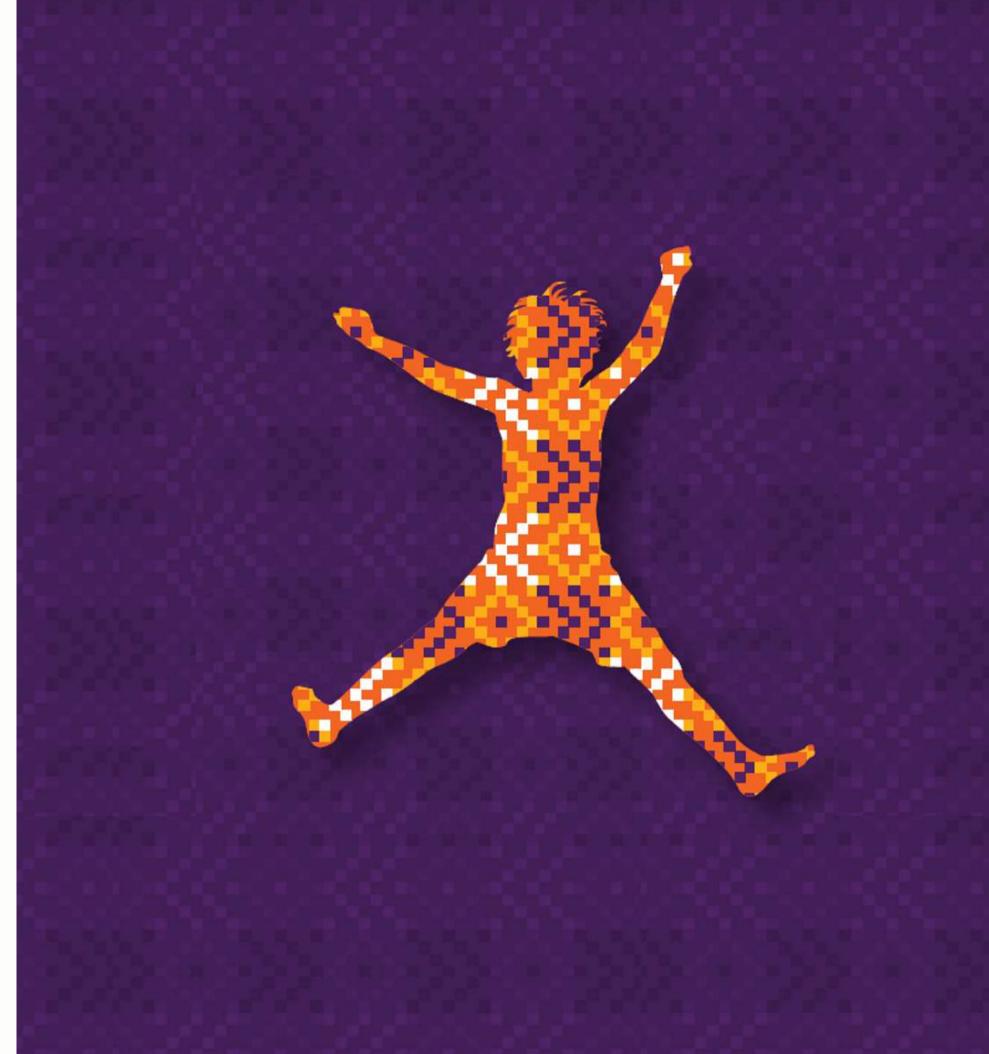


# Supporting schoolbased support to fasttrack child wellbeing

The Child Wellbeing Tracking Tool



## Outline

O1

Background to the COP

An approach to supporting schools to promote child wellbeing

- How it works
- Evidence of its effects

02

The CWTT

03

**Next Steps** 

- Its dual purpose
- How it works
- What users are saying

Is it useful for the DBE to support the work of SBSTs?



# Why the COP?

We know that many children are at risk of poor nutrition, health, social and educational outcomes - often these issues intersect.

Intervening to address these issues is complex and requires different skills and resources.

Schools are a crucial space in which to intervene through school-based support.

But teachers and SBSTs often lack the capacity (time, knowledge, resources) to adequately support children.

A COP approach provides a *way of working* that brings the rights people together in a setting that promotes sharing of knowledge and capacity and collaborative problem solving.

