

A community of practice approach for school-based developmental social work in South Africa: Reflections of social workers

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Abstract

This article reports on social worker reflections on the benefits and barriers of a multisectoral community of practice to improve child well-being for beneficiaries of the Child Support Grant in poor urban communities in Johannesburg, South Africa. The findings could inform cash plus school based social work policies and practice.

Keywords

Cash plus services, communities of practice, developmental social work, multidisciplinary social work, school-based social work, South Africa

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Introduction

With the exponential growth of cash transfers in global South countries, to improve child well-being outcomes there is need for innovative developmental social work practice models to complement cash transfers. This article discusses how developmental social work interventions targeted at cash transfer beneficiaries were implemented in an urban South African school context using a community of practice (CoP) approach. The focus was on early grade learners, aged 6–8 years, who attend public schools in poor and disadvantaged communities in Johannesburg, and who may be vulnerable to compromised well-being.

We take child well-being to be a multidimensional construct informed by different disciplinary perspectives which require a coordinated response. Well-being incorporates dimensions of a material, physical, educational, social and emotional nature (Bradshaw and Keung, 2011). Moreover, children's well-being is impacted by their place in their ecosystem (Bronfenbrenner, 1977; Ungar, 2020). Their well-being is also affected by structural factors, such as multidimensional poverty, inequitable access to services, and systemic failures in service delivery. These failures are due to fragmentation and poor intersectoral collaboration between the health, welfare, and education sectors (Zembe-Mkabile, 2021). Although systems strengthening is applied in the health field, limited efforts exist of multisectoral systems strengthening across the three sectors (Crea et al., 2018).

South African learners' well-being is compromised due to high rates of multidimensional poverty (UNICEF, 2020); they fare poorly in schooling outcomes. This is due to multiple challenges in the education system, including poor quality education (Spaull and Jansen, 2019). Thus, investing in all aspects of children's well-being is envisaged to enable them to achieve better scholastically and could position them for lifelong health, psychosocial and cognitive success.

The concept 'communities of practice' (CoP) embodies the regular coming together of diverse professionals who share a common purpose and a shared desire to find workable solutions to complex social questions that cannot be resolved in a single discipline (Wenger et al., 2002). Noting the fissures and lack of coordination of services for children and families in the South African context (Patel et al., 2022a, 2022b), CoP approach might offer a meaningful intervention.

Description of the CoP process

The CoP brings together partners from social work, nursing, psychology, and education to conceptualise and plan the project. Five school-level CoPs were established comprising social workers, psychologists, childcare workers, nurses, and representatives from school governing bodies. The latter met five times over a 6-month period in a group setting and where child and family vulnerability was assessed using a digital tool and drawing on the insights of all professional role players including caregiver and child feedback. Decisions were made collectively on intervention plans, and regular feedback was provided via the CoP groups. Social worker roles in the CoP included facilitating and establishing the CoP at school level, coordination between role players regarding intervention and follow-up, facilitation of the Sihleng'imizi family strengthening groups¹ and ensuring access to health, nutrition and psychometric education assessments and referrals to mental health services for caregivers presenting with depression. Community partners drawn into project implementation included several municipal health clinics and nongovernmental social services. All social workers and child workers received training and ongoing supervision during the intervention process. Five follow-up meetings were held with the CoP teachers. Social workers facilitated these meetings, the aims of which were to identify children who were vulnerable to compromised well-being and to develop and implement intervention plans and follow-ups of families over a 2-year period.

Social worker reflections of the CoP

A focus group discussion was conducted with five social workers directly involved in the CoP at the end of the 2 years. They identified the lessons they had learnt and made recommendations for improvements in service provision. First, social workers' reflections on changes that occurred suggested that children attended school more regularly and were more 'outgoing' in class, thus indicating improved class participation. In reflecting on the reasons for the achievement of zero hunger at wave two, social workers attributed this to the provision of additional food relief provided to vulnerable households. Social workers also facilitated children's access to vaccinations and free school uniforms for those who were eligible. In this way, the social workers played a broker role and leveraged services previously not available to the at-risk learners in the study. Caregivers received psychosocial support, were invited into the family strengthening programme, and, if dealing with depression, were referred to telephone counselling services. All the social workers thought they could be agile in their service delivery, be innovative in navigating their way around the COVID-19 restrictions and be able to offer a 'circle of care' around families.

Second, regarding building capacity to implement evidence-based interventions, social workers identified the value of regular supervision, coaching and mentoring as critical to success, a factor similarly identified by Fixsen et al. (2005). Supervision aided ongoing monitoring of implementation, evaluation as well as reflexive practice. Managing the CoPs and participating in the family strengthening groups enhanced social workers' facilitation skills along with skills in conducting interdisciplinary developmental assessments. They felt they built a 'bridge' between families and service providers, teachers and school management. This helped them hone their mediation and advocacy skills. It also strengthened their nuanced understanding of confidentiality and boundaries between different professionals.

Social workers also gained experience in the application of generalist practice skills which is critical in the delivery of developmental social work (Midgley and Conley, 2010; Patel, 2015). This involved the simultaneous use of micro-, meso- and macro-level skills that undergird developmental social work. They identified learning skills such as using social media effectively, doing community education using community radio to disseminate positive parenting messages and conducting assessments using digital applications.

Finally, barriers encountered included the heavy demands on professionals and service providers due to understaffing. Also, schools either kept them at arm's length or expected that they would be able to resolve all the challenges related to children's well-being. Referral numbers became overwhelming, especially because schools also referred children outside the research sample to them. Social workers needed to invest unexpected and unplanned time into facilitating access to services for caregivers and children who were not part of the study. This increased their workloads. Different reporting lines and management systems across the service sectors made it difficult at times to access much needed assistance. These included different mandates, governance structures, service delivery cultures, differences in professional training and approaches and significant underfunding of school-family and community-level development social work services.

Conclusions

A community of practice approach, combining cash transfers with services for early grade learners in South Africa's urban schools, appears to be a workable way forward in accelerating child well-being outcomes. The findings confirm the benefits of bringing different knowledge systems to bear on complex structural and systemic challenges that compromise integrated service delivery for children and their families. Barriers encountered in the implementation of the CoP were related to

under-resourcing and understaffing of services with low staff to pupil ratios. Much more needs to be done to expand access to school-based services for the potential of the CoP to be fully realised. Knowledge and skills pertinent to developmental social work and ongoing supervision, mentoring and coaching of social workers in order to scale up the CoP to many more schools in urban communities are needed. The findings are pertinent to the development of cash plus school-based policies and developmental social work practice. The CoP study demonstrates what role social workers can play in addressing both national and global goals, such as the United Nations Sustainable Development Goals in reducing poverty (SDG 1); strengthening social protection systems (SDG 1.3); achieving zero hunger (SDG 2); good health and well-being (SDG 3); quality education (SDG 4); reducing inequality (SDG 10); and through partnerships (SDG 17). The CoP approach is a useful exemplar of developmental social work in Southern countries where the bulk of the world's poor reside and contributes to the role of social work in implementing the SDGs.

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Note

1. Sihleng'imizi means 'We care for families' in isiZulu. It is an evidence-based family and community strengthening intervention to complement the Child Support Grant, South Africa's largest cash transfer programme. It is a group-based family intervention that addresses child and family relations, disseminates knowledge and skills in parenting/care giving, provides health and nutrition knowledge, builds financial capabilities, and strengthens family and community connectedness. The programme was piloted and subject to advanced testing and evaluation and was published in peer-reviewed journals (Patel and Ross, 2022).

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