

**THE EFFECTIVENESS OF A SCHOOL-BASED SUPPORT TEAM IN
IMPLEMENTING INTEGRATED SCHOOLS' HEALTH POLICY IN A SECONDARY
SCHOOL SETTING IN MANKWENG DISTRICT, LIMPOPO PROVINCE**

by

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MINI-DISSERTATION

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DECLARATION

I, _____ declare that the dissertation titled "THE EFFECTIVENESS OF A SCHOOL-BASED SUPPORT TEAM IN IMPLEMENTING INTEGRATED SCHOOLS' HEALTH POLICY IN A SECONDARY SCHOOL SETTING", which I hereby submit at the UNIVERSITY OF LIMPOPO for the purpose of Master of Public Administration and Management in the Faculty of Management and Law is my own work and that all the sources used or quoted have been cited and acknowledged by means of complete references and that this work has not been previously submitted for any other degree at any other institution.

Signature**Date**

ABSTRACT

This qualitative case study investigated the effectiveness of a school-based support team in implementing integrated schools' health policy in a secondary school setting in Mankweng District, Limpopo Province. The three objectives of this study were to develop an in-depth understanding of the nature and role of school-based care and support teams in the basic education sector in Mankweng District, Limpopo Province, and to explore the experiences of schools-based care and support teams in sharing and transferring knowledge in implementing the Integrated Schools Health Policy. Furthermore, to assess how the insights revealed may inform the development of best practice strategies for use by schools-based care and support teams in implementing the Integrated Schools Health Policy in the rural basic education sector in the Mankweng district.

A non-probability sample of 15 purposively selected participants was used including five educators, five members of the school-based support teams and five provincial education department officials to gather primary research data. The research data was gathered through the use of face-to-face semi-structured interview. The interviews were audio-recorded and transcribed. Using Tesch's eight descriptive data analysis technique, the gathered data was analysed. The key findings from the study indicated that school-based support teams in the Mankweng District have not been effective in implementing the integrated schools' health policy to support learners with reported and disclosed support needs. The recommendations for improving the efficacy of the school-based support teams in the Mankweng District have been provided.

DEDICATION

In memory of my late parents Mr. Rabothata Mohale Freddy and Mrs. Rabothata Tabudi Moshahlama. You will remain in our hearts and thoughts forever.

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ABBREVIATIONS AND ACRONYMS

BES	Basic Education Sector
DBE	Department of Basic Education
EFA	Education For All
ISHP	Integrated Schools Health Policy
PHC	Primary Health Care
SACE	South African Council for Educators
SBST	Schools-Based Support Teams

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CHAPTER ONE

INTRODUCTION AND BACKGROUND OF THE STUDY

1.1 INTRODUCTION

The provision of learner-support is an integral part of public schools' responsibility to promote the holistic well-being of learners (Johnson & Johnson, 2014; Jeremy & Fischer, 2012). The pursuit and attainment of academic competence by learners has received significant support and inquiry in the public basic education sector (Maina, McGaughey & Wade, 2013). However, support for learner health and wellness has not garnered substantial support nor has it allowed for in-depth investigation in public schools (Skeen, Gemmell, du Toit, Mawoyo, Bantjies, Kara & Laurenzi, 2022; NACDD, 2016; Bonnell, Humphrey, Moore, Campbell, Fletcher & Anderson, 2014). This evidently neglected aspect of learner-support persists despite the passage of the Integrated Schools Health Policy (ISHP). This policy requires public schools to establish and empower school-based care and support teams (SBCST) to support learner health and wellness and implement innovative best-practice strategies for supporting learner health and wellness (Rasesemola, Matshoge & Ramukumba, 2019; van Rensburg & Rau, 2017).

This chapter provides an orientation of this research study. It explains the research purpose, the statement of the research problem, the specific objectives that this study was intended to achieve, and the research questions that helped guide and inform the collection of research data. The ethical considerations, which include informed consent, confidentiality and anonymity, beneficence and non-harm, are explained and their application clarified in this study. The rationale and importance of conducting this study will also be explained in this chapter, including the delineation of the main operational concepts central to this study. An overview of the five chapters represented in this study is also outlined.

1.2 BACKGROUND OF THE STUDY

The background of the study set the context and parameters for the research study (Gatrell *et al.*, 2020). It conveys the research study's problem area, especially from the generic to the specific (Petchko, 2018). According to Rodica (2017) the background of the study should clearly indicate the historical background of the research problem and clearly provide an exposition of the various aspects of the

research problem including the nature and severity of the research problem and what implication the identified problem could have for those involved and affected by the research problem (Zagaris, 2015). This proposed research study intends to serve as a significant contribution to the renewed focus and commitment by the national Department of Basic Education, set out in its Revised Five-Years Strategic Plan (2015/16-2019/20) and Action Plan: Towards the Realisation of Schooling 2030, to strengthen existing partnerships with schools-based care and support teams to deepen the reach of care and support programmes for learners in public schools. Through creating a learning schools-based care and support team in which members seek and share knowledge and information while committing to their competency (skills) development and personal growth, the department seeks to better learners support and development (Department of Basic Education, 2016).

As such, the objectives of a schools-based care and support team are to implement, coordinate and promote learners access to public health services that include, *inter alia*, psychosocial-behavioural care and support in a school context (Departments of Health & Basic Education, 2012). The rationale is to mitigate against the acute impact that adverse learner well-being have on schooling and learning (Conway, 2017; Gae, 2016; Mafa, 2018; Marishane, 2017; Mlachila, 2019). Their success in this regard, is imperative for the department to improve the quality of basic education as its apex priority and part of Sustainable Developmental Goals (number 4) it intends to achieve by 2030; enhance whole district performance in improving the health of learners and ensure that scalable learner-focused health interventions are established in districts in need (Education White Paper 6, 2001).

Ensuring that the objectives of a schools-based care and support team are efficiently and effectively achieved, the department has to continuously monitor and evaluate how knowledge of best practice strategies are shared and transferred by schools-based care and support teams at district levels (National Education Policy Act 27 of 1996). This research study aims, therefore, to explore the effectiveness of knowledge sharing and transfer among schools-based care and support teams in a rural basic education sector in Mankweng circuit located in the Capricorn District in Limpopo Province.

1.3 STATEMENT OF THE RESEARCH PROBLEM

The problem statement describes a problematic or disturbing situation that necessitates a systematic inquiry (McNabb, 2017). According to McNabb (2021) the problem statement serves to provide the researcher's intent and rationale for undertaking the research study. In the same vein, a well-formulated problem statement should provide a clear and succinct expression of what is problematic with the identified issue, its extent, nature and context that prompted the investigation and how are the persons in the situation affected (Brondolo, 2021). Hamid (2013) further adds that the problem statement should provide an exposition of the probable consequences that may emerge if the identified problem is not given attention and/or addressed as well as the knowledge gaps pertaining to the problem being investigated.

The significance of promoting learners access to public health services in a school context adds greater impetus to improved schooling and learning (Mafa, 2018). Effective implementation and adequate coordination of these services requires continuous knowledge sharing and transfer on best practice strategies by schools-based care and support teams. This necessitates a thoughtful consideration and represents a conscious action that cannot be undertaken haphazardly or be left up to chance (Downey, 2006). This cannot be said, however, for schools-based care and support teams in rural basic education sector. The teams are inadequately constituted, ineffectively coordinated and lack proper institutional structure (Mlachila, 2019). Significantly, they appear to be inadequate to the task despite being incumbent upon them to operationalise the services at school level.

Out of sixteen (16) basic education sector schools in Mankweng cluster (Mavhunga, Chigonga, Ndlovhu & Kibirige, 2015), little is known about the appropriate functionality of the established schools-based care and support teams. To make matters worse, no accurate statistical data exists on how many of these established and functioning schools-based care and support teams still subsists; are adequately resourced and supported to execute their responsibilities efficiently, effectively and meritoriously. This situation represents a serious drawback and disregard of compliance with prescripts of the Education White Paper 6 on Inclusive Education (2001).

Learners health needs and the education context in which schools-based care and support teams function remain neither stagnant nor unchanged. This is similar to the compounding ills and problems learners in rural basic education sector are faced with that show no signs of abating. In this instance, the ineffectiveness of schools-based care and support teams certainly engenders local, if not national concern. To create a responsive and effective schools-based care and support team, there need to be an improvement in mechanisms and best practice strategies pertaining to how schools-based care and support teams are able to work, create, share and apply tacit and explicit knowledge that informs best practice strategies.

This study seeks, therefore, to explore the effectiveness of knowledge sharing and transfer among schools-based care and support teams in a rural basic education sector in Mankweng circuit located in the Capricorn District in Limpopo Province. Essentially, the researcher believes that by examining team effectiveness, teams will be able to be supported and equipped with adequate knowledge to document, distribute and transfer knowledge about best practice strategies between them and their members, which is essential to implement, coordinate and promote learner access to public health services in the school context. The main research question that shall guide this proposed study is: How effective are schools-based care and support teams in sharing and transferring knowledge on best practice strategies in implementing the Integrated Schools Health Policy in rural basic education sector in Mankweng district?

