LEARNING BRIEF

Lessons learnt from a Communities of Practice for Child Wellbeing: Stepping up investments in the Foundation Phase of schooling

Developed by the **Centre for Social Development in Africa** and **Save the Children South Africa**.

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Key Takeaways

- A multi-sectoral Community of Practice (CoP) strengthens child wellbeing by reducing the burden on individual professionals and enabling holistic support in the foundation phase of schooling.
- Establishing a shared goal ensures alignment among diverse stakeholders, fostering collaboration and reducing conflicts.
- Strong leadership and efficient coordination keep efforts focused, maintain momentum, and enhance sustainability.
- Trust-based relationships and pre-existing partnerships facilitate school engagement, but clear expectations from the outset are crucial for maintaining commitment.
- Adaptability and continuous learning help navigate systemic challenges, such as fragmented service delivery, ensuring long-term success.
- Targeted advocacy and early stakeholder engagement—especially with government departments—are essential for securing long-term investments in early education.

Introduction

This learning brief highlights the transformative potential of collaboration, as demonstrated through the Community of Practice (CoP) approach. The CoP serves as a demonstration programme designed to strengthen investments and interventions that break cycles of disadvantage impeding lifelong learning, growth, and development. In response to the growing national and global call for integrated multisectoral systems of care to meet children's foundational needs, this learning brief shows how customised solutions were applied to an integrated system of care for a sample of South African children. Addressing historical, structural, and social adversities exacerbated by weak service delivery, we reflect on the lessons learned from implementing a CoP to enhance social sector systems for children's wellbeing. The brief shares key findings, including how children and families fared during the study, insights on scaling up school-based support services, and recommendations for policy and practice. It is intended for practitioners, policymakers, and researchers who work in child development, social systems strengthening, education, and interdisciplinary approaches to improving child wellbeing outcomes.

We begin by describing the CoP approach, how the CoP was constituted, how we assessed children and what we found, as well as how we intervened. Lastly, we share lessons learnt from this multi-sectoral collaboration.
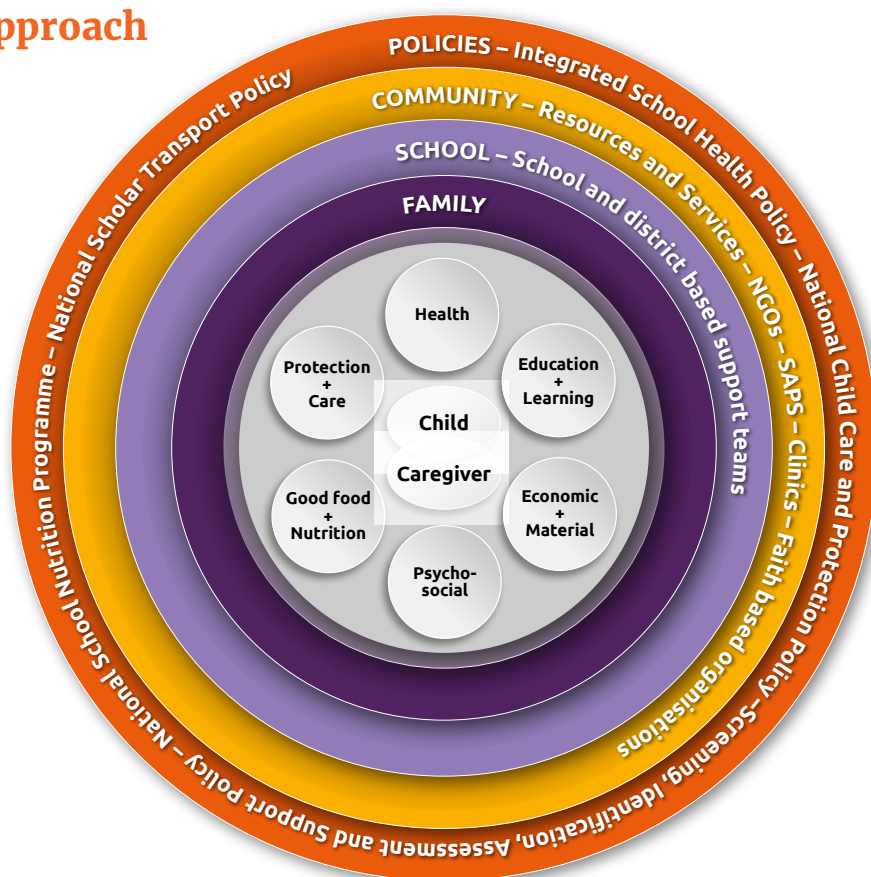
The CoP Approach

