Community of Practice for Social Systems Strengthening to Improve Child Well-being

An approach to promoting child wellbeing in the early grades

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Basic Education Sector Lekgotla

Presentation Outline

- **Why an integrated approach to child wellbeing is crucial**

- **Introducing the COP approach for collective impact**

- **How the COP was rolled out in our project**
  - **The CWTT**
  - **The local level COPs**
  - **High level results**

- **How the COP approach and CWTT align with existing initiatives**

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Why an integrated approach to child wellbeing is critical

- Recognition that systemic nature of poverty creates multiple barriers to learning and wellbeing.
  - Cannot be shifted with a single intervention. That's because cycles of disadvantage accumulate over long periods, generate multiple barriers, and are transferred across generations.
- Risk factors of poor social and learning outcomes are: income poverty, hunger, poor access to basic and social services, caregiver and community level stressors such as child safety & exposure to violence, caregiver mental health concerns.
- Addressing these barriers therefore requires multi-faceted and integrated support
- To deliver integrated support, a partnership approach is necessary
- This is foregrounded in the approach to education in South Africa
  - Integrated School Health Programme
  - Care and Support for Teaching and Learning Programme

Child-well-being is a multi-dimensional concept & requires a multi-systemic approach
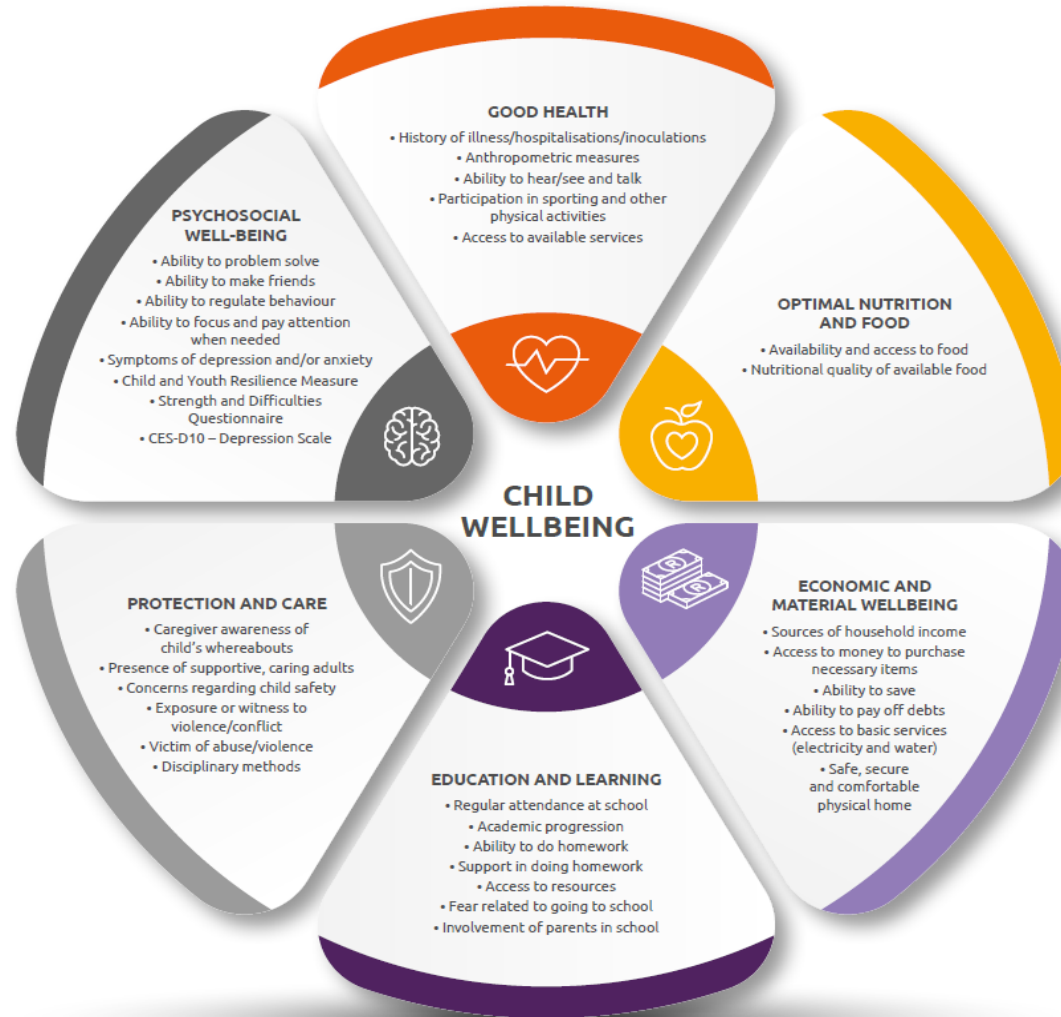
But delivering integrated services is difficult