1.4 AIM OF THE STUDY

A research study is a systematic, knowledge generating inquiry conducted to achieve a specific goal. The research aim expresses the researcher's intent for embarking on the research study (DePoy & Gitlin, 2016). Thus, the research aim clearly describes what the researcher hopes to accomplish by conducting the research inquiry (Nestor & Schutt, 2015). Pruzan (2016) further adds that the research aim answers the 'what' the study intends to investigate and 'how' that which is investigated will be achieved.

The aim of this study is to investigate the effectiveness of schools-based care and support teams in sharing and transferring knowledge on best practice strategies

essential to implementing the Integrated Schools Health Policy in a rural basic education sector in Mankweng district.

1.5 OBJECTIVES OF THE STUDY

Research objectives succinctly describe what the research study seeks to achieve (Dawson, 2016). Although research objectives are built from the research goal, research objectives are specific in nature and are formulated in consideration of the time period and resources available for their accomplishment (Chaudhuri, 2021). Per Adams *et al.* (2014) research objectives need to be framed in a specific, measurable, attainable, realistic and time bound manner. Thus, research objectives need not be too broad to impede their timeous realisation (Pruzan (2016).

The specific objectives of this study are:

1. To develop an in-depth understanding of the nature and role of school-based care and support teams in the basic education sector in Mankweng District, Limpopo Province.
2. To explore the experiences of schools-based care and support teams in sharing and transferring knowledge in implementing the Integrated Schools Health Policy.
3. To explore how the insights revealed may inform the development of best practice strategies for use by schools-based care and support teams in implementing the Integrated Schools Health Policy in the rural basic education sector in the Mankweng district.

1.6 RESEARCH QUESTIONS

Research questions are closely linked to, and derived from the research objectives (O'Leary, 2018). Research questions should be clearly formulated to indicate succinctly what the researcher intends to investigate (White, 2017). In other words, well-formulated research questions are indicative of the type of answers the researcher seeks to acquire from the participants in order to accurately answer the main research question (McGregor, 2018). Thus, the research questions that guide this study are as follows:

1. What is the nature and role of schools-based care and support teams in implementing the Integrated Schools Health Policy in basic education sector in Mankweng District, Limpopo Province?
2. What experiences of knowledge sharing and transfer does a schools-based care and support team have in implementing the Integrated Schools Health Policy in Mankweng circuit?
3. How may the insights revealed, inform the development of best practice strategies for use by a schools-based care and support team in implementing the Integrated Schools Health Policy in Mankweng district?

1.7 SIGNIFICANCE OF THE STUDY

Kumar (2008) indicates that a research inquiry should be undertaken to have an impact in society. That is, a research inquiry should contribute towards knowledge generation; inform practice, policy and problem resolutions as well as be impactful towards the knowledge base of a specific field of study it is conducted within. The importance of this study has been determined in accordance with the impact the empirical findings to be accrued shall have on the subject knowledge base, policy making, problem resolution and future research (Kumar, 2008). In this regard, the significance of this study involves the following:

- **Enhancement of team members practice skills and knowledge**

By virtue of participation in a schools-based care and support team, it would be anticipated that each member, be they professional or lay, possess a set of skills and knowledge pertinent to executing their responsibilities. Although this may not be as correct as the situation may appear, this study shall assist in this regard by ascertaining the skills and knowledge gap in the team and the underlying factors that inhibit re-skilling. This is so because members of the schools-based care and support must be competent and show proficiency in their work while striving not only to be implementers but 'insightful servants' who can collaboratively innovate and reveal new ways of overcoming barriers to attain effectiveness in their work.

- **Contribute to public policy implementation knowledge base**

Public policies are enacted and implemented to address specific challenges that adversely impact on the welfare of the public. For these policies to achieve their

intended outcomes, their implementation including the requisite skills and knowledge of those tasked with their implementation should be continuously monitored, enhance and improved. In this regard, this study will aid in determining the effectiveness with which the Integrated Schools Health Policy is implemented by the Schools-based care and support teams in the basic education sector and what actions need to be undertaken to assist them address any inhibitive challenge.

- **Reviewing of in-service training programme for school-based care and support teams**

No amount of financial resources made available can, without adequately skilled and knowledgeable human resources, ensure effective implementation of a public policy. Thus, this study shall advocate for the review of the in-service training programme for these teams should a considerable skills and knowledge gap be apparently evident.

- **Development of guidelines for knowledge sharing and transfer for use by schools-based care and support teams**

Currently, no guidelines exist for use by these teams to enable and facilitate knowledge sharing and transfer in implementing the Integrated Schools Health Policy. This was initially deemed ideal not to impose a 'one-size-fits all' approach but placing the responsibility on these teams to develop their own guidelines without determining their skills and knowledge level to undertake the latter yield no adequate results. Thus, this study shall provide a foundation upon which guidelines can be developed and used by the teams' members, particularly in the specific context of rural basic education sector in the Mankweng circuit.

- **Facilitation of future research**

Rural basic education sector has been considerably neglected in research endeavours attempting to improve their lot. Whilst this study aims to contribute to the former, it does not so exhaustively. Therefore, other researchers may proceed from where this study shall end by, for instance, looking exclusively at the pertinence and effectiveness of schools-based care and support teams' in-service training programme; determination of fiscal resources the department invested in the

implementation of the policy and whether there are positive yields and investigating comparatively to determine the effectiveness of schools-based care and support teams in implementing the policy in urban basic education sector.

1.8 DEFINITIONS OF KEY CONCEPTS

In a research study, concepts denote abstractions of the phenomena the researcher intends to study (Grove, Gray & Burns, 2015). According to McGregor (2017) concepts are construct or mental representations of a particular phenomenon. Thus, the researcher is expected to provide operational (construct) definitions of the concepts representing the phenomena being investigated so as to clearly indicate how that which is being studied will be assessed (Suresh, 2016). On this note, the concepts schools-based care and support team, knowledge sharing and transfer, integrated schools health policy, basic education sector are operationalised in this section.

1.8.1 Schools-based care and support team

Schools-based care and support teams (SBCST) is considered to be the school-level support team comprising of various professionals whose responsibility is to determine, recognise and address barriers to learning in the context of a school by supporting the needs of learners and coordinating support provision within the framework of the Screening, Identification, Assessment and Support Policy (SIAS) (Seedat, 2018; Struthers, Wegner, de Koker, Lerebo & Blignaut, 2017).

1.8.2 Knowledge sharing and transfer

Knowledge sharing and transfer denotes an exchange of focused, formal, systematic explicit and tacit knowledge between and among individuals and within and among teams where one team is affected by the experiences of another (Paulin & Suneson, 2012; Lee, 2018; Zheng, 2017).

1.8.3 Integrated Schools Health Policy

Integrated Schools Health Policy (ISHP) is a promulgated public health policy that support the provision of a comprehensive and integrated package of health care services to all learners in order to create a healthy school environment by promoting the general health and well-being of learners and educators and by addressing key

health and social barriers to learning in order to promote effective teaching and learning (Dibakwane & Peu, 2018; Mohlabi, Van Aswego & Mokwena, 2010; South Africa Year Book, 2015/16).

1.8.4 Basic education sector

Basic education sector, as defined by the World Conference on Education for All (1990) cited in Biao (2018) and Levy, Cameron, Ursula and Naidoo (2018), denotes a sector constituted by *“educational activities designed for people to acquire necessary knowledge and skills to survive, to develop their full capacities, to live and work in dignity, to participate fully in development, to improve the quality of their lives, to make informed decisions and to continue learning.”* To further this definition as pertinent in this study, basic education sector encompasses early childhood education, primary education and lower secondary education.

1.9 ETHICAL CONSIDERATIONS

Research involving human participants should be based on a fundamental moral commitment to protecting the well-being and rights of participants (Fleming & Zegwaard, 2018). Aply put, participants deserve respect and protection in all research investigations soliciting their participation. In this study, the researcher intends to ensure that participants understand the purpose for which the study is conducted, thereby permitting them to wilfully and/or voluntarily decide to participate and/or withdraw from participating (Fleming, 2018). Thus, this section outlines the practical steps the researcher will take to ensure adherence to ethical considerations involving research with human participants.

1.9.1 Permission

An application for ethical clearance and permission to conduct this study shall be sought from the Turfloop Research Ethics Committee (TREC) and Limpopo Province Department of Education.

1.9.2 Informed consent

Each participant shall be fully informed about the nature of this study and be requested to voluntarily participate. No participant will be coerced to participate and refusal to participate shall bear no punishment. No monetary incentives will be given

to entice or lure participants into giving consent. Consent forms shall be distributed prior to the actual empirical study. Participants who consent to participate shall be required to attach their initials, signatures and date on the consent forms.

1.9.3 Privacy and confidentiality

No real identities of the participants (i.e. full names, identity document numbers, physical addresses and contact details) shall overtly appear on any document related to the research inquiry. Only initials may be used. However, those participants who opt not to remain anonymous will be allowed to write their identifying details on the consent forms but no such information will be disclosed during data analysis and reporting of findings.

1.9.4 Justice

Each participant shall be treated with respect and fairness. This includes respect for their opinions, beliefs, habits, culture, lifestyles and language, in as much as they do not consciously hinder the execution and efficacy of the data collection process. Equal airtime shall be given to all participants' to offer their responses respectively. No negative patriarchal or feministic tendencies will be permitted to derail the purpose of the interviews. No person who has no material interest in this study shall have unlimited access to the raw data.

