

POLICY BRIEF

Communities of practice for social systems strengthening to improve child wellbeing

Investing in the early school years:
strengthening school-based support services

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Introduction

South Africa's children and their families face a multitude of challenges because of intersecting social problems. These include poverty, inequality, poor nutrition, mental health challenges, exposure to violence, safety concerns and a lack of parenting knowledge and skills. All these factors impact on a child's ability to learn, thrive and grow.

At a national level there is considerable policy support for intersectoral collaborations that aim to address barriers to learning and promote the health and wellbeing of children. But misalignment between the school, health and social services means that many children and their families do not receive the support they need.

In 2020 the Community of Practice (CoP) for Child Wellbeing set out to test an innovative model of school-based support services. This complex, integrated four year intervention study aimed to enhance children's wellbeing by bolstering the social support around them. The study targeted foundation phase children aged 6 to 8 years in five Gauteng schools and one rural school in Limpopo. In total, 160 children and their families participated in the study each year.

We found that strengthening school-based support services could yield positive results for children and families alike. In this policy brief we share our learnings. We make the case for early intervention and investment in the foundation years of schooling to disrupt intergenerational cycles of poverty and disadvantage.

What is the problem?

Our research highlighted four challenges that need to be addressed to improve outcomes for children in public schools in poor communities.

- 1. Meeting the multidimensional needs of children:** a shift is needed away from a siloed approach to meeting children's needs to a multidimensional one. Children require holistic support across various domains.¹ These include income and food shortages, health concerns (e.g. incomplete vaccinations, site and hearing issues and HIV), behavioural difficulties, exposure to violence at home and in the community, high rates of caregiver depression that affects their capacity to care for the children and poor performance in mathematics² and language literacy³. These interconnected challenges impede children's learning, growth and development.⁴
- 2. The gap between policy and implementation.** There is a disconnect between the multisectoral services mandated by the Integrated School Health Programme (ISHP⁵). There is inadequate government investment in these services. Resources remain insufficient, with underfunding and understaffing in the Gauteng Departments of Education, Health and Social Development. This is further compounded by inadequate implementation of related legislation and policies such as child protection services, 18% of children in the study did not have access to a CSG, high rates of malnutrition were found in 2022 compared with previous surveys with a 14% increase in wasting and 11% more children were underweight. Inadequate school health services exist to meet children's needs⁶. There is under provision of education psychology services. There is also a lack of awareness among teachers of psychosocial support available as per the ISHP. Teachers appeared to lack knowledge and skills in early grade numeracy and literacy.⁷ Social work services in schools are under recognised and under-resourced.

¹ Patel, L., Sello, M., Haffejee, S., Mbowa, S., Sani, T., Graham, L., Gunhidzirai, C., Pillay, J., Henning, E., Telukdarie, A., Norris, S., Ntshingila, N., Raniga, T., Zembe-Mkabile, W., Nyathi, L., Nesengani, T., Setlhare-Kajee, R. & Bezuidenhout, H., How well are our children faring? A longitudinal assessment of child wellbeing in the COVID-19 pandemic in selected Johannesburg schools over three waves from 2020 -2022, September 2023. Available at: <https://communitiesforchildwellbeing.org/wp-content/uploads/2023/09/CoP-Research-Report-Wave-3.pdf>

² Henning, E., Bezuidenhout, H., Ramasodi, R., and Simelane, F. Progress in the First Grade: Assessment of Children in a Social Development Project, September 2021. Available at https://communitiesforchildwellbeing.org/wp-content/uploads/2024/07/1_-_CSDA_-_CoP_-_Progress-in-the-First-Grade-CoP-Working-Paper-series_-_Sep-2021.pdf

³ Patel, L., Sello, M., Haffejee, S., Mbowa, S., Sani, T., Fikani, N., Delany, A., Kubyane, K., Chauke, R., Graham, L., Pillay, J., Henning, E., Telukdarie, A., Mongwe, R., How well are children faring? Baseline findings from a CoP Study to strengthen child wellbeing in Moutse, Limpopo Province, South Africa in 2023. Johannesburg, Centre for Social Development in Africa, University of Johannesburg. June 2024. Available at: https://communitiesforchildwellbeing.org/wp-content/uploads/2024/06/CSDA_-_CoP_-_Research-Report_-_CoPStudy-2_-_A4_-_May-2024_-_2-1.pdf