- Integrated school, family and community level service provision remains poor despite the policy framework
  - Particularly in communities that most need the integrated support
- Varied underlying systemic barriers prevent collaboration across social sectors:
  - Poor coordination
  - Lack of organisation around the goal of child wellbeing
  - Focus on activities and functions of departments to the exclusion of innovation and collaboration
  - Resource constraints
- These barriers result in people experiencing a lack of seamless government – revolving and closed doors

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Isolated vs collective impact

- **Isolated impact** is what typically characterises work in the social sector where individual organisations work to shift outcomes in a specific group or school or clinic.
  - Isolated impact is beneficial for the direct beneficiaries
  - Most organisations/ government departments work for isolated impact
  - Competition between organisations drives an isolated impact philosophy

- Bringing together expertise leads to **collective impact** – impact that shifts systems and deals with the underlying systemic causes of complex challenges (Kanbur & Kramer 2011).

- Collective impact recognises that "large-scale social change requires broad cross-sector coordination" and fosters a "systemic approach to social impact that focuses on the relationships between organizations and the progress toward shared objectives" (ibid).

Communities of Practice

A COP approach offers a model for achieving collective impact. It does this because it fosters eight important outcomes (Cambridge, Kaplan, and Suter 2005):

- It connects people who may otherwise never come into contact
- It provides a shared context for people to communicate and share information
- It enables dialogue between people who have an interest in solving the same or similar problems
- It stimulates learning by serving as a vehicle for communication, mentoring, coaching, or self-reflection
- It captures and disseminates existing knowledge to inform thinking and problem-solving
- It introduces collaborative processes and encourages the free flow of ideas and information
- It helps people organise around purposeful actions, and
- It generates new knowledge, new ideas and new strategies

What is a Community of Practice?

- A COP can be defined as a group of people "who share a concern, a set of problems, or a passion about a topic, and who deepen their knowledge and expertise in this area by interacting on an ongoing basis" (Wenger, McDermott, & Snyder 2002, p. 4).

- COPs are made up of:

    - A domain – a shared vision/passion/commitment to a particular cause.
    - The community – relationships among members and the sense of belonging as well as a commitment to joint activities and discussions
    - The practice – The body of knowledge, methods, stories, cases, tools, documents.
    - Learning together – knowledge, problem-solving, and learning through reflection are key elements of the practice of a COP.

Disrupting cycles of disadvantage in the early grades

- Growing scientific consensus that the risks to children's growth, learning and thriving is best tackled in the **early years of life**

- The CoP focus is on the early years of a child's school life – **nexus between school, family and community**

- Investments in holistic/ integrated education, support and care services are crucial to disrupting intergenerational cycles of disadvantage

Examples:

✓ poor health and nutrition affects lifelong learning

✓ Food insecurity is associated with behavioural problems in children and caregiver depression

✓ Exposure to adversity, violence and abuse affect social outcomes in both the short, medium and long-term

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The COP approach to child wellbeing

- We created a Community Practice (CoP) to pool knowledge and resources to answer this question.

- **CoP team**: 17 researchers, practitioners in health, education, education psychology, social work, nursing, and research expertise in engineering, economics and public health.

- **Partners**: 7 government departments & 5 NGOs supported by a field work team (18).

- **Research sites**: five schools in Doornkop, Alexandra, Malvern, Meadowlands, Ivory Park.

- **Time frame**: October to December 2020 and 2022 respectively; and during the COVID-19 pandemic.

- **Read more**: https://communitiesforchildwellbeing.org/

Community of Practice (CoP) Model: Finding breakthrough ideas, solutions and practices

What is the CoP for child wellbeing?

- CoP is a **multi and trans-disciplinary four-year collaborative intervention** research study, funded by the NRF focused on improving **health, welfare and education outcomes for children**

- Uses a **customised digital tool** to assess child-well-being and develop & implement social interventions.

Aim: Accelerate child well-being outcomes of CSG beneficiaries (Grade R, Grade 1 & 2) combing Cash Transfers + Care + education support services.