1.9.5 Relevance and integrity

The researcher is aware of the responsibility bestowed unto him to make certain that this study is pertinent to the developmental needs of the units of analysis. The findings to be accrued shall be translatable into concrete actions and provide mechanisms for improving the efficacy of the schools-based care and support teams in the rural basic education sector. In order to accomplish the latter, the researcher will ensure that this study fulfil the need and is being of value; it demonstrates rigorous methodology and high probability of providing answers to the research questions posed. Importantly, the research methods and findings shall be open to peer review and scrutiny by the study leader and an external examiner.

1.9.6 Benevolence

There shall be no physical or emotional harm to emanate from participation in this study. Each participant will be afforded an equal opportunity to air their feelings should there be any discomfort resulting from the nature of the questions asked. The accrued findings shall be published and made available for participants to empower themselves with best practice skills and knowledge on how best to address and resolve their challenges.

1.9.7 Researcher-participant power dynamics

It shall be a privilege for the participants to allow the researcher time and space and offer responses to pertinent questions posed. Thus, it shall be of the essence for the researcher to acknowledge the former. Such acknowledgment will be formalised in the form of a 'thank you note' sent to each participant. The researcher has at all times remain objective and impartial, thereby offering no advice in all discussions, which may be construed as skewed, favourable, or anti-certain views, opinions or stance. That is to say, the researcher's role as the interviewer will be neutral, limited and related solely to data collection.

1.9.8 Researcher competence

The researcher is suitably qualified to conduct this study hence the former exhibit technical research competence and has more than nine years practice experience and involvement with schools-based care and support teams in the Mankweng circuit. Significantly, this study shall be conducted also under the supervision of a team of qualified, experienced and renowned academic experts attached to the Turfloop Graduate School of Leadership (TGSL).

1.10 LIMITATIONS OF THE STUDY

This study intends to focus only on schools-based care and support teams in the rural basic education sector, particularly in the Mankweng circuit. Thus, it excludes schools-based care and support teams in private, urban basic education sector. Significantly, this study seeks to reveal insights into the effectiveness of these teams pertaining to knowledge sharing and transfer in implementing the Integrated Schools Health Policy. In this vein, it does not seek, for example, to determine the nature and impact of fiscal resources invested in the teams to implement the policy and whether the actions have yielded any positive outcomes. A work-breakdown structure shall

be used to clearly define the tasks and time schedules the researcher need to adhere to, to address time and resource limits.

1.11 OUTLINE OF THE MINI-DISSERTATION

Chapter 1: Introduction and general orientation

This chapter provides an exposition of the statement of the problem, purposes of the study as expressed by means of an aim and objectives of the study. Included shall be an explication of the significance of the study as well as the research questions.

Chapter 2: Literature review

This chapter shall examine the selected empirical research, critically discuss practices and identify significance aspects relevant and related to the phenomena under investigation. Significantly, it shall provide insights into the distinct facets and complexity of the identified problem.

Chapter 3: Research design and methodology

A concise description of the selected and utilised research methods that provides a 'goodness of fit' in eliciting trustworthy outcomes and the rationale for use of such methods is explicated in this chapter.

Chapter 4: Data analysis and interpretation of findings

This chapter presents the analysed data accrued by means of use of triangulated data collection instruments during the empirical study and meanings derived through interpretations of the data gathered and analysed.

Chapter 5: Conclusion and recommendation

Conclusions derived from the analysed and interpreted data including the resultant recommendations is presented in this chapter.

CHAPTER TWO

LITERATURE REVIEW

2.1 INTRODUCTION

This chapter provides an exposition of literature reviewed pertaining to the phenomenon under study. The researcher provides a conceptualisation of learner support, learner support activities in schools and the importance of learner support. Moreover, an in-depth examination of official government documents regarding the framework for learner health and wellness support, the role and functions of school-based support teams is undertaken. Within the reviews of the official government documents and other pertinent literature, the researcher delves into the nature of learner health and support in schools from both an international and South African perspective. In a similar vein, the challenges that faces schools, in particular teacher in the implementation of learner support strategies with reference to health and wellness support are delineated and explicated. The review of the literature was intended to reveal gaps in how the health and wellness support needs of public school learners are being addressed in order to anchor this study within the broader knowledge scope of what has already being done. Hence, the researcher reviewed primary and secondary literature sources. These print and electronic literature sources were obtained from academic databases that include SAepublications, Sabinet, EBSCOhost, Science Direct and Google Scholar.

2.2 LEARNER SUPPORT CONCEPTUALISED

Learner support is another critical component of an effective learning environment. It focuses on what the teacher can or should do to help learners beyond the formal delivery of content and skills development (Yoro, Fourie & Van der Merwe, 2020). Learner support covers a wide range of functions, and is a topic that will be dealt with in more depth later in this chapter. However, learner support entails the resources, strategies, and practices that provide physical, social, emotional, and intellectual supports intended to enable all pupils to have an equal opportunity for success at school by addressing barriers to and promoting engagement in learning and teaching (Bojuwoye, Mpletsane, Stofile, Moolla & Sylvester, 2014). Just as efforts to enhance learner support are acknowledge as important within a school context, so must efforts to address health and wellness circumstances that interfere

with learners engaging effectively with the learning and teaching process. At most schools currently, learning supports are not well designed (Yoro, Fourie & Van der Merwe, 2020). To ensure equity of opportunity, schools must first coalesce existing learning supports and overtime develop them into comprehensive system (an enabling component) that is fully integrated with instructional efforts.

2.3 THE IMPORTANCE OF LEARNER SUPPORT

Schools have to appropriately design their learner support activities. They have to ensure clarity of focus and build in appropriate learning activities. Learners also vary enormously in their need for support in learning environments (Nel, Tlale, Engelbrecht & Nel, 2020). Many learners, who have already been through a primary school education, do not have a great deal of experience with learner support (Ndinisa, 2016). In this vein, schools can have a positive impact of implementing learner support by identifying what the learners support need are and how best to meet them. On the other hand, there are students for whom the formal school system was a disaster, who lack basic learning skills or foundations, such as reading, writing and mathematical skills, and therefore lack confidence in learning. These will need a lot of support to succeed. However the vast majority of learners are somewhere in the middle of the spectrum, occasionally, no matter how good the course design, running into problems, unsure what standards are expected, and needing to know how they are doing. Indeed, there is a good deal of research that indicates that learner support is associated with student success or failure in a subject (Nel, Tlale, Engelbrecht & Nel, 2020). Where students feel the teacher is not supportive, both learner performance and completion rates decline. For such students, good, timely learner support is the difference between success and failure.

It should be noted that the need for good learner support, and the ability to provide it, is not dependent on the teacher's discretion. It is a requirement that is espoused within the policy framework of the basic education department (Smit & Mpya, 2011). At the same time, although teachers can go some way to providing learner support, many of the most important functions of learner support associated with personal health and wellness skills development still need to be provided by an expert teacher (Ndinisa, 2016). Furthermore, this kind of learner support is difficult to scale up, as it tends to be relatively labour intensive and requires teachers with a deep level of

knowledge within the learner health and wellness area to provide the competent support often needed. Thus, the need to provide adequate levels of learner support cannot just be wished away, if we are to achieve successful learning on a large scale.

This may seem obvious to teachers. However, the importance of learner support for pupils' health and wellness is not always recognised or appreciated. This situation can be seen from the development and implementation of many schools learner support initiatives. The dearth of investments in the capacity of teachers to provide adequate learner support focused on their health and wellness is not prioritised (Nel, Nel & Lebeloane, 2013). It is this lack of appropriate investments within public schools that result in the function of ensuring learner support being entirely eliminated. There are also different attitudes from teachers and schools towards the need for learner support with reference to health and wellness. Some teachers believe that it is their work to only teacher and learners responsibility to learn. In other words, once learners are presented with the necessary content through class interaction, the rest of the learning is up to them.

Nevertheless, the reality is that in any system with a wide diversity of learners, as is so common today, teachers will have to deal with students with a wide range of needs in terms of learner health and wellness support (Maclean & Law, 2022). Unless teachers are willing to sacrifice the future of many thousands of learners, the issues of effective learner health and wellness support will continue to be ignored or left to chance. This means thinking about and planning how the health and wellness support can best be provided, within the constraints of the resources available can help teacher aid learner perform to their best potential without being impeded by their health and wellness-related difficulties (Maclean & Law, 2022). However, it is important if we are to comprehend the nature of health and wellness support provided to primary school learners to delve into how teacher-learner support is construed from a South African perspective.

2.4 LEARNER HEALTH AND WELLNESS SUPPORT: A SOUTH AFRICAN PERSPECTIVE

In 2007, the South African Department of Education undertook a research study into learner health and wellness support practices in South Africa. The research was

motivated by the department's own interest and various national policy documents calling for more and better learner health and wellness support. In many ways the study responded to two earlier publications and represented the continuation of an on-going dialogue on learner health and wellness support practices. In 2015, The Equal Education Institute published a series of case studies which offered insight into learner health and wellness support practices within independent school in South Africa. The case studies engendered the debate at the level of individual South African public school learner health and wellness support programmes.