⁴ Nyati, L., Patel, L., Haffejee, S., Sello, M., Mbowa, S., Sani, T., & Norris, S. (2022). Context Matters—Child Growth within a Constrained Socio-Economic Environment. *International Journal of Environmental Research and Public Health*, 19 (11944). Retrieved from <https://doi.org/10.3390/ijerph191911944>

⁵ Integrated School Health Policy, Department of Basic Education, 2012. Available at: <https://serve.mg.co.za/content/documents/2017/06/14/integratedschoolhealthpolicydbeanddoh.pdf>

⁶ Ntshingila, N., Nesengani, T., Challenges experienced by a sample of school health nurses working in the City of Ekurhuleni, South Africa. Available at: https://communitiesforchildwellbeing.org/wp-content/uploads/2024/07/4_-_CSDA_-_CoP_-_4_-_ISHP_-_A4_-_Oct-2023.pdf

⁷ Bezuidenhout, H.S., & Henning, E. (2022). The intersect of early numeracy, vocabulary, executive functions and logical reasoning in Grade R. *Pythagoras*, 43(1), a646. <https://doi.org/10.4102/pythagoras.v43i1.646>

The Department of Social Development (DSD) in Gauteng has 147 social workers for over 2 200 schools (Perold and Delany 2024)⁸. Social work services are not offered in other provinces except in the Western Cape.

3. **Fragmentation of service provision across health, education and social development.** Poor functional coordination and collaboration exists. Inadequate measures exist to promote cross-functional collaboration such as interdepartmental agreements, training, mentoring, supervision and coaching of staff and performance management. Barriers to multisectoral collaboration are related to fixed mindsets of staff about modes of service delivery, a siloed organisational culture and a lack of leadership support and commitment to drive the needed changes. No change management strategies have been offered to facilitate cooperation and integration⁹.
4. **A holistic roadmap to improve child wellbeing outcomes:** there are no holistic and integrated assessments of children’s needs to guide social interventions for foundation phase children. Without this valuable information, it is difficult to know what children’s needs are and how best to respond. This information is also vital to inform planning and to finding ways to strengthen school based support services.

Learning from the CoP Model

The CoP model serves as an exemplar of a solution to the challenges outlined above. It demonstrates how collaborative, cross-sector approaches can effectively address these issues including multidimensional needs, insufficient investment in services, fragmentation in service provision, and the need for tailored interventions. By fostering cooperation and aligning resources across various sectors, the CoP model illustrates what can be done to create more cohesive and impactful support systems for children.

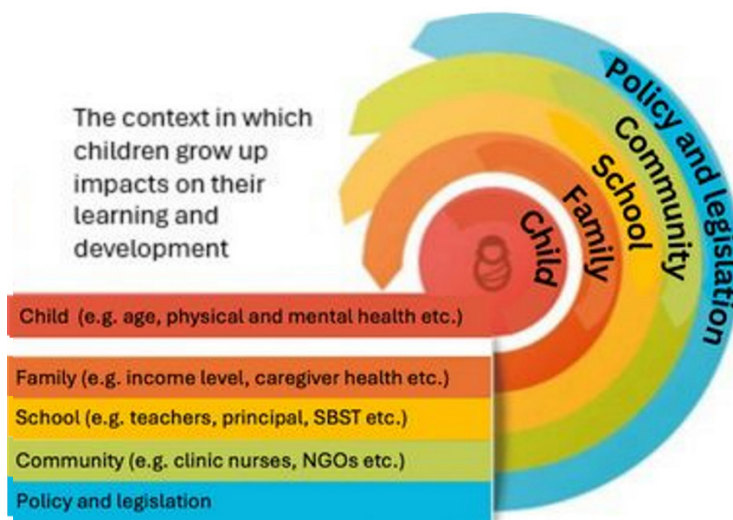


Figure 1: Community of Practice model¹⁰

The CoP uses a whole child, family and community approach built on inter-disciplinary collaboration between practitioners across different sub-fields, including social work, sociology, psychology, educational psychology, education, mathematics and language curriculum, mental health, nutrition, primary health care, community nursing, public health and school health services.