Objectives:

o To find solutions to **overcome fragmentation of service provision** and the lack of functional cooperation between key social sector practitioners

o **To integrate interventions delivered across health, welfare and education sectors**

CoP Process

STEP 1
- Establishment of ALCoP
- Development of CWTT

STEP 2
- Recruitment of participants (children, caregivers and teachers)

STEP 3
- Assessment Wave 1

STEP 4
- Establishment of Local-level CoP – made up of teachers, nurses, and social workers
- Interventions directed at At-Risk Children and Families

STEP 5
- Assessment Wave 2

STEP 6
- Sustaining strengthened systems – a way forward

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# Purpose of the CWTT

The CWTT had multiple objectives:

1. Data collection tool for research purposes
2. Planning tool for COPs
3. Monitoring tool – for local level use

Therefore, needed to be:

- Easy to use in field
- Allow for real time monitoring of data collection → quality assurance
- Able to capture the multidimensionality of child wellbeing
- Able to integrate data from different datasets
- Able to present data in an easy-to-use manner (data visualization)
- Ensure protection of personal information

CWTT components
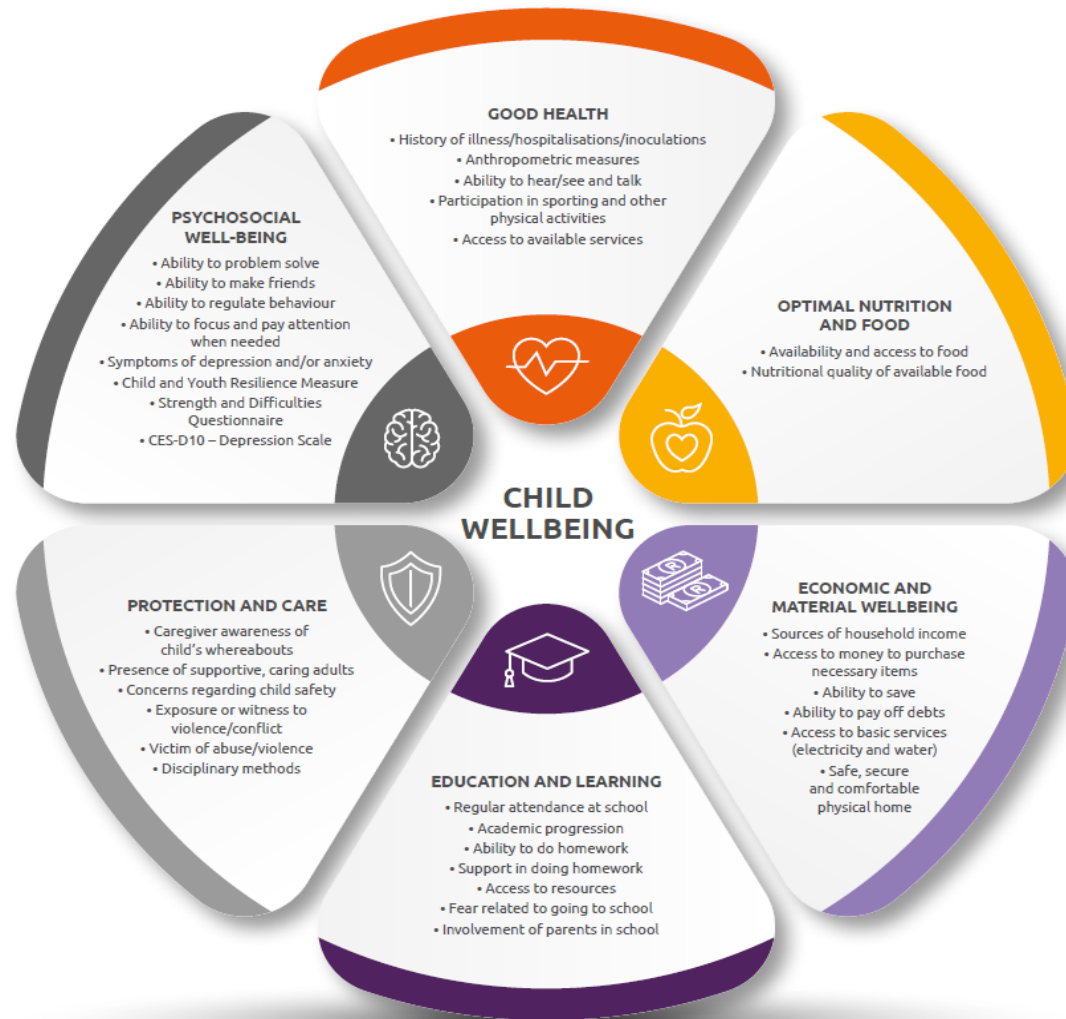
|	Domains	Indicators
1	Good Health	Morbidity Inoculation Obesity/Stunting Exercise and activity Accessing health services
2	Optimal Nutrition and food	Food security Quality of food Quantity of food
3	Economic and material wellbeing	Access to financial resources Indebtedness Ability to save Household 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