The guiding principle that underpinned this literature review is to attempt to draw out useful lessons of experience from learner health and wellness support practices in other public schools. The overall finding is that learner health and wellness support is not seen as an integral component of teachers' responsibilities. Moreover, learner health and wellness support programmes are not included in schools planning and budgeting from the start of the school year calendar. Various schools policies seldom converge on the centrality of learner health and wellness support. In turn, it is neither broadly stated nor agreed that it is an obligation for school to prioritise the provision of learner health and wellness support. Furthermore, most educational programmes implemented with public schools do not encapsulate learner health and wellness support lessons in particular. However, it is consistently been argued that ensuring learners have access to health and wellness support within the school setting will promote unimpeded teaching and learning. In turn, the health and wellness support provided to learners will play a pivotal role to promote equality of educational opportunity. These assertions imply that unless learner health and wellness support is not offered consistently and effectively, effective teaching and learning will not achieve its intended purposes as learners may drop out and not benefit from the process.

While it may be valid to claim that public schools have provided more access to education for vulnerable or disadvantaged groups of learners, the health and wellness support provided for these learners is lagging behind. Thus, it is important to dispel the myth that access to education opportunities do translated into equal benefits for all learners. As previous studies indicate, the absence of learner health and wellness support can have a negative impact on the likelihood of vulnerable learners remaining in school and continuing to learn without impediments. For public

schools, it is not adequate to simply enrol learners in their educational programmes and then not offer them adequate health and wellness support which could change access into good performance and success.

In the South African context, a high percentage of learners are unlikely to succeed if they are admitted to public schools but are not provided with adequate health and wellness support. This is because of the adverse intrafamilial and community circumstances from which the majority of the learners come from which has been well documented. Mosekili (2017) found that enrolling learners in schools without providing health and wellness support is insufficient to respond to the needs of disadvantaged learners in particular. Although the landscape of ensuring access to public education has changed positively in South Africa, a large number of learners are still face disparities in access to effective health and wellness support in schools. As a result, they are still under-prepared and disadvantaged in relation to unimpeded educational attainment. Furthermore, these learners throughput rate in public schools tend to be very low. Ndinisa (2016) sums up the reasons for the higher failure and attrition rates for public schools learners by noting that the lack of access to appropriate health and wellness support is a contributing factor.

2.5 FRAMEWORK FOR LEARNERS HEALTH AND WELLNESS SUPPORT

Addressing the health and wellness support needs of public school learners cannot be undertaken in vacuum or haphazardly. It requires a framework on which to anchor the support being provided to learners. Without a clearly defined and coherent framework, the health and wellness support needs of the learners could be left to chance despite the demand and the utility of providing such support. Nevertheless, there is limited evidence on the availability of frameworks for supporting learners' health and wellness needs focused on public schools, particularly in the South African context. Several studies provide distinct frameworks on which learner support can be predicated on. These frameworks, however, are focused on learner support in terms of attainment of curriculum content understanding. In other words, they are focussed less on provision of health and wellness support. Nevertheless, Epstein (2019) indicates that effectively addressing learners' wellness support should be premised on six coalesced categories which include the following:

- Enhancing regular engagement and re-engage learner who have become disengaged from learning at school by pursuing response to questions focused on health and wellness.
- Supporting learners and families with appropriate information on health and wellness as school transitions.
- Increasing home and school connections.
- Responding to, and where feasible, preventing personal crises.
- Increasing parental involvement, support and undertake outreach to develop greater community involvement and support, including enhanced use of volunteers and linkages to community resources that can fill priority gaps in the system of supports.
- Facilitating learner and family access to effective services and special assistance as needed.

According to Epstein (2019) this framework is ideal for use in addressing learners wellness support needs because it represents an integrated continuum that spans through several interventions. This framework, as proposed by Epstein (2019), can help anchor public schools efforts to provide learner health and wellness support. This is because this framework advocates to promotion of healthy learner development and prevention of problem that may impede the efficacy of learning process. Furthermore, the framework recognises the essence of early identification and response to learner wellness support needs. In addition, the use of this framework will help teachers to co-jointly explore available external support systems to which learners with serious health and wellness support needs can be referred for more intensive assistance.

2.6 THE ROLE AND FUNCTION OF SCHOOL-BASED SUPPORT TEAMS

In accordance with the Screening, Identification, Assessment, and Support Policy, the School Based Support Team (SBST), formerly known as the Institutional Level Support Team (ILST), is in charge of identifying the support needs of the learners and coordinating the provision of that support (SIAS). To carry out these duties, the team needs to convene frequently. An SBST must be established at every public school. The functions of the school-based support team include the following:

- Coordinating all learner support needs within the school is one of the SBST's key responsibilities.
- Being knowledgeable and proactive in the usage of the SIAS Policy and assisting teachers through the SIAS assistance provision process.
- Identifying school needs with a focus on barriers to learning at the learner, teacher, curriculum, and school levels.
- Creating suitable classroom- and school-based strategies to meet these needs.
- Promoting peer and/or collegial support.
- Utilising more resources both inside and outside of the school to tackle these problems. Monitoring and assessing the team's performance using an action-reflection approach.

2.6.1 Composition of the school-based support teams

The establishment, operation, and support of the SBST eventually fall under the purview of the principal. The team's core members are: The SBST coordinator, an SMT representative, representatives from each phase, and a learning support teacher or grade (where applicable). Despite the involvement of the core members, several other categories of individuals can be admitted for engagement in the school-based support teams. These persons include, for instance, teachers having specialised training in counselling, non-governmental and community-based organisation members and experts in health and wellness support. The following individuals should be on the team when learner support needs are taken into account: The teacher(s) of the specific learner(s) for who support is being considered, the parent(s) or caretaker(s) of those students and the student (where applicable). Parents have the most knowledge and understanding of their own children. The inclusion of these persons in the school-based support teams, as Mawela, van Wyk, Lebeloane and Mudau (2016) points out, is premised on the recognition that the likelihood of removing obstacles to learning that a learner may be encountering is significantly boosted when parents collaborate with teachers and other experts. Hence, Berta, Blonsky and Wogan (2022) assert that schools have access to a variety of community resources through the available organisation which must be tapped into and utilised to promote effective learner support.

2.6.2 The role of SBST in learner support planning

The teacher will fill out a Support Needs Assessment Form 1 (SNA 1) and submit it to the SBST if they believe the student needs support that they are unable to offer in the classroom. The teacher's report on the assistance offered up to that time and its results will be examined by the SBST. The SBST will invite the pertinent role players to a meeting and present the specific case for debate. The group will talk about, organise, and create a program for the instructor and parents. Throughout implementation, the SBST will periodically assess and keep track of the ISP. The case will be forwarded to the DBST if the SBST needs more assistance or direction.

2.7 CHALLENGES TO THE IMPLEMENTATION OF LEARNER SUPPORT STRATEGIES

South African schools have unique challenges that may compromise learner health and wellness support strategies. Vislie (2013) contends that despite major policy initiatives and a growing commitment to learner support, there remain significant challenges regarding the rhetoric and legislation on learner health and wellness and practical implementation. According to Visser (in Duncan, Bowman, Naidoo, Pillay & Roos, 2018) changes in human behaviour may be possible when patterns of social, organizational relationships, or the physical environment, changes. It stands to reason that the social and physical environment of learners outside of the classroom or school will impact on their performance inside the classroom or school. The next section alludes to factors that can influence the implementation of learner health and wellness support.

2.7.1 Policy implementation challenges

Pillay and Di Terlizzi (2009) contend that public schools are still growing and developing in the area of ensuring comprehensive and adequate learner support. According to these authors, it appears that while some public schools have accepted the ideology of learner health and wellness support, the reality is that many public schools are not equipped with resources required to meet the support needs of learners. Da Costa (2003) argues that there is a gap between conceptualizing learner health and wellness support and understanding how to implement it in the day to day life of the school which is apparent not only among teachers, but at all

levels of the system. This is corroborated by Stofile's (2008) recent research about the factors that affect the implementation of wellness support for learners. This study revealed that teachers lack capacity to implement wellness support for learners, which includes unrealistic workloads. Findings also show that there was uncertainty about policy. This is because the Department of Education does not provide clarity about the meaning of learner health and wellness support and how it should be implemented within a school context.

2.7.2 Workload and time of teachers

Engelbrecht and Green (2007) state that implementation of learners support policies is a real challenge in terms of time and resources needed for implementing the policies. The authors heed that teachers in public schools currently have to cope with a workload that has increased significantly over the last couple of years and that this might lead to work overload. These authors also sensitise us to the fact that teachers and learners' buy-in to support practices is a slow procedure and that there are many issues to overcome before this approach would be fully accepted in practice. In research conducted by the Human Sciences Research Council it was found, for example, that more than 80% of teachers believed that their workload had increased considerably since the year 2000 (Rademeyer, 2005). Classroom contact time is only one of a number of activities that occupy teachers in their daily work. Other factors include learner guidance, sport practice and playground monitoring, extra-curricular activities, meetings, preparation, marking, workshops and much more, all falling outside formal teaching in the classroom. In this vein, teacher report feeling overwhelmed in providing even further attention to the health and wellness needs of the learners within the school context.