The child is at the centre of the theory of change (ToC) which proposes that by strengthening the social systems around the children we can strengthen their ability to learn and thrive. In order to support child wellbeing holistically, strong social support and care, multisectoral collaborations and co-ordination of referrals to ensure that social services are delivered as needed are required.

⁸ Perold, H. & Delaney, A. (2024). Report on an interdepartmental governmental meeting held to discuss mechanisms for scaling up and institutionalising the Community of Practice approach. Johannesburg: Centre for Social Development in Africa, University of Johannesburg. Available at: https://communitiesforchildwellbeing.org/wp-content/uploads/2024/11/CSDA-_-CoP-_-InterdepartmentalGovernmentalReport-_-A4-_-Oct-2024-_-2.pdf

⁹ Delany, A. & Perold, H., Community of practice for Social Systems Strengthening to Improve Child Wellbeing Outcomes: Towards the institutionalisation and scaling up of the CoP approach in the Foundation Phase – Findings from the qualitative research on participant feedback about the CoP Study (2020 – 2023), June 2024. Available at: https://communitiesforchildwellbeing.org/wp-content/uploads/2024/06/CSDA-_-CoP-_-Research-Report-_-CoPStudy-_-A4-_-May-2024-_-4.pdf

¹⁰ Delany, A. & Perold, H., Community of practice for Social Systems Strengthening to Improve Child Wellbeing Outcomes: Towards the institutionalisation and scaling up of the CoP approach in the Foundation Phase – Findings from the qualitative research on participant feedback about the CoP Study (2020 – 2023), June 2024. Available at: https://communitiesforchildwellbeing.org/wp-content/uploads/2024/06/CSDA-_-CoP-_-Research-Report-_-CoPStudy-_-A4-_-May-2024-_-4.pdf

How did we do this?

The pathway to change (designed in response to the four problems identified above) starts with a detailed assessment of each child to identify their level of risk to compromised wellbeing. This is followed by tailored interventions including early interventions to support their learning and development. These interventions included linking children and families to food 'top up' programmes, coordinating with clinics and health professionals for vaccinations, eye and hearing screenings, referrals for nutritional difficulties, assessments for learning difficulties, referrals to social workers for psychosocial support among others. In addition, high risk families were provided with parenting training and a family strengthening programme and caregivers suffering from depression were referred for counselling. Vulnerable families were linked to financial strengthening programmes. Teachers also received training and support workshops in maths and language teaching. Workshops promoting teacher resilience and wellbeing were offered including knowledge and skills in behaviour management of children in the classroom.

The next step in the pathway to change is regular monitoring and tracking of wellbeing over time to sustain and enhance any improvements made.

Using this model the ToC proposes that child wellbeing is enhanced across all domains, the family is equipped with the skills and support they need, the school supports learning more effectively while nurses provide healthcare. Psychosocial wellbeing is enhanced through social work services and by education psychologists.

What did we find?

The CoP intervention (2020 - 2023) resulted in the most significant changes in the health, education and food security domains of child wellbeing¹¹. We found:

- The number of children experiencing difficulties decreased.
- Children's access to food and nutrition improved. However, there was an increase in wasting and underweight children.
- Caregivers were far more responsiveness to children's health needs. Fewer children experienced health challenges.
- Higher vaccination rates were recorded but a third of children still had incomplete vaccinations.
- Children's educational progress was mixed, parents felt their children's performance improved but teachers disagreed. The barriers to improving learning outcomes are due to multiple and intersecting factors, addressing one area and not others, may account for the small effects.
- Children fared poorly in mathematics and language assessments reflecting a wider challenge at provincial and national levels.
- Parents and caregivers were more engaged and active in their children's lives, spending more time playing and reading with children.
- Children's material wellbeing was compromised by the pandemic and has not fully recovered. This is due to the slow pace of economic recovery and rising employment in the country.
- Six out of ten children continued to be exposed to hostile and violent behaviour at home and in the community.

What worked well?