Figure 1: CoP Framework

Child wellbeing is multi-dimensional. In order to enable it, innovative, dynamic and integrated approaches are needed. This stance means thinking through the multiple, overlapping layers of influence and aspects of children's lives and the effects of their experiences on their development and future trajectories.[1] The World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) emphasise the need for integrated services across sectors, across domains, to ensure and promote holistic care for children.[2] One way of achieving this goal is adopting a collaborative approach which brings together a multi-sectoral and multidisciplinary support network, centred around children and their families. Through such collaborations, diverse stakeholders spanning various sectors, disciplines and professions can take joint responsibility and address the multifaceted aspects of child wellbeing holistically.[3]

In South Africa, various policies support integrated services. The National Child Care and Protection Policy (2019) guides coordinated childcare and protection programmes. The White Paper for Social Welfare (1997) promotes inter-sectoral collaboration for family and community welfare services. The Integrated School Health Programme (2012) advocates for integrated service provision across health, education, and social development sectors. School care and support teams coordinate services in public schools. The District Development Model (2019) aims to enhance collaboration, planning, and budgeting across all government levels at the local level. However, fragmentation, poor communication between various state departments, siloed approaches, budgetary constraints and human resource challenges have compromised the delivery of quality care and overall wellbeing of children.

In response to these challenges and to fill the evidence gap on how best to achieve integrated approaches, in 2020 a team of researchers at the University of Johannesburg (UJ) established a Community of Practice (CoP) aimed at strengthening social systems to improve child wellbeing outcomes in South Africa. Taking a whole child approach, the CoP put children and their families at the centre of a social support system and provided tailored and integrated health, education, mental health and welfare support services and interventions based on data gathered from children, caregivers and teachers.

In line with integrated services, the CoP convened a multidisciplinary group of researchers, service providers, and governmental and non-governmental stakeholders from key social sectors. The project aimed to disrupt cycles of disadvantage in South Africa by improving children's wellbeing outcomes through collaboration. In order to achieve this aim, two of the objectives of the CoP were to:

1. strengthen and promote collaboration between key sectors such as health, social development and education;
2. assess and address (among other problems) hunger, material deprivation, low-levels of parental engagement in children's learning, psychosocial wellbeing, caregiver mental health, and child health.

Setting up the CoP

The CoP operated at two levels: the advisory level (ALCoP) and the local level (LLCoP) (See Figure 1). The ALCoP was made up of a team of researchers from the universities of Johannesburg (UJ), and Witwatersrand (Wits), the Medical Research Council (SAMRC), representatives of government departments, namely the Department of Basic Education (DBE), the national Department of Social Development (DSD), the Provincial Departments of Education, Social Development and Health, the City of Johannesburg and two international partners – UNICEF and Save the Children, South Africa. The advisory ALCoP conceptualized the overall aims of the study and guided the study's implementation.

A local level (LLCoP) was established at each of the participating schools. It included teachers, social workers, nurses and other allied professionals working in the school/community. The LLCoPs' primary goal was to guide and implement interventions, and to establish community networks of support. At the centre of the ALCoP and the LLCoPs, was a project coordinating team tasked with project implementation, assessment of children, implementation of interventions and liaison between the ALCoP and the LLCoPs.

How we assessed the children

In line with the objective to assess and address (among other problems) hunger, material deprivation, low-levels of parental engagement in children's learning, psychosocial wellbeing, caregiver mental health, and child health, the ALCoP developed the Child Wellbeing Tracking Tool (CWTT). This tool later evolved into a digital application, built by an engineering partner in the ALCoP team.