2.7.3 Capacity of teachers

Wearmouth (2001) points out that the quality of learner health and wellness support will depend on the effective identifying of the problem, assessment and the provision for the individual needs. The interaction between different support service networks of learners with health and wellness needs also plays a crucial role in effective implementation of support. In order to enable a teacher to assess wellness needs and provide required support, it is necessary for that teacher to have the knowledge and skills to do so. Knowledge of such teachers will then indicate how learners'

support needs are addressed and how they are evaluated to determine the likelihood of being met. In order for effective learner health and wellness support to be realised, teachers need to be qualified to teach learners with multiple health and wellness support needs.

Hergarty (1993) alludes to the fact that in-service training should be provided for teachers. This is because many teachers feel that they do not have sufficient training and support to meet any health and wellness challenges presented by learners. Teachers make crucial decisions on the learner support needs and effectively determine how best the learner support needs can be addressed. For this reason, in-service training is centrally important. It is probably the most important single factor in determining the extent to which effective reform of learner health and wellness support will take place (Hergarty, 1993). The literature thus far seems to suggest that in service-training with a special focus on health and wellness of learners is not a prerequisite for teachers who provide learner support.

Teachers are supposed to devise and implement intervention strategies with systemic and capacity challenges. Johnson and Green (2007) argue that teachers' lack of confidence in their own learner support expertise, or those whose training has been less than optimal, will require considerable support before they are comfortable with this aspect of their teaching responsibility. The literature shows that it is unfair and unrealistic to expect teachers with no training to work creatively and effectively to meet the health and wellness support needs of their learners in their class (Flem & Keller, 2000). Teacher training institutions should also consider programs where students can gain practical experience in a positive, supportive and inclusive environment (Loreman, Forlin & Sharma, 2007). According to Mahaye (2000), teaching methods could be described as specific techniques that teachers employ to assist learners to gain the knowledge they need to address their own inefficiencies in knowledge on health and wellness.

According to Landsberg (2005), the role of teachers has changed from being preoccupied solely with transferring knowledge to nurturing and providing wellness support for learners. Approaching and assessing learning in this manner allows a wider range of learners to successfully participate in classroom learning without being hindered by their personal crises. As learners do not have the same health

and wellness support needs. They cannot be addressed in a uniform fashion. Therefore, it is important that a teacher creates a support needs profile for each learner. According to Lazear (2004), the teacher can properly assess the learner's support needs if the teacher knows how what each learner is experiencing in their lives. Teachers must therefore feel comfortable using a wide variety of instructional techniques to help assess the support needs of a diverse learner cohort. While the Integrated Schools' Health Policy emphasises the important role of teachers as learner support agents, it is very vague on how teachers should go about fulfilling this important.

In a similar vein, no word is mentioned on teachers' capacity development and resources allocated in order to affect these grandiose ideals. This lack of capacity and experience of teachers coupled by the lack of resources may therefore constrain the implementation of learner health and wellness support strategies. Findings of a recent study by Dreyer (2008) on the provision of wellness support in an education system conclude that learner wellness support aimed at addressing learner personal crises in mainstream schools is not effectively implemented. The lack of support relates to contextual factors in school as well as within the Education Department. Contextual factors include ineffective support strategies, the current teacher- learner ratio and lack of differentiation and wellness support to learners, which relate to knowledge and training of mainstream teachers (Dreyer, 2008). Also, the inability of teachers to proactively identify learners' health and wellness difficulties can impinge heavily on the provision of support.

2.7.4 Class size

Teachers in overcrowded classrooms, according to Engelbrecht and Green (2007:34), "often become managers of group dynamics rather than purveyors of knowledge." To this end, these writers continue to state that an understanding of experiences related to the health and wellness of diverse learner may be lost in environments where teachers must maintain control over large numbers of learners. Engelbrecht and Green (2007) are of the opinion that the more learners there are in a classroom, the more challenges arise in terms of identifying students with personal crises. Wearmouth (2001) sees teachers' workload, the changing profile of class groups which call for more complex planning and preparation and the greater

responsibility overall, which teachers have to contend with as problematic. The involvement of parents in the identification of their children's health and wellness challenges can be seen as a solution to some of the challenges teachers have to face in providing the required support.

2.7.5 Parental involvement

In her study of European School Governance, Riley (1998) notes that schools do not exist in a vacuum. Studies conducted in Canada, Denmark, England, France and USA on parental involvement in the education of their children, point out that children's support becomes more effective if their parents become actively involved in their school and personal lives (Riley, 1998). Parental involvement is very crucial in learner health and wellness support because parents can offer teachers valuable information regarding the health and wellness challenges faced by their children and enables the solicitation of further pertinent support to help their children (Smith, Followay, Patton & Dowdy, 2001). Parents' absence from the health and wellness support process of their children due to their own personal problems suggest that education, especially extra educational help, are left to teachers alone. This can place enormous constraints on teachers' attempts to support learners. Another crucial factor that might challenge teachers' support efforts is ineffective collaboration between different role players.

2.7.6 Collaboration

Collaboration is a complex and multidimensional process. However, it has been increasingly advocated in the school system, particularly within the realm of learner health and wellness support. It has been defined as "co-operation among two or more people concerning a particular undertaking" (Dunst & Paget, 1991:28). According to Engelbrecht and Green (2001), collaboration can be described as a creative partnership between all the role players who work together to not only identify and define barriers and needs, but also ways to meet those barriers and needs. Collaboration enables teachers to share their expertise, diverse and specialised knowledge and skills to benefit all learners. Moran and Abbot (2002) contend that the most critical strategy for creating successful support experience for learners, regardless of their personal health and wellness challenges, is teamwork. Collaboration skills are essential for the effective functioning of school-based support

teams. This collaboration is crucial in giving effective health and wellness support to learners (Swart & Pettipher, 2005).

To collaborate successfully, role players need to develop skills in problem solving, interpersonal communication, dealing with differences and managing themselves and their time (Engelbrecht & Green, 2007). This collaboration takes time and requires effective organisation and certain basic resources (Johnson & Green, 2007). Engelbrecht and Green (2007) state that school-based support teams must identify specific learners support needs and coordinate efforts to address them within individual schools. Support teams, however, are still facing major challenges in developing comprehensive support strategies for their schools. According to Landsberg (2005), learner support in principle assumes collaboration of all role players, adaptation of the curriculum and specialised intervention.

2.8 CHAPTER SUMMARY

In summary, the section above provided a discussion of some of the unique challenges in the provision of effective learner support as it is experienced in South African schools. The supposed gap between policy and implementation was highlighted as one of the main contributors to the challenges in learner support. Specific references were made to teacher overload, class size as well as their lack of capacity and how this impedes learner support. This section concluded with the importance of teacher collaboration. The next section will focus on the theoretical framework on which my assumptions are based.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 INTRODUCTION

The previous chapter provided a review and a critique of the literature relevant to the research topic. In this chapter, the researcher provides a description and justification of the research methodology used. This study was qualitative in nature and the characteristics, advantages and disadvantages of the qualitative research approach are given. In addition, the researcher briefly explain the quantitative and mixed methods approach, their specific characteristics and the reason for their exclusion from this study. The interpretivist perspective and its hermeneutic strands were adopted in this study. The research design of this study was exploratory, descriptive and contextual. In this respect, the researcher has given an explanation of the relevance of this research design in this study. The target population including non-probability purposive sampling method used to select participants who met the inclusion criteria are also described. The primary research data that the researcher sought to obtain from the participants was collected through semi-structured face-to-face interviews. The manner in which participants were prepared for data collection is explained, including the epistemological strategies the researcher used to establish the trustworthiness of the research results.

3.2 PARADIGMATIC PERSPECTIVES

Researchers hold a wide range of perspectives on the world they live in and desire to live in. These beliefs are referred to as 'worldviews,' and they have an impact on how researchers do study (Rehman & Alharthi, 2016). Identification and selection of an appropriate research paradigm is integral to every research inquiry. This is so because a research paradigm that a researcher decides to choose plays a pivotal role in highlighting how a researcher perceived reality and how that reality is to be studied and understood. As Kivunja and Kuyini (2017) point out, a research paradigm represent a researcher's worldview. In other words, it determines how a researcher intends to undertake his/her research investigation inclusive of the research methods to be utilised and how the data obtained will be analysed and interpreted. In précis, a research paradigm represent the lens through which a researcher intends to study that which a researcher is interested to study as viewed

in accordance with how a researcher concerned looks at the world (Kamal, 2019). In human sciences research, there are four primary paradigms: positivism, interpretivism (post-positivist), advocacy (participatory), and pragmatism. The researcher chose the constructivist paradigm as the foundation for this investigation.