## What is the COP?

The COP is a practical way of bringing professionals with different expertise together to collaboratively identify children whose wellbeing is at risk, and intervene to support the child and/or caregiver to promote wellbeing.

## How does the COP work?

Teachers, social workers and nurses meet regularly to:

- Identify children at risk.
- Understand why they are at risk.
- Develop an intervention plan for the child.
- Reflect on progress.

COP participants use evidence collected through the CWTT to:

- Identify the children who are at risk.
- Support the collaborative intervention approach by ensuring that all know what domain(s) of wellbeing the child is struggling with.
- Track whether progress is being made in the child's wellbeing.





## The CWTT

Is a crucial tool to support the work of the COPs at each school.

It serves TWO main purposes:

- To TRACK wellbeing over time
  - School level
  - District level
  - Provincial level
  - National level
- To support INDIVIDUALISED intervention by:
  - identifying which children are at risk
  - understanding what domain of wellbeing they need support in

Potentially can save resources by ensuring that the right interventions are reaching the right children.

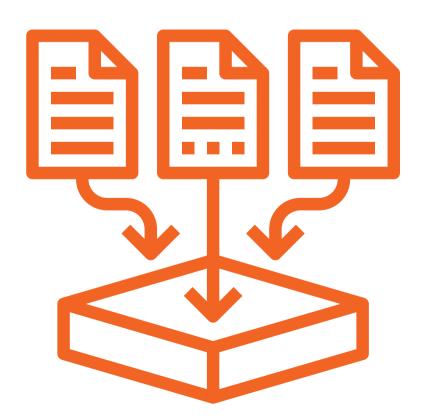
# The CWTT measures wellbeing across six domains

	Domains	Indicators
1	Good Health	Morbidity Inoculation Obesity/Stunting Exercise and activity Accessing health services
2	Optimal Nutrition and food	Food security Quality of food Quantity of food
3	Economic and material wellbeing	Access to financial resources Indebtedness Ability to save Household living conditions Access to basic services
4	Education and learning	School Attendance Progression Mathematics and language competency Caregiver involvement
5	Protection and Care	Family relationships Presence of supportive others Exposure to violence/conflict
6	Psychosocial health	Behaviour at home and in the classroom Coping Self-regulation Problem solving Depression Anxiety Resilience Strength and difficulties Caregiver mental health

# How the CWTT works

#### Data entry

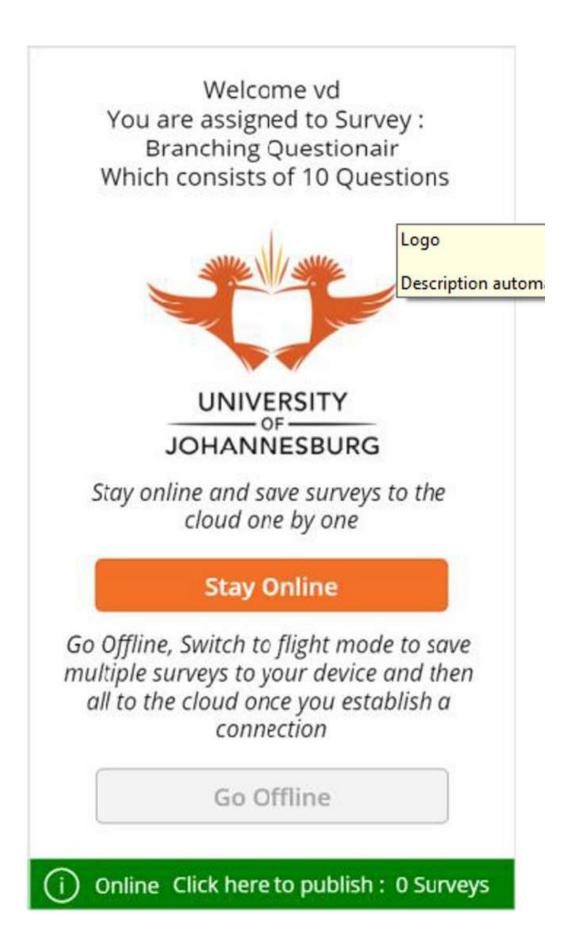
Data is captured using a robust set of surveys.