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[1] https://www.oecd-ilibrary.org/docserver/1a5202af-en.pdf?expires=1715003926&id=id&accname=guest&checksum=26521B779EA20721A221182CE002A95A

[2] (World Health Organization and the United Nations Children's Fund UNICEF, 2021).

[3] (Moolla and Lazarus, 2014).

The tool contains questions on six domains of child wellbeing, caregiver characteristics and relevant household level information. The domains assessed included good health, optimal food and nutrition, economic and material wellbeing, education and learning, protection and care, and psychosocial wellbeing (as detailed in Figure 2). The CWTT was pre-tested and refined. The tool was primarily administered by social workers, who interviewed the child, caregiver and teacher. The questions related to health required a qualified nursing practitioner who assessed children's nutritional status. These assessments enabled the CoP team to develop and implement tailored interventions addressing the needs of individual children, caregivers and families to enhance their wellbeing.

Recognizing the importance of children's early years, the CoP was directed at a matched sample of 123 children in the foundation years of schooling (Grade R, Grades 1, 2 and 3) and their caregivers who were receiving a Child Support Grant (CSG), across five urban schools in Johannesburg and one location in Moutse, rural Limpopo.

In the urban schools, the same cohort of children was followed over three waves in 2020, 2021 and 2022. In the rural sample (Moutse, Limpopo) children were only assessed at one time point. Children were also assessed for competence in early grade reading (130), maths language (127) and maths numeracy (120). The findings on child wellbeing are available on our portals publications and the language and numeracy assessments may be obtained on our portals useful resources page.

What did we learn about child and caregiver wellbeing?

HEALTH AND NUTRITION

Child hunger: This information was in response to the question: Does your child ever go to sleep hungry.

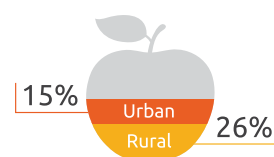**Insufficient food intake:**

14% ↓ 5%

Overall levels of child hunger in urban schools declined from a high of 14% at the start of the COVID-19 pandemic in 2020 to 5% at the end of 2022.

14%

Zero hunger was reported in Moutse in 2023.

15% Urban
26% Rural

Insufficient food intake was experienced by 15% of children in urban schools and 26% of children in rural schools.

School feeding:

58.7%
Wave 1

59.5%
Wave 3

Access to school feeding reported by caregivers remained stable over all three waves, with 58.7% in wave 1 and 59.5% in wave 3.
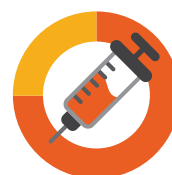
MOUTSE

In Moutse 13% of caregivers indicated that the children did not eat a meal provided by the school nutrition scheme.

Vaccinations:

Three out of ten children in urban schools in 2022 (wave 3) had incomplete vaccinations.

Close to a quarter of the children in Moutse did not have up-to-date vaccinations.

Stunting:

Stunting levels improved slightly between waves 1 (2020) and 2 (2021). By wave 3 (2022), 11% of children in urban schools in 2022 (wave 3) were stunted; while 2% of children in Moutse were stunted in 2023.

Wasting:

Wasting levels increased over the duration of the study. In urban schools, wasting levels increased from 5.6% in wave 1 (2020) to 20% by wave 3 (2022).

15%

Wasting was evident among 15% of children in Moutse in 2023.

SCHOOL PERFORMANCE:

Urban schools

3YRS

89%

Average school attendance rates of 89% remained stable over the three years

86%↓73%

Progress with school work declined from 86% in wave 1 (2020) to 73% in wave 3 (2022).

71%↓64%

There was a decline in the percentage of children doing homework from 71% in 2020 to 64% in 2023.

Rural school

91%

School attendance was 91%

85%

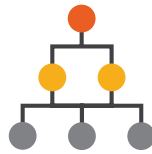of the children were reported to have progressed with school work

79%

of teachers reported that children were doing their homework.

