Agency at Community Level

In this third theme, school children indicated that care and support to be a responsibility without borders and stressed that the school needs to strengthen its relationships with the local community in this regard. They indicated that the school is able to drive meaningful communications with existing agents in the community about care and support. In explaining their collage, Lwandle said:

> *In our collage* [pointing in his collage] *we would like to emphasise the participation of clinics and suggest that the school should make their time-table be known to the local clinic, so that the clinic should also put their time-slots to visit school… . Clinic people just come to the school sometimes unannounced, and we are not given much time to ask question and seek some clarity, you see that is useless communication if we cannot be fully made aware of their visit* (Lwandle, boy aged 17). [all *sic*]

Constructive planning, time-tabling, and constant communication between schools and clinics were referred to as important for intensified care and support. Some participants felt that the school should include school children in the process of identifying collaborators from the community.

> *There are many people in this community who are very good and we do not have to wait for those from far, the school we need to make lists of important people around the school and put them on our list. Each class can do things like what we have learnt here [collage process], do its own collage of important people and start conversation with them* (Dollar, boy aged 17). [all *sic*]

The children's articulations show their capacity to identify strengths in their community, which are sometimes undermined, or go unnoticed. Similarly, in Beh (2011), and Malindi and Theron's (2011) studies, the participants were aware of village agents who could contribute to the strengthening of care and support in the school. These school children validated their understanding that care and support can no longer rely on the school alone, but is everybody's business (DBE, Republic of South Africa, 2010). This is in line with the notion that the school is a microcosm of the wider community (Donald et al., 2006), which not only has problems but also unique resources, assets, and capacities, including those that are sometimes ignored (Eloff, Ebersöhn & Viljoen, 2007) or are not yet visible (Chilisa, 2012; Moletsane, 2012).

Discussion

In drawing on the whole bio-ecological system, beginning with themselves as individuals and including the microsystems, the mesosystem and the macrosystem, the rural school children have been articulate in thinking through what needs to be done, and how care and support could be strengthened to ensure a non-fragmented provision. The findings represent the marginalised voices of 'vulnerable' school children on the care and support offered in school in a way that positions them as agents of change. This is important in arguing that care and support should be democratised so as to give it far greater potential to make a difference to the well-being of school children in rural schools. It is within this democratising and its contribution to a context-specific care and support system, that the maximal realisation of the potential of 'vulnerable' school children could become possible.

It is clear that their construction of care and support is dynamic and multi-dimensional, a social process that includes several role players within the ecosystem. Democratising care and support provides a framework in which to map school children's understanding of the phenomenon of care and support, by drawing from their own world, that includes their experiences, thoughts, perceptions and assumptions, and using visual arts to bring forth a new reconceptualised understanding of care and support. Their current constructions point to the omissions and silences in the existing policies and practices of care and support in rural schools. In taking a closer look at school children's construction of care and support, it can be seen that care and support is indeed fragmented, and uncoordinated, and that it excludes critical partners. The very practice and actions of existing care and support structures give substance to the value of democratising them. This will then provide the opportunity to make visible and include those who have been excluded.

These school children's constructions of care and support offer unique ideas that create new possibilities for interacting and for reciprocity among the systems. The school children's constructions, consisting of their own ideas and their own produced collages, have not as yet moved into formal debates and discussions of care and support. The rigour of democratic involvement is important, since it can be used to create new ideas or revise existing ones in relation to care and support within a broader context. Kincheloe and McLaren (2000, cited in Taylor & Medina, 2013:6) describe such work as moving towards "deep democracy".

The notion of democratising care and support, as we argue, also sheds light on school children as able agents, rather than as individuals who are merely 'vulnerable'. The provision of care and support cannot be authentic without the inclusion and active participation of school children. In rural areas, every person is seen as a resource or an asset, who might contribute towards the collective well-being (Ebersöhn & Eloff, 2006). We offer certain assumptions necessary for such understanding, such as, specifically constructing rural secondary school children, not only as consumers of care and support, but as becoming agents in care and support. As agents, school children have the

potential to tap into their inherent strengths, in order to address their own adversities in their daily lives. As agents in the process of becoming, they contribute towards care and support in a number of ways that are practical and meaningful, such as offering material and financial support to school children infected with HIV, or affected by HIV and AIDS; emotional and spiritual care and support; academic support; and as well as building school-based supportive movements. Their views on care and support in the school created spaces for them in which to work collaboratively, with the aim of promoting shared learning. Hence, democratising care and support is about bringing all agents together, sharing ideas, difficulties and solutions, and, as a result, enhancing capabilities (Ebersöhn & Ferreira, 2012) and collective agency (Bandura, 2006), in which all efforts of care and support do not become an individual's responsibility but a collective effort, based on mutual understanding. One could argue that democratising care and support suggests that there be no single caring agent within the system, but, rather, a collective that interacts reciprocally, in a non-linear way, over time. In school, it would mean that the school teacher is not the only authority providing care and support, as prescribed in the educational policies.

The importance of the continual inclusion of school children in school decisions and recognising them as knowledge producers who create and recreate the school processes and structures important to their life circumstances, should be acknowledged. Historically, 'vulnerable' school children's voices have been pathologised and framed as deficient (Chilisa, 2012; Moletsane, 2012), outside of any understanding of their knowledge and experiences in their everyday lives. School children in rural schools view their participation as important and equal to that of others. This highlights the need to understand the views of the school children in rural schools and to give them an opportunity for democratic participation and active agency in the provision of care and support in their own rural school contexts.

The challenge of democratising care and support is enormous, since it involves marginalised school children influencing powerful existing structures. The powerful structures' influence is rooted, for example, in the prescriptive roles of teachers that are documented in educational policies such as The Norms and Standards of Educators (Department of Education (DoE), 2000), in which teachers are expected to mediate, and to provide care and support, thereby implying that teachers are the providers and experts. Democratising care and support requires the whole bio-ecological system to respond.

Conclusion

Returning to the idea of "we are never invited" we have seen that school children, when asked, have clear ideas of what they need in terms of care and support to be able to flourish in a rural school in the context of HIV and AIDS – often quite different from the ideas of the teachers. We sought to provide the children with an opportunity to reflect on the care and support provided in school. Perhaps what is most significant is that the school children positioned themselves as active agents in drawing on different persons and ecological systems in their rural ecology. Clearly, they need to be seen as active human beings, their perspectives and world-views recognised and understood, and be given a fair chance to be involved in planning programmes and informing policies, becoming agents of change (UNICEF, 2016). This requires adults to be more attuned to rural school children's agency to become involved in school-based initiatives towards care and support in the age of HIV and AIDS. The article makes it clear that school teachers and management should work with children – listening to and hearing their voices – to democratise care and support in the context of HIV and AIDS in rural schools, since the children have a clear idea of what they need and how the bio-ecological systems could be engaged. Such knowledge of school children has not been documented formally, and their constructions of care and support could serve as a source from which to build subsequent understandings, and, as Giddens (1984) puts it, to disrupt existing understandings and/or influence change.

Notes

i.   Ethical clearance was obtained for the study H11-Edu-ERE 019. All names used in this article are pseudonyms. Participants signed a permission to use the visual data form, in this instance the collages, for research and publication purposes.

ii. This article draws on the doctoral study of Khanare F 2015. Rethinking care and support of 'vulnerable' learners in the age of HIV and AIDS: an arts-based approach. Unpublished PhD thesis. Port Elizabeth, South Africa: Nelson Mandela Metropolitan University.

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