3.2.1 Constructivism

The constructivist paradigm is concerned with how people's interpretations and meanings of events develop from their common assumptions about reality rather than from a vacuum. In this sense, constructivism claims that an individual's experiences as seen through the lens of their interactions with others, as well as the language they use to express those experiences, are fundamental to how that individual interprets reality (Kamal, 2019). In other words, as this paradigm asserts, it is vital to comprehend reality in the context of the collective setting in which people exist. This indicates that reality, as defined by the constructivist paradigm, cannot be limited to a single individual, but must be formed through interactions with others, especially in their particular environment (Rehman & Alharthi, 2016). Nothing is considered universal reality by researchers who follow the constructivist paradigm. As a result, it is critical for a researcher seeking to uncover insights into collective interpretations and meanings about a phenomenon under investigation to recognise the critical role that communication plays in their interactions aimed at comprehending the realities in their world or as related to their specific circumstances (Kuyini & Kivunja, 2017).

The constructivist paradigm is important in this study because the researcher wanted to learn more about how an integrated school health policy is viewed and implemented by a school-based support team, especially within a secondary school setting. In order to reach this goal, it became necessary for a researcher to engage in a quest to comprehend the participants' viewpoints on integrated school health policy while employing constructivism. Furthermore, such an insight cannot be gained without delving into how participants perceive the policy and how well it is being implemented in their setting. The interpretivist perspective was adopted in this study so that the researcher could accurately develop an in-depth understanding of the participants' interpretations of their experiences.

3.2.2 Interpretivism

The interpretivist viewpoint contends that in order to interpret the meaning of qualitative research data, the researcher must first comprehend the beliefs, motivations, and reasoning that people form in their social environments (Matta, 2021). This is because, according to this perspective, there is no single path to knowing. In other words, interpretivism rejects the idea that an objectified approach to understanding an individual's reality and formed meaning is possible. The interpretivist viewpoint requires the researcher to understand that contact between the researcher and participants are unavoidable. If a researcher seeks to grasp the experiences and meanings that people generate as a result of their experiences with a certain phenomenon, no amount of aloofness should be adopted (Lincoln, Lynman & Guba, 2018) . It views research findings as value-laden, and the values must be stated explicitly. As a result, the interpretivist perspective is appropriate in this study because it is congruent with the research methodology employed and emphasises the importance of context in comprehending the experiences of the participants (Creswell & Poth, 2017; Lyons & Coyle, 2016). Importantly, the researcher contends that social constructions such as awareness and shared meanings allow access to the study participants' reality as expressed within their experiences of the phenomenon under investigation.

3.3 RESEARCH METHODOLOGY

A systematic technique that directs research and how it should be carried out is known as research methodology (Igwenagu, 2016). More precisely, research methodology entails a theoretical examination of methodologies and concepts related to a field of study (Mohajan, 2018). Typically, it defines and clarifies ideas such as the research paradigm, research approach, participants' selection, data collecting and analysis as well as research data interpretation, ethical considerations, and establishment of trustworthiness (Melnikovas, 2018). Three types of research methodologies are commonly cited in the literature, namely quantitative, qualitative and mixed methods research. These research approaches have been and still are the predominant research options used by researchers. Although they are commonly used classifications of research, they differ in the approach to conducting a research inquiry. Such a distinction is evident in the way

these three research classifications describe the nature of the knowledge, the purpose of the research, the type of data to be collected, and the methods by which the resulting data is analysed, and the generalisability and presentation of the results regard.

3.3.1 Qualitative research approach

This research study was qualitative in nature. Its prime intention was to obtain non-numerical but in-depth and thick descriptions of the data to be gathered from the participants regarding the subject of this study. A qualitative research approach was ideal in this regard as it permits for gathering of descriptions and narrations from a small sample of research participants. Furthermore, the use of qualitative research approach enabled the researcher to develop an understanding of the participants' perspectives about the effectiveness of schools-based support teams in implementing integrated schools' health policy in a secondary school setting.

- **Characteristics of the qualitative research approach**

Qualitative research holds that the world is made up of various realities rather than a single objective reality. As a result, understanding such multiple realities necessitates asking participants for their thoughts on reality as they see it (Tan, 2018). In contrast to the quantitative approach, qualitative research is inductive in nature. This implies that the researcher endeavours to understand the participants' experiences of the phenomenon being investigated with no preconceived ideas (Taylor, Bogdan & DeVault, 2016). Similarly, the researcher permits through gathering of in-depth researcher for the meanings of the participants' reality to emerge through research data analysis and interpretation. Importantly, the qualitative researcher becomes the primary instrument of research as a result of his or her active participation in the study. Hence, qualitative research is more context-based because participants are researched in their natural environment (Matta, 2019).

3.3.2 Quantitative research approach

Quantitative research follows a naturalistic approach. It assumes that there is a single objectively measurable reality in the world (Creswell & Creswell, 2018). The requirement to create correlations between measured variables, where processes

are set and hypotheses are formulated prior to the actual investigation, is at the heart of quantitative research. It is deductive in character, with the researcher taking on the role of an uninvolved impartial observer (Morgan, 2014).

3.3.3 Mixed methods research

In mixed methods research, neither qualitative nor quantitative research approaches are perfect in and of themselves. That is, neither of the research approach is essentially superior to the other. They all have flaws and limitations (Edmonds & Kennedy, 2018). Qualitative research is considered to have a number of drawbacks, including researcher bias, participant trustworthiness and reactions, a lack of representivity, and generalisability of findings (Creswell & Plano-Clark, 2018). Quantitative research is also criticised for ignoring the meanings of social phenomena, failing to discover the depth of meanings and explanations, and failing to explain how social reality is produced and maintained, as well as how people that are being studied understand and interpret social reality (Plano-Clark & Ivankova, 2018). Against the background of the limitations and weaknesses anchored in both qualitative and quantitative research, another research approach emerged, namely mixed-methods research. This research approach brings together the strengths of both quantitative and qualitative research approaches. Hence, it is considered appropriate to enable researchers to gain a more comprehensive insight into the research problem for which answers are being sought (Edmonds & Kennedy, 2018).

3.4 RESEARCH DESIGN

A research design denotes the framework upon which the research study is premised. It refers to the logical structure of the research study (Creswell, 2014). According to Morgan (2014) the research design serves to guide and inform the study's plan. That is to say, the research design is crucial to help the researcher ascertain the relevance of the research methods intended for use; the type of data required to answering the main research question and how the required data is to be obtained using specific methods of data collection (Levy, 2017). For the purposes of this study, an exploratory, descriptive, and contextual research design was used.

3.4.1 Exploratory design

Exploratory designs enable researchers to investigate issues whose understanding is limited (Levy, 2017). The intent of exploratory investigations is to learn more about an event, phenomena, and people's experiences and locate key meanings created (Burns & Grove, 2021). This implies that exploratory design is important to explore a new subject and gain in-depth knowledge of the phenomenon being studied. In this study, the researcher needed to explore the understanding and experiences of school-based support teams in implementing an integrated school health policy in secondary schools. Lacking baseline information about the area or topic under study, the researcher had to gather insights, meanings and interpretations related phenomenon being investigated (Wilson, 2010). Therefore, an exploratory design was deemed appropriate for use.

3.4.2 Descriptive design

Descriptive design attempts to document and describe the subject of interest to the researcher in order to present its properties (Asenahabi, 2019). By using descriptive design, a researcher is able to accurately capture the characteristics of the units of analysis and their circumstances in their real-world context within the phenomenon under study (Sharma, 2019). In this study, the use of a descriptive design helped the researcher gather the descriptive accounts of the participants' experiences regarding the implementation of an integrated school health policy in secondary schools in Mankweng circuit.

3.4.3 Contextual design

In qualitative research, context is critical. The exact circumstances in which the units of analysis interact and the phenomenon under research occurs are referred to as context (Rintoul, 2017). In other words, context entails the participants' particular origins, experiences, and frames of reference, as well as the circumstances around them. As a result, when doing research, researchers should not overlook the importance of context (Duda, Warburton & Black, 2020). The purpose of this study was to learn how schools-based support teams in the Mankweng circuit implements integrated school health policy. The researcher was able to grasp the participants'

experiences as well as the occurrence of the phenomenon being explored in a real-life setting owing to the use of the contextual design.

3.5 POPULATION

A population, according to Guest, Namey and Mitchell (2013), is the total set of identifiable persons that possess traits that the researcher requires in order to engage in a study. In other words, the study population refers to the entire set of elements that the researcher wishes to investigate and from which the research study's conclusions will be extrapolated (Casteel & Bridier, 2021). Individuals, events, or situations whose features the researcher considers to be relevant for the study's objective are referred to as aspects of the population (Sharma, 2017). Although the study population is made up of a group of people who the researcher is interested in, it can be separated into target and accessible populations (Kumar, 2011). The accessible population contains those aspects of the population that can be reached and examined, whereas the target population includes those elements of the population that match the sampling criteria (Privitera & Ahlgrim-Dezell, 2019).

All members of the Mankweng circuit's school-based care and support teams, as well as educators, will be included in this study's target group. The accessible population, on the other hand, will consist of those members of the Mankweng circuit's school-based care and support teams, as well as educators in the basic education sector (BES) and who are available and willing to engage in the study voluntarily.

3.6 SAMPLING, SAMPLING TECHNIQUES AND SAMPLING SIZE

This section contains the sampling techniques that the researcher decided to use and provides a rationale for the sample size that was decided and included in this study. The concept of sampling is further defined and contextualised to provide clarity on how the researcher applied sampling in this study.