Mathematics and language assessments

Assessments in urban schools found an association between numeracy and mathematics-specific vocabulary.

Results confirmed that number concepts and reading skills developed hierarchically.

English-speaking children performed better on the numeracy assessment, while isiZulu- and Sesotho-speaking children performed better on the reading test.

Association between child depression and mathematics and reading scores (urban schools)

Children who felt sad or depressed had lower test scores in numeracy and reading - these children scored 10% lower on the maths & numeracy test (Marko-D test) and 8% lower on the maths language test.

Children who felt that they were treated fairly by teachers had higher test scores.

Positive teacher assessment of a child's progress was associated with better outcomes on these tests (Leach & van Der Berg, 2023).

CAREGIVER MENTAL HEALTH

52% ↓ 23%
Urban caregiver depression peaked in 2020 at 52% but dropped to 23% in 2022.

Three out of ten caregivers had depressive symptoms in Moutse (2023.)

Caregiver depression was associated with lower child resilience scores on the Child and Youth Resilience Measure (CYRM).

A 58% decrease in the resilience of a child was found when caregivers had elevated depressive symptoms (based on own analysis of CoP wave 1.

24% ↓ 11%
Clinical risk (using the SDQ scale) declined from 24% in 2020 to 11% in 2023.

Conduct difficulties remained high in urban schools across all three waves.

20% ↓ 16%
Only 16% of caregivers were employed full-time in 2022, compared with 20% in 2020.

63%
Unemployment remained stubbornly high at 63% in 2022.

29% ↑ 37%
Caregiver indebtedness increased from 29% in 2020 to 37% by 2022.

13%
Caregiver ability to save declined by 13% between waves 1 and three.

For most of these families, social grants play a crucial role in mitigating the financial constraints they face. Around 85% of the participants received the Child Support Grant (CSG) in 2022 and of these grant recipients, 40% also received the Social Relief of Distress Grant (SRD).

CoP Interventions

Children found to be at risk at baseline were followed up with customised holistic interventions across multiple domains.

Health:	■ Referral of children for appropriate health interventions. These referrals included vaccinations and on-site eyesight and hearing/speech screenings by the University of Johannesburg's optometry clinic and the University of Witwatersrand's audiology clinic.
Nutrition:	■ Ensuring that families experiencing food insecurity were assisted in accessing food parcels. Children were also enrolled in the in-school National School Nutrition Programme during school time and on the days when they were not at school.
Education:	■ Qualified educational psychologists assessed children who were not progressing at school.
	■ Teacher training was facilitated to assist teachers to identify and assist children in improving their numeracy, reading and vocabulary competencies.
	■ Psycho-educational workshops were facilitated with teachers and caregivers on supporting children's learning, overcoming barriers to learning and implementing positive discipline.
	■ Social workers facilitated ongoing support and monitoring of children, working in collaboration with Foundation Phase (Grades 0 to 3) teachers and Heads of Department at participating schools. Where necessary, referrals to specialist community support services were made.
Parenting and family health:	■ Community radio campaigns provided practical tips to caregivers on how to help their children both in and out of school and focused on good nutrition, mental health and finances.
	■ Families were referred to the Sihleng'imizi Family Strengthening Programme.
Mental Health:	■ Caregivers scoring high on the depression scale were referred to the South African Depression and Anxiety Group (SADAG) and community-based mental health facilities for further support and counselling.
Teacher support:	■ Resiliency workshops were held for teachers to strengthen their skills in dealing with the demands of teaching and personal challenges.

Positive progress was achieved (2020 and 2022)

- The number of children experiencing emotional, peer group and social difficulties dropped from 25% to 11%.
- Caregiver depression rates fell from 52,6% to 23,5%.
- Child hunger fell, with 14% of children going to bed hungry in 2020 declining to 5% in 2022[4].
- While 14% of children did not have enough food to eat in 2020, this figure dropped to 5% in 2022.
- Children who did not eat three meals a day dropped from 12% to 5%.
- Almost a fifth or 18% more children engaged in physical activity.
- Parents and caregivers received more support from family and friends, rising from 30% to 80%.