- The digital Child Wellbeing Tracking Tool (CWTT) proved to be a promising screening tool to identify vulnerable children in need of intervention^{12,13}.
- The multi-dimensional assessments provided valuable evidence to inform tailored child-family and group and community level interventions.¹⁴

¹¹ Patel, L., Sello, M., Haffejee, S., Mbowa, S., Sani, T., Graham, L., Gunhidzirai, C., Pillay, J., Henning, E., Telukdarie, A., Norris, S., Ntshingila, N., Raniga, T., Zembe-Mkabile, W., Nyati, L., Nesengani, T.V., Setlhare-Kajee, R., Bezuidenhout, H. How well are children faring? A longitudinal assessment of child wellbeing in the COVID-19 pandemic in selected Johannesburg schools over three waves from 2020 -2022. Johannesburg: Centre for Social Development in Africa, University of Johannesburg. September 2023. Available at: <https://communitiesforchildwellbeing.org/wp-content/uploads/2023/09/CoP-Research-Report-Wave-3.pdf>

¹² Patel, L., Telukdarie, A., Graham, L., Sello, A. & Archer, J. Using a digital Child Well-being Tracking Tool to enhance service delivery: lessons for scale-up. November 2024. Available at <https://communitiesforchildwellbeing.org/wp-content/uploads/2025/01/CSDA-DigitalToolLearning-ResearchBrief-Research-Brief-A4-Nov-2024-2.pdf>

¹³ Patel, L., Sani, T. & Turton, Y. Exemplar of Developmental Social Work in Schools: Using a Community of Practice (CoP) Multi-Disciplinary Approach for Early Grade Learners. June 2022. Available at: <https://communitiesforchildwellbeing.org/wp-content/uploads/2022/07/CSDA-CoP-Intervention-Report-A4-July-2022-4.pdf>

¹⁴ Ibid.

- Our research indicates that targeted interventions significantly enhanced child wellbeing.¹⁵
- The improvement in several domains of high and medium risk of learners suggests that school support provided by social workers using customised interventions was effective.
- The study highlighted the value of synergy between addressing economic and social goals simultaneously.

How effective was the CoP?

A composite child wellbeing index was developed made up of 23 child related characteristics. The impact of the intervention on child wellbeing was assessed.

The findings show that:

- All the interventions had a statistically significant positive effect on child well-being.
- Specific interventions associated with improved child wellbeing scores were the social work intervention and the Sihleng' imizi family strengthening programme.
- The study shows that interventions targeted at children between 6 and 8, based on their risk profiles, can significantly enhance their well-being.¹⁶

Policy implications

Various policies make provision for holistic and integrated services for children in South Africa. This commitment has proved to be difficult to operationalise and implement. The study demonstrated the positive impact of intersectoral collaboration and teamwork at school, family and community levels in a real-world setting. Valuable lessons were learnt for strengthening and scaling up school-based support teams and services for children in the Foundation phase at public schools in disadvantaged communities.

- **Programme scale-up** – the CoP approach offers a practical way of strengthening the implementation of the Department of Basic Education's care and support mandate, by promoting intersectoral collaboration at a school level. The natural home for this is School-based Support Teams and there is opportunity to use these teams to facilitate integration to expand the reach and depth of a school-based support programme like this one. Care and support protocols must be established to enable this integration.
- **Systems strengthening and collaboration across social development, health and education** – interdepartmental operational agreements are needed to promote functional collaboration, coordination, knowledge, skills, data, financial, infrastructure, administrative and human resource sharing across the departments.
- **Human resourcing** – attention needs to be given to the ratio of community-based social workers and auxiliary social workers to learner needs. Similarly, there is a need for reviewing norms for education psychologists, nurses and other paraprofessionals to adequately respond to the needs of the children.
- **Capacity development of staff** – all partners and collaborators need to be equipped with the knowledge, skills and values to implement and or adapt the CoP approach at school level. Training, supervision, mentoring of staff and performance management are critical success factors in improving child related outcomes. This should also focus on shifting mindsets and organisational culture to promote and strengthen care arrangements across education, health and social development. Capacity development should be directed at professionals and paraprofessionals in governmental and non-governmental agencies.
- **Developing a culture of evidence-informed decision-making** – the digital CWTT collected comprehensive information to identify children at medium and high risk requiring tailored interventions. It could also inform inter-governmental planning, implementation and monitoring and evaluation. To support this, capacity needs to be developed using a 'learning by doing' approach within the three departments to ensure the evidence is used to full effect.
- **Digital tool to identify and prioritise children who need additional interventions** – while most eligible children receive a Child Support Grant (CSG) and access to school feeding, many do not. Others may need health, nutritional, psychosocial, learning and caregiver/parenting support. The nature and scope of interventions may vary depending on the levels of vulnerability of the child and their family. Early interventions may be protective, remedial, preventative or promotive of children's wellbeing.
- **Teacher support** – teacher awareness of psychosocial needs and how to identify these, needs to be developed. Teachers also require support and training in promoting their proficiency in mathematics and language competencies.