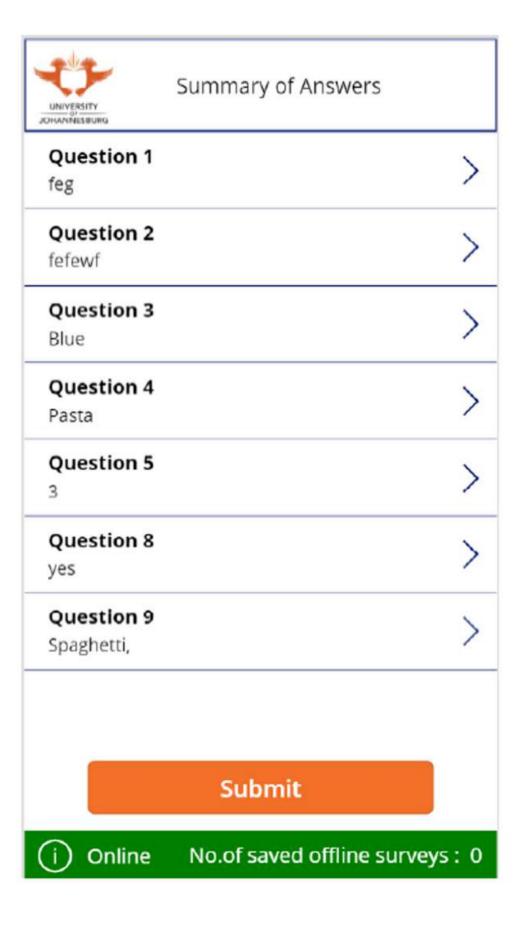


# Data entry

#### Data is collected from:

- Teachers
- Children
- Caregivers
- Nurse/community health worker

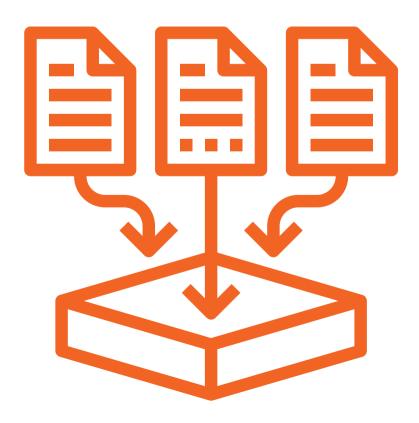




# How the CWTT works

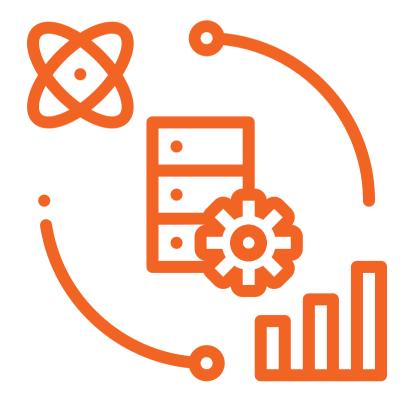
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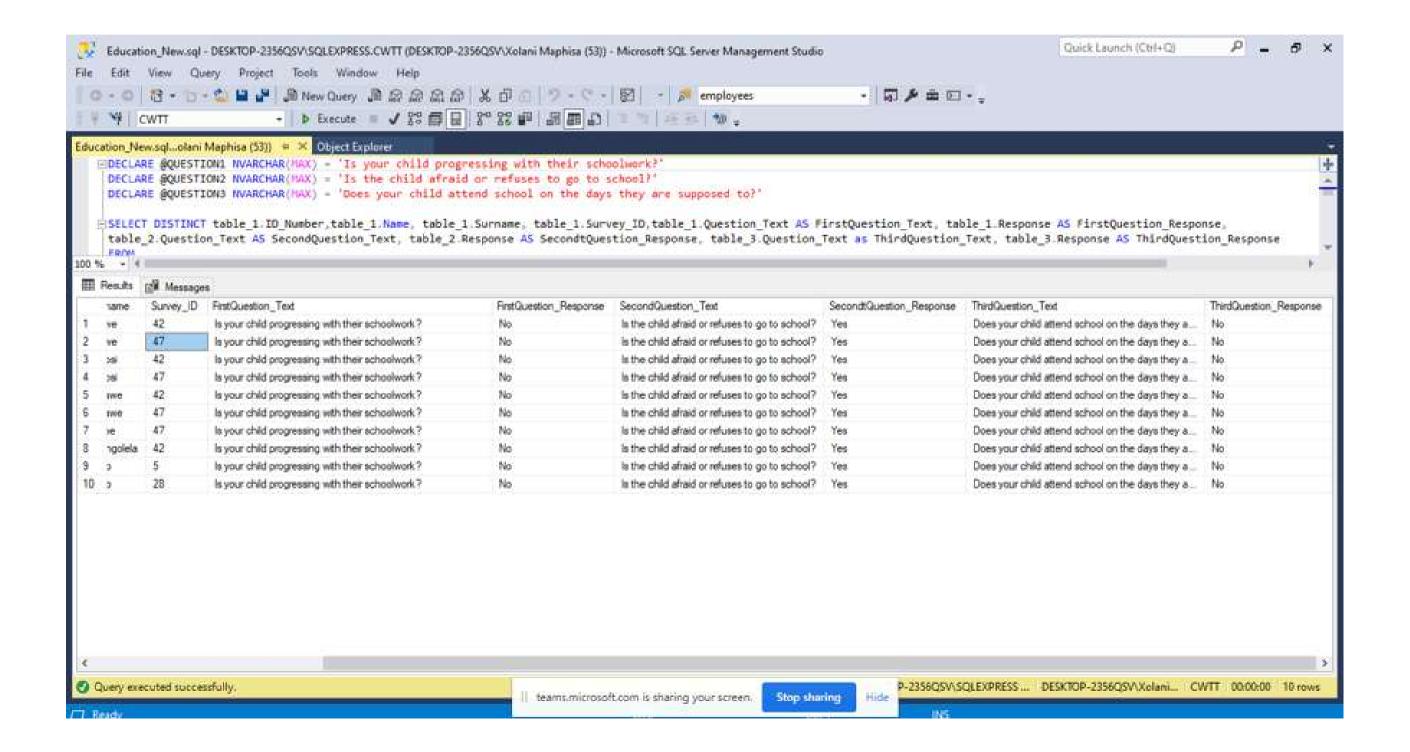
#### **Data processing**

Data is cleaned and automatically analysed using a pre-defined formula.



# Data processing

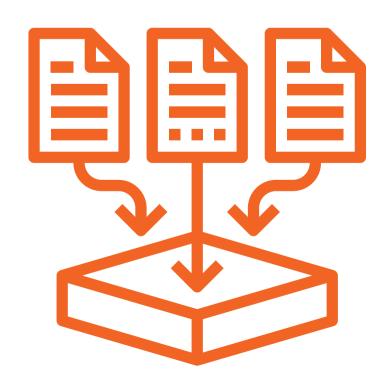
Data is checked and merged and then run through a pre-defined formula that analyses which children are at risk and in which domains



## How the CWTT works

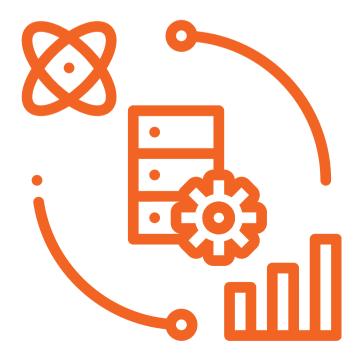
#### Data entry

Data is captured using a robust set of surveys.



#### Data processing

Data is cleaned and automatically analysed using a pre-defined formula.