3.6.1 Sampling

Sampling is a procedure or technique to be employed in this study to systematically select an adequate subset of individuals from the pre-determined population to serve as data sources for investigation as per the objectives of this study (Sharma, 2017).

Given that it is near impossible considering the costs, convenience and time factor to include and/or involve every single one of the potential participants, a sample, defined by Rahi (2017) and Sharma (2017) as a carefully and thoughtfully selected group of individuals pertinent to the phenomena under investigation and having the potential to yield informatively reliable responses essential to answering the overarching research question shall be selected.

3.6.2 Sampling technique

Yin (2011) defines purposive sampling as the selection of participants or sources of data to be used in a study, based on their anticipated richness and relevance of information in relation to the research questions. That is, the logic and power of purposive sampling lie in selecting information rich cases for in-depth study. According to Patton (2015) information-rich cases are those cases from which a researcher can learn a great deal about issues of central importance to the purpose of the inquiry. A purposive non-probability sampling technique was used in this study. This sampling technique was an effective instrument in obtaining the required data relevant for achieving and addressing the objectives of this study.

3.6.3 Sampling size

Given that not all potential participants had an equal chance of being selected to participate in this study, the researcher decided to sample participants who met a specific criterion as set by the researcher (Sharma, 2017). The selection of an adequate sample for this exploratory qualitative study was based on the researchers discretion. However, Kumar (2014) proposes that though there is universal agreement on what constitutes an adequate qualitative sample, it is recommended that the sample should not be too small as to inhibit the acquisition of credible and reliable data. In this vein, the researcher selected a total sample of 15 participants.

For the purpose of this study, four members of the schools-based care and support team were selected from each identified team in the Mankweng circuit. In addition, five educators from the Mankweng circuit tasked with facilitating and overseeing the activities of the schools-based care and support teams were also selected. Included were also three education officials from the Provincial Department of Education responsible for overseeing the implementation of the Integrated Schools Health

Policy. This process of sampling participants was continued until theoretical saturation was reached. Aguinis and Solarino (2019) refer to theoretical saturation as reaching a situation where no additional data are being found to enable the development of properties of the category.

3.6.3.1 Inclusion criteria

In order to be included in the actual empirical study, the participants had to meet the following specific criteria:

- The selected participants had to be engaged in the schools-based support teams within the basic education sector in the Mankweng circuit.
- They had to have more than two years of engagement in schools-based support teams.
- The participants had to be able to communicate in both Sepedi and English and have given voluntary consent to participate in the study.
- They had to possess adequate self-rated comprehension of the basic education sector's dynamics in the Mankweng circuit area.
- Participant educators have to be registered with the South African Council for Educators (SACE).

3.6.3.2 Exclusion criteria

The potential participants who were not included in this study had the following characteristics that the researcher considered relevant to ineligibility for participation in this study:

- Participants who were on internship or temporary employment within the basic education sector in the Mankweng area.
- Those who had less than two years of engagement in the schools-based support teams in the selected research sites.
- Participants who did not give active, written informed consent to participate in the study and were unavailable during data collection.

3.7 DATA COLLECTION

Data gathering is a cyclical and methodical process by which researchers seek out research data that is pertinent to answering the study's main research questions

(Olsen, 2012). Prior to beginning data collection, a researcher must establish the type of data needed and the method(s) and technique(s) that will be most effective in obtaining the data (Zozus, 2017). Similarly, the researcher must choose the appropriate research context in which the research data will be collected. While data gathering is concerned with how best the researcher intends to gather the required data, it also encompasses other important procedures such as data collection preparation. Researchers are generally interested in two forms of study data: primary and secondary data. Moreover, a series of data collection methods are available, including observations, interviews, surveys, focus group discussions, and documentation review or analysis. The research methodology the researcher chooses determines the data required and the relevant data collection method/s (Olsen, 2012).

The researcher intended to collect primary research data for this study. Primary research data is information gleaned from participants' first-hand experiences as conveyed in their narrative accounts of the topic under investigation. That is, primary data is information that is integrated in the experiences of the unit of analysis and cannot be retrieved through measurements (Billups, 2021). Importantly, primary data also refers to information that has never been published. In comparison to quantitative data, primary qualitative data is not numerical or statistical. It is textual in nature. According to Zozus (2017), primary qualitative data is acquired in the form of words and sentences, and this data captures people's sentiments, emotions, and subjective perceptions of the phenomenon the researcher is studying (Canals, 2017). Notwithstanding the form of data a researcher seeks to obtain, the scholarly literature agrees that research data must be authentic and trustworthy. In this sense, a researcher must choose a data collection method that is appropriate for obtaining the essential study data. Importantly, the selected data gathering method must enable the researcher to collect data that is relevant, reliable, and believable.

3.7.1 Data collection method

The researcher in this study chose interviews as a data collection method suitable for obtaining primary data needed to answer the main research question. Interviews are a type of data collection method in which the researcher actively engages with participants to ask questions and elicit responses regarding the subjects being

discussed (Billups, 2021). These interviews can be conducted individually or in groups, and they can be conducted in person or over the phone (Canals, 2017). Furthermore, researchers can conduct three types of interviews in order to engage participants and obtain the desired study data: structured, semi-structured, and unstructured interviews. In structured interviews, participants are asked comparable questions in the order chosen by the researcher, with no room for further exploration or flexibility. In other words, participants are asked structured questions to answer, and the questions are usually closed-ended (Whiting & Pritchard, 2021). Semi-structured interviews are guided by an interview guide. The participants are asked questions with flexibility and spontaneity based on their answers. Unstructured interviews are based on the researchers' observations, and no questions are planned for the participants in advance (Barrett & Twycross, 2018).

Given the qualitative, exploratory nature of this study, the researcher used face-to-face semi-structured interviews to collect primary and direct data from the participants. The purpose of selecting and using the data collection methods for semi-structured face-to-face interviews was to enable the researcher to obtain data that can be both complementary and helpful in achieving data saturation related to a situation in where there is no new information emerging from the participants.

3.7.1.1 Face-to-face semi-structured interview schedule

Face to face semi-structured interviews are those in which the researcher engages in direct discussion with the participants in order to ensure probing and observation of verbal and non-verbal expressions (Barrett & Twycross, 2018). This type of interview was resorted to in this study because of the need for the researcher to obtain detailed information, to further examine the participants' responses, and delve deeper into the issues being studied. Most importantly, using semi-structured face-to-face interviews can provide a wealth of data in a short amount of time, is less costly, and offers interview flexibility (Whiting & Pritchard, 2021). A key feature of semi-structured face-to-face interviews is that they are conducted using an interview guide developed or adapted by the researcher.

For the purposes of this study, the interview guide used was developed by the researcher and was not adapted from an existing interview guide. A semi-structured interview plan is a written document with a list of predefined open-ended questions,

aimed at guiding the interviews with the participants, seeking their answers and giving them the opportunity to justify their answers (Tracy, 2020). The researcher chose semi-structured interviews because they can enhance the real-world context in which participants interpret and construct their meanings in relation to their experiences. In addition, they allowed the researcher to seek clarification in cases where this was deemed crucial during the interviews (Tracy, 2020). Importantly, the use of semi-structured interviews provides a sense of caring towards the participants as they are more likely to view their involvement and their responses as value added to the research.

3.7.1.2 Preparations for data gathering

Face-to-face semi-structured interviews necessitate careful preparation on the part of the researcher. The researcher must prepare for the interviewing process's practical reality. Practical realities in this study involved the researcher determining the appropriate setting for the interviews, the time and duration of the interviews, and the availability of well-functioning audio-recording equipment (Canals, 2017). The researcher had to make sure that the participants were given the information sheets and written informed consent forms to read and sign. In this regard, the researcher made two trips to the research sites with the goal of informing the participants about the study's nature and objective, as well as soliciting their voluntary involvement (Creswell, 2014). The participants' inquiries about the study goal were adequately answered. As part of obtaining the participants' active, written informed permission, the benefits and risks of participating in the study were explained to them. As a result, all of the purposively selected participants agreed to participate in the study willingly and all signed the consent form. The purpose of the second visit to the research sites was to engage with the participants in order to collect data.

3.7.1.3 Research questions included in the interview guide

The research questions formulated by the researcher and included in the interview guide to inform the collection of relevant research data critical to answering the main research question are as follows:

Please tell me what your role in the School-Based Support Team entails

- How did you get involved in the School-Based Support Team?
- What knowledge of integrated school health policy do you have?
- How did your knowledge of integrated school health policy come about?
- What experience should a School-Based Support Team member have?
- How could you describe your perception of School-Based Support Teams in the basic education sector?
- How do you think School-Based Support Teams are effective in implementing Integrated School Health Policy?
- What circumstances determine the effectiveness of School-Based Support Teams in Integrated School Health Policy implementation?
- How does the Department of Basic Education contribute to the functionality of School-Based Support Teams in implementing the Integrated School Health Policy?
- What guidelines inform the functions of the School-Based Support Team in a secondary school environment?
- How would you suggest that the functionality of School-Based Support Team is improved when implementing Integrated School Health Policy in a secondary school environment?

3.7.1.4 Data collection procedure

According to Denscombe (2007) researchers need to provide an explication of how they intent to collect the required data. In other words, they need to appropriately describe the procedure to be followed in gathering data. In this regard, the researcher followed the procedure describe below in order to ensure a coordinated process of data collection.