¹⁵ Ibid.

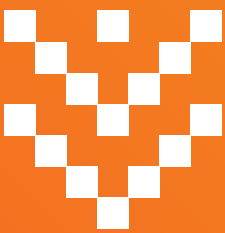
¹⁶ Greyling, T. and Segabi, Q. (2024). ROI Report: interventions and child well-being. Assessing the impact of interventions on child well-being. Report of Independent Consultants (unpublished).

- **Return on Investment analysis** – shows that targeted and tailored interventions for vulnerable children are both feasible and an effective way of improving outcomes for children measured in terms of a Child Wellbeing Index (CWI). Specifically, social work services and the Sihleng'imizi family strengthening programme proved to be most effective.
- **Incremental changes could be effected to existing delivery models** – the CoP approach could be adapted in urban and rural settings. In doing so, it could be scaled up through further advanced testing and evaluation, offering potentially higher impact.
- **Institutionalisation of the CoP approach** – these learnings could aid the institutionalisation of interdepartmental collaboration and multidisciplinary practices. Memoranda of Understanding (MoU) or service level agreements between the respective departments are needed in which roles, responsibilities, mandates, norms and standards and operating procedures, outputs and outcomes are specified. These need to be adapted to changing needs and circumstances as new evidence emerges.
- **Costing of the CoP model** – The initial calculations based on the five schools indicate that the programme could be implemented at a cost of R1 647,060 per annum. This amounts to R329 412 per school per annum. It should be noted that the startup costs were high and included the screening costs by social workers and nurses who were privately contracted. Social worker salaries were funded by the CoP. Approximately 40% of the children received a social work intervention while those in need of health and nutritional support received services from local clinics and NGOs. Education psychology assessments were funded by the CoP which was required by 10% of the children. The development and testing costs of the digital tool was also funded by the CoP. The major cost driver is the personnel cost for social workers at a ratio of 1 social worker to 60 children. Entry level social workers who are new graduates and who were unemployed were contracted, trained and supervised by the CoP. This proved to be effective.
- **A revised and more cost effective implementation model needs to be developed** – elements of such a model could be based on the following: (a) using auxiliary social workers (working under the supervision of a social worker) will need to be piloted, tested and costed; (b) options for the DSD include redeploying internal staff in cognate programmes and or funding of designated child protection agencies to pilot the next phase of the programme; (c) local clinic nurses and community health workers could be deployed to conduct the health and nutrition screenings and follow up interventions; (d) education psychologists currently employed by DBE could be designated to conduct the assessments and social workers and teachers could assist with follow-up; (e) other costs such as research, capacity development, information technology (e.g. to implement the e-government strategy) among others could be treated as shared resources across the departments including transport, administration and monitoring and evaluation to mention a few; (f) tweaking of the tool will be needed for further testing, training, monitoring and evaluation.
- **Investing in children in the early grades – no dedicated interventions and resources are allocated to improve outcomes for children in the Foundation phase.** Strengthening school-based support teams and services, vital remedial and preventive interventions may be offered to ensure that no child is left behind.

Conclusion

Given the vast challenges facing children in poor and disadvantaged families and communities, there is an urgent need for early investments in the Foundation phase to improve psychosocial, health and learning outcomes. The CoP study demonstrates that if all government systems worked better together, they can improve child wellbeing outcomes. This study demonstrated the positive impact of intersectoral collaboration and multidisciplinary teamwork at child, family, school, community and societal levels in real world settings.

Investments in the early school years could break the cycle of cumulative disadvantage that children face, overcome inequality gaps between rich and poor and position them for wellbeing improvements in the short to medium term that are necessary for leading more fulfilling and productive lives in later life.



Communities of Practice web link:
<https://communitiesforchildwellbeing.org/>