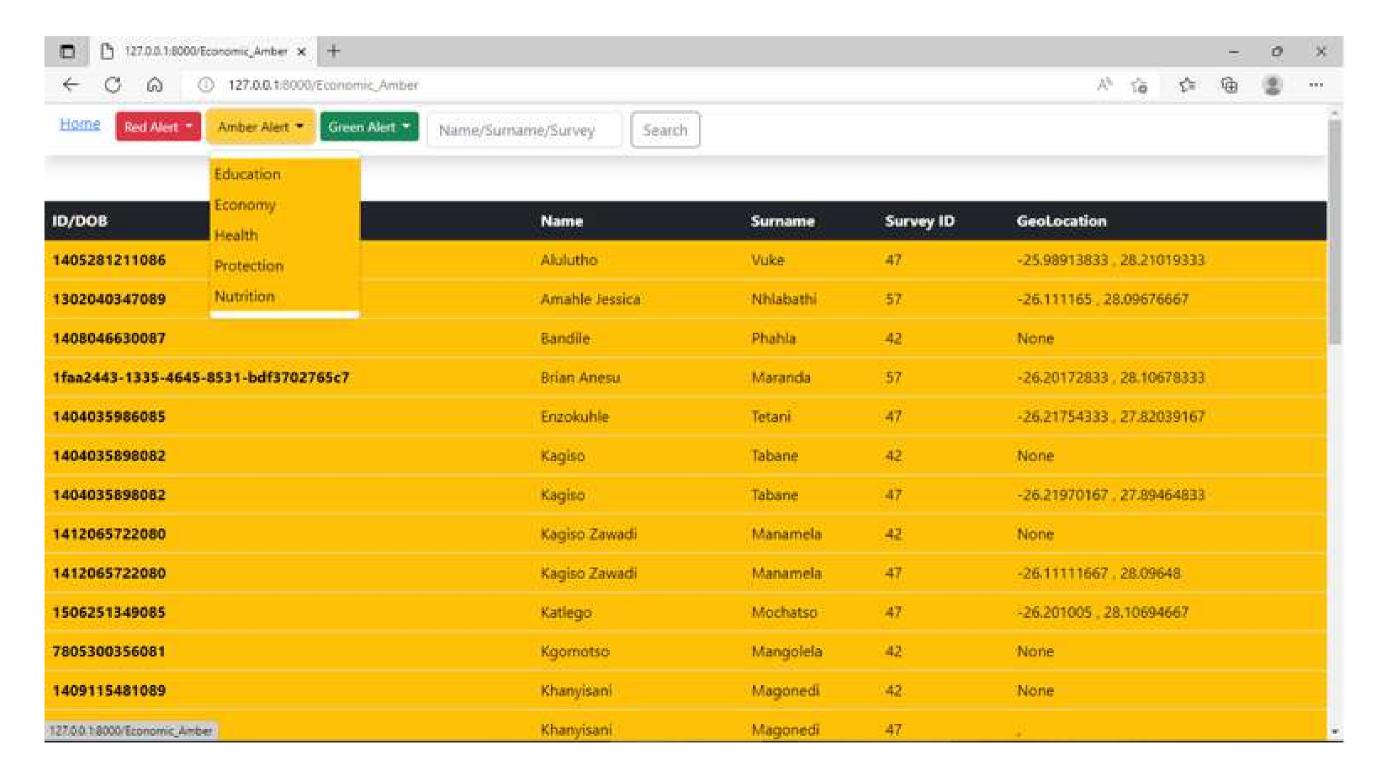
#### Data presentation

COP practitioners are able to see which children are at risk in an easy-to-use data interface.



# Data presentation

COP Teams have rights only for the children in their school and can easily filter to see which children are red, amber or green and which domains are contributing most to the child's risk.



## What users are saying

#### **POSITIVES:**

- Appreciation of having evidence to understand how best to intervene for each child/ groups of children.
- Provides insight into WHY children are struggling.
- Data presentation interface is easy to use.

#### **CHALLENGES:**

- Time delay from data collection to data presentation.
- Data collection could be simplified.
- Infrastructure challenges (e.g. Wifi)





# Next steps for the COP and the CWTT

#### Testing in rural setting

Currently testing the use of the CWTT in Moutse, Limpopo.

#### Early findings suggest:

- Challenges with technology
   more training and support
   required
- Wifi accessibility remains a challenge.

# Assessing possiblities for institutionalisation

Interviews, focus groups and presentations to understand:

- Whether there is appetite for the use of the COP approach as a mechanism to support SBSTs.
- Whether the CWTT would be useful to:
  - Monitor child wellbeing at different levels.
  - Support the work of SBSTs.

# Further development, testing and handover

If this is a useful approach and tool we would need to:

- Make further changes based on current testing.
- Roll out to a wider set of schools and test capacity of the system.
- Do a resource and governance assessment.
- Decide on a handover process.

### Thank you!

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