Overall:

- Teachers reported improvements in child cleanliness, parental involvement, improved concentration of learners, performance and interaction of children with other learners in class.
- Teachers also said they had learned to see children holistically since the inception of the CoP:

> *"Right now, I can say that as an educator, I am even more involved with the learner's wellbeing. I can now see that this one does not have food. This one needs [a] school uniform . . . Do not just focus on what the learners are doing in their books. Look at the learner holistically"* – Teacher, School 3

What were the challenges of the Community of Practice?

In the implementation of the Community of Practice (CoP) approach we encountered several challenges that impacted the collaboration and effectiveness of the intervention. One significant barrier was the diverse mandates of the participating organisations, which sometimes hampered seamless collaboration and alignment of priorities. The COVID-19 pandemic further complicated the situation, disrupting team engagement and overwhelming the Department of Health with demands, leading to delays in their participation within the CoP.

Another challenge was ensuring equitable partnerships among stakeholders, which involved managing disagreements and accommodating divergent views. Some schools also displayed resistance to the intervention, adding to the complexity of implementation. In addition, the nature of the intervention itself proved to be time-consuming and labour-intensive, requiring substantial effort and resources to ensure its success. Despite these challenges, the CoP demonstrated resilience in pushing forward its objectives to strengthen social sector systems for children's wellbeing.

Lessons on forming and maintaining a multi-sectoral CoP

The quotes below from collaborating partners show that a multisectoral CoP is a viable way to strengthen social systems and holistic child outcomes.

> *"For me, working in a multidimensional team is the best, because as a social worker you feel like you have to do everything by yourself. And sometimes it becomes overwhelming, and you can't do everything by yourself. Our role was clear, what we were supposed to do, we had other people supporting it, we had other professions supporting it. So, I didn't have to hold some child and go to get them vaccinated because the nurse was there, you know . . . So knowing that I can always refer a child that seems to be having academic challenges to a psychologist and a child that has health issues to a clinic that brought less burden on the social worker to try and think, okay, if a child is hungry do I bring it out of my pocket when there are a lot of NGOs around that community?"* – Social worker, School 3.
>
> *". . . it's a privilege to have a platform where we can refer learners because before you came in, the system we used was overwhelmed with what to do. But now, at least you have been here, I think it eases the burden of the teachers. And I think it's a good thing for you to be here to refer to. Because we, as teachers, are not knowledgeable about everything. We don't sometimes know what to do"* –Teacher, School 3.

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[4] The improvement in child hunger is possibly due to the restarting of school feeding schemes after the COVID-19 pandemic in schools. However, the research highlighted that a third of children still showed at least one sign of malnutrition.

While incorporating a wide range of stakeholders can bring with it challenges, there were many levers of change that enabled the smooth functioning and success of the CoP at both the advisory and local level, as discussed below:

Establishing a Shared Goal: Collaborations require a shared culture to succeed; however, differing perspectives and backgrounds among stakeholders can create conflicts and misunderstandings. Without a common understanding of objectives, it becomes difficult for intersectoral collaboration to be effective. By defining a clear and shared goal focused on improving child wellbeing outcomes, the community of practice was able to align its efforts and activities towards a common objective. This shared goal provided a unifying purpose for all stakeholders involved.

> *". . . in other organisations there can be a lot of hostility or animosity or competition but here it is clear that the best interest of children is at the centre, as well as then the empowerment of families and teachers to doing better as to address challenges children face . . . we're creating the chain care environment from all the different groups".* – Participant M, FGD

Supportive Relationships: Creating supportive, mutually beneficial relationships among the members of the community of practice was crucial for its success. These relationships fostered collaboration, trust and effective communication - enabling the group to work together towards enhancing the welfare of children. Furthermore, the importance of leveraging and nurturing pre-existing relationships in ensuring buy-in was evident throughout the duration of the CoP project. Partnerships established in the CoP were built on previous working relationships and were therefore based on mutual trust and support. To some extent, buy-in from schools was facilitated because of pre-existing relationships project partners had with schools. Equitable partnerships also suggest a need for understanding and addressing possible power imbalances which could hamper the achievement of CoP goals.