Data presentation and visualisation

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The local level COPs

- Work with SBST for educational assessment referrals if necessary
- Learning interventions

Teachers

Social worker

Nurses
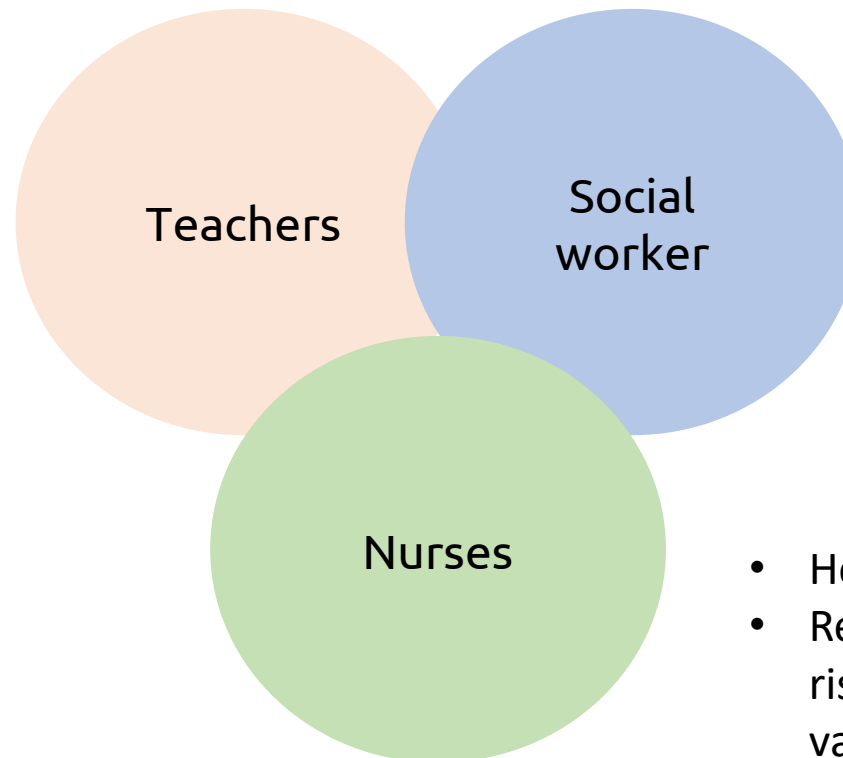
- Home visits if necessary
- Referral to welfare services
- Nutrition support
- Running of family strengthening programme
- Networks with services and organisations in the local area

- Health assessments
- Referrals for health-related risks (incomplete vaccinations, access to medication)

Evidence of need for LL COPs

Teacher: *"Because some of our problems … we cannot handle. We cannot handle them, you know. They need professionals, social workers, because already we are having a lot on our plate. So maybe, if we can have someone like N who can stay permanently in our school, that would be better."* Doornkop focus group

Teacher: *"There is that child who needs whatever, but because there's so many classes and that child is quiet, **I miss on identifying that child.** Teachers are not fully psychologists."* Alexandra focus group

Social worker: *"We are only seven social workers for 300 and what, what schools...so we can't do preventative work, we can't... we only respond. … I call us fire fighters and ambulances."* Alexandra focus group

The experience of local level COPs

"I've seen it contributing in positively to our kids… and to our school community in a sense that it had also that element of parental involvement. You were able to reach out to those parents. I've always seen it, and Bongi [CoP appointed social worker] would always give me the summary of what she found there. And I've seen it making a huge difference, in the sense that you reach out there and make it a point that you go to the bottom of the situation. Because you know, as an institution we deal with things at a face value. But we would not go the bottom of the situation that these children find themselves in. So, I give this programme a tick when it comes to that." Principal, Meadowlands focus group

"And even the programme itself, we wanted it to go on and on and on. So, when it ended, it was like, jo [what am I going to do?] So maybe next time, if you extend your time, just to come and support us."

Teacher, Doornkop focus group

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High-level results

- **Economic risks declined by 7% over the two waves**
- 10% decline in reported unemployment levels.

- **6% decline** in children with incomplete vaccinations
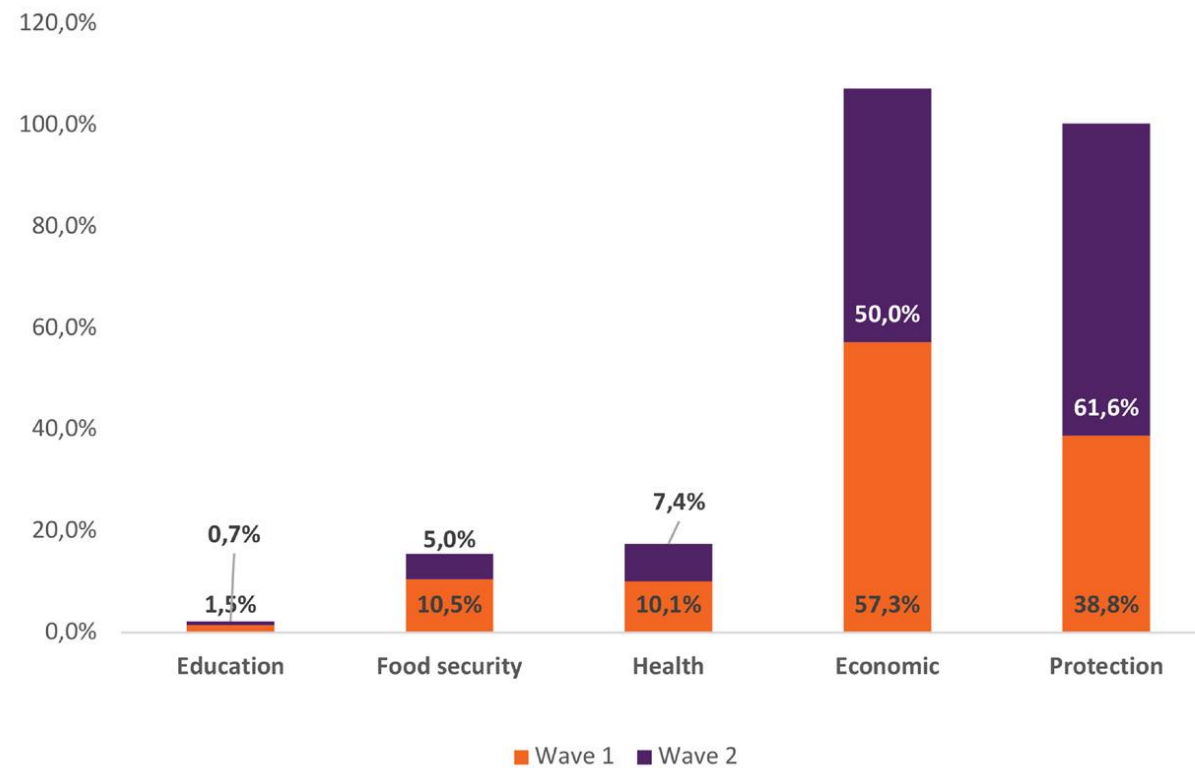- Despite this **27% of children still had incomplete vaccinations**

- Child hunger declined from 10.4% in Wave 1 to **zero hunger by Wave 2.**
- Food access improved with 9% of children eating three meals per day

- A 10% reduction in vulnerability to psychosocial risk from Waves 1 to 2 was observed

Risk assessment

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The policy framework is in place

- SBSTs already in place:
  - But teachers want training for SBST positions
  - Need for roles to be clarified and skills/strategies for integrated support
  - Social workers are needed to play the professional role in the SBST to provide psychosocial support.
- Could COP be a process/model for supporting SBSTs?

The policy framework is in place

- Policy for screening, identification, assessment and support (SIAS) (2014)
  - Teachers report that they often do this at a very surface level due to time constraints, focus on curriculum, workload, lack of access to information, skills constraints.
  - CWTT and process of talking through the information with COP partners was experienced as providing a valuable resource to more fully understand the situation of children
- Guidelines for Learner Support Agents on providing psychosocial support to learners (2019)
- Integrated School Health Programme

Thank you

Hosted at the Centre for Social Development in Africa, University of Johannesburg
Led by the Former DST/NRF Research Chair in Welfare & Social Development (Prof Leila Patel) in partnership with the
DST/NRF Research Chair in Education & Care in Childhood (Prof Jace Pillay)
DST/ NRF Research Chair in Integrated Studies of Learning Language, Mathematics and Science in the Primary School
(Prof Elbie Henning)

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