> *"Because the relationships were good with the schools' principals and the heads of Departments they did give us leeway"* – Project coordinator, interview.

Strong Leadership: The presence of strong leadership within the community of practice played a vital role in guiding the group, facilitating decision-making, and ensuring that objectives were met. Effective leadership helped in navigating challenges, maintaining momentum, and keeping stakeholders engaged.

> *". . . it has to do with leadership, which is strong, subtle, powerful and humble"* – Participant E, FGD.

Efficient Coordination: Well-organised and harmonised activities, meetings, and communication channels within the community of practice was essential for ensuring that all members were informed, involved, and working towards the common goal. Regular meetings and clear communication channels helped in keeping the group organised and focused.

Adaptability and Learning: Members of the community of practice demonstrated adaptability by being open to learning from experiences, reflecting on what worked and what did not and continually improving the approach. For instance, South Africa's service delivery system is known to be fragmented in many sectors. This systemic issue posed a significant challenge as it hindered the coordination and integration necessary for effective collaboration. However, the willingness of the CoP members to adapt, learn from challenges and pivot where necessary contributed to the success and sustainability of the initiative.

Research and Evaluation: Conducting research, collecting data and evaluating the outcomes of the community of practice initiative provided valuable insights into its effectiveness and impact on child welfare outcomes. This evidence-based approach helped in identifying strengths, weaknesses and areas for improvement.

Outlining clear expectations from the onset: Competing needs, time limitations and commitment issues resulted in some partners being unable to fully commit to the project. This inconsistency in participation undermined the stability and progress of the collaborative efforts. Outlining clear expectations of time and level of effort from the onset of similar collaborative efforts can mitigate some of this risk in the future.

Employing targeted advocacy strategies: Securing active participation and buy-in, particularly from government departments, proved to be challenging for the CoP. This lack of engagement from crucial stakeholders can significantly impede the implementation and success of collaborative initiatives. Strategies such as stakeholder mapping and targeted lobbying of key officials in the preliminary, inception stages of project design can be useful approaches to draw upon.

Conclusion and Recommendations

This study demonstrates the importance of monitoring the multi-dimensional wellbeing of children and their families in their school and community context. Not only does it help to identify the priority needs and difficulties that need to be addressed; it also flags the issues/problems that fall within the mandate of different government departments, possibly in collaboration with other non-governmental agencies. Some interventions may be targeted at children, while others may be targeted at caregivers, the whole family group and/or teachers, health care practitioners, and health and social service agencies operating in communities. This assessment reaffirms the need to build supportive and integrated services at school and community levels, of which CoP models could play a role. Ensuring that multidisciplinary teams are capacitated and work together to share knowledge, resources and skills to find impactful and tangible solutions is critical to improving social outcomes for children.
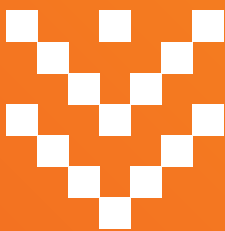
Replicating this model in other locations requires a structured, action-oriented approach. Detailed frameworks should outline how different institutions, such as health, education, and social development departments, can collaborate effectively with other stakeholders, including community-level structures within the City of Johannesburg municipality, the Gauteng provincial government, and national entities. These frameworks need to also incorporate mechanisms for governance and accountability to ensure that each participant fulfils their role in service delivery.

Advocacy for the CoP model as a practical and effective tool for social service practitioners and decision-makers could be a strategy to promote its wider adoption and scale-up. Without strong political support, efforts to replicate and expand the model may face significant barriers.

While more extensive research and pilot studies are necessary to fully understand the potential of integrated multisectoral and multidisciplinary CoPs to enhance child wellbeing in South Africa, this study suggests that the CoP model offers a structured yet flexible approach. It can be adapted to various contexts and holds promise for addressing the constitutional right of children in South Africa to a state or sense of wellbeing.

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