- An introductory session was conducted with an intention of the researcher being acquainted with the participants and seeking verbal affirmation for voluntary participation in the study as well as reiteration of the purpose and aim of the study.
- The audio-recording that the researcher used was checked to ensure their functionality and be prepared for recording of the interviews.
- A reflexive journal was used by the researcher to jot down additional notes and opinions as expressed by the participants apart from those responses aligned

with the research questions posed including any relevant non-verbal expressions that the participants may exhibit during the interview and relating to the phenomena being inquired.

- Data derived from the participants' responses as audio-taped was transcribed and analysed using thematic content data analysis method.

Importantly, the interviews were conducted in compliance with the Covid-19 regulations and the associated protocols. A location was mutually agreed and convenient for both the researcher and the participants. That is, the researcher ensured that the location for the identified and selected interviews were appropriate and free from distractions. Specifically, the interviews were conducted in the respective teachers' staffrooms. The duration of the interviews ranged between 45 minutes and one hour. Interviews were conducted between 2:00 p.m. and 3:00 p.m. with a 10-minute break for refreshments between sessions. The time period chosen was important in order to give the participants enough time to equally exchange and express their opinions on the interview topics.

3.8 DATA ANALYSIS

The purpose of data analysis is to analyse the interpretations and meanings that the data obtained entails (Miles, Huberman & Saldana, 2018). In this regard, if any meaningful and significant interpretations are to be obtained and insights into the processes being examined revealed, the data collected must be systematically assessed and interpreted (Grbich, 2013). The acquired data was analysed using thematic analysis in this study. The use of thematic analysis was considered appropriate in this study insofar as the researcher was interested in gaining insight into themes and patterns related to the data to be collected. This means that in order to understand the experiences of participants towards the implementation of integrated schools health policy, it was important to analyse the frequency of emerging themes and concepts used to understand the associated interpretations and meanings (Miles, Huberman & Saldanah, 2018). Importantly, the researcher used Tesch's eight steps of qualitative data analysis to further make the collected data meaningful.

3.8.1 Tesch's eight steps of qualitative data analysis

As delineated in De Vos (2002), the following steps were followed in analysis and interpreting the thematic content of the collected data:

- The researcher went over all of the transcriptions attentively, taking notes on any thoughts that sprang to mind.
- The researcher chose one interview and read it, trying to make sense of the facts and jotting down any thoughts that came to mind.
- After reading the transcripts, the researcher organised them into groupings by creating columns labelled "important themes," "unique themes," and "leftovers."
- The researcher then used codes to shorten the themes and wrote the codes next to the appropriate text section. The researcher then looked at how the data was organised to see whether any new categories or codes had arisen.
- The researcher changed the themes into categories by finding the most descriptive language. The goal was to reduce the overall number of categories by putting related themes together. To show the interdependence of the categories, lines were drawn between them.
- The abbreviation of each category was then decided upon, and the codes were ordered alphabetically.
- The data for each category was gathered in one location and analysed.
- After that, the analysed data was evaluated and reported in a narrative format.

3.9 ESTABLISHMENT OF TRUSTWORTHINESS

A researcher must ensure that the results of a research investigation, including the conclusions and recommendations that follow, can stand up to scrutiny (Stahl & King, 2020). To put it another way, research findings must be rigorous and reliable in order to be trusted. To accomplish this goal, Stahl and King (2020) recommend that a researcher explain how the following criteria proposed by Guba and Lincoln (1985) will be met: credibility, transferability, dependability, and confirmability. Therefore, the researcher outlines below how this criterion for establishing the trustworthiness of the research process and the resulting results was achieved in this study.

Epistemological standards	Strategies	Application in the study
Truth-Values	Credibility	Internal validity and credibility are related. Regarding the participants and the environment in which the study was conducted, the researcher is confident in the veracity of the findings. The researcher checked members to verify trustworthiness for the study's aims.
Consistency	Dependability	Replicating the study in the same setting, using the same techniques, and using the same participants is what is meant by reliability. The researcher conducted a dependability audit to enable dependability in this study. This required the researcher to give a thorough overview of the data collection process. The data was accurately coded, and a description of the research process was supplied. A fellow senior school principal who was not involved in the study conducted a peer evaluation of the data that had been gathered.
Applicability	Transferability	A limited group of participants who are actively participating in the school-based support team were used in this study. In order to increase transferability, the

		researcher narrowed the pool of individuals until the data was saturated and thoroughly described.
Neutrality	Conformability	Conformability is the absence of bias in the research methodology and findings. In this regard, the researcher made sure that the study findings were as unbiased and free from the researcher's bias as feasible.

3.9.1 Credibility

According to Lietz and Zayas (2010), the truth-value of the research findings is linked to credibility. To ensure that the findings of this study are credible, the researcher made sure that all participants chose to participate voluntarily and that they were given the required information about the study's goal and what the researcher hoped to accomplish. That is, their active, written informed consent to participate in this study was obtained with no coercion, inducement or threat of punishment in the event that a participant chose to withdraw.

Participants were informed ahead of time that their participation in this study does not imply that the researcher expect correct answers, but rather that they are willing to share their honest opinions about the phenomena under investigation. Participants were also encouraged to read through the interview transcripts to judge whether they were accurate in representing their views as presented (Creswell, 2014). In addition, the researcher followed all necessary ethical requirements in relation to this study.

3.9.2 Transferability

Transferability, according to Shenton (2004), refers to the extent to which study findings can be applied to different contexts. The degree to which the setting in which this study was conducted is comparable to the other in which some researchers may seek to repeat the study was used to determine transferability in this study. That is, the researcher meticulously documented all relevant processes,

including the methodology used in this study, in order to provide an audit trail, which is critical for strengthening the verification of the results by a third party or another researcher.

3.9.3 Dependability

The researcher used colleagues to assess and critique the research procedures and strategies used in order to assure the dependability of the results to be gained from this study. The primary goal of allowing such a review and critique was to assist the researcher in determining the relevance and synergy of the methodologies utilised in relation to the results produced (Nowell, Norris, White & Moules, 2017).

3.9.4 Neutrality

Conformability refers to the research process and results being free from prejudice. In this regard, the researcher ensured that the study results are as objective as possible and was not based on the researcher's bias and perspectives (Nowell *et al.*, 2017).

3.10 CHAPTER SUMMARY

This research study followed a qualitative exploratory research design. A purposive non-probability sample was selected to identify and include participants who possess adequate knowledge of the phenomenon being studied and are more likely to provide relevant and in-depth information crucial to answering the main research question. In order to ensure rigor of the research process, the researcher followed the Lincoln and Guba's (1985) model of ensuring trustworthiness, which included truth value, consistency, dependability and transferability.

CHAPTER FOUR

DATA ANALYSIS AND INTERPRETATION

4.1 INTRODUCTION

The previous chapter dealt with the research methodology and methods used in this study. In this chapter, the researcher provides an analysis and interpretation of the collected data. Data were collected through semi-structured face-to-face interviews that were tape-recorded and then transcribed. The qualitative primary research data subjected to the analysis and interpretation in chapter was collected from a purposive sample of fifteen (15) participants involved in school-based support teams in secondary schools in the Mankweng area. Specifically, the participants included 8 educators, two officials from the Department of Basic Education in Limpopo Province and five key functionaries involved in the functions of the school-based support teams in secondary school settings.

Tesch's eight descriptive steps of the qualitative data analysis technique were used as a guide to analyse the data collected. The primary aim of this study was to examine the effectiveness of school-based support teams in implementing an integrated school health policy in a secondary school setting. The objectives were to examine the nature and role of the school-based support team in the implementation of the integrated school health policy and to examine the experiences of the members of the school-based support team in terms of knowledge sharing and transfer in the implementation of the integrated school health policy. Using the insights gained from this study, the researcher aimed to provide information to help school-based support teams improve the effectiveness of implementing integrated school health policy in a secondary school setting.

4.2 PRESENTATION OF THE STUDY FINDINGS

The results of the study are presented in this section. The findings that the researcher presents in this section, in the form of discussions of the participants' narrative reports, come from the primary research data collected from the participants through the use of a semi-structured interview guide. When collecting the data, the researcher used the questions contained in the interview plan as a guide. However, the researcher ensured spontaneity in examining participants'

responses and flexibility in adhering to the questions included in the semi-structured interview schedule.

Table 4.1 Themes and sub-themes that emerged from the data analysis

Themes	Sub-Themes
1 Roles of school-based support team members	<ul style="list-style-type: none"> ▪ Identification, screening and assessment of teacher-learner support needs ▪ Enhancement of positive teacher-learner relationships ▪ Identification of problematic health and emotional wellness behaviours
2 On becoming involved in SBSTs	<ul style="list-style-type: none"> ▪ Possession of counselling skills ▪ Safeguard pupils interests ▪ Promote effective and inclusive learning
3 SBST members experiences in knowledge sharing and transfer in implementing integrated school health policy	<ul style="list-style-type: none"> ▪ Irregular consultations ▪ Poor information and knowledge management ▪ ill-capacitated members ▪ Inadequate succession plans ▪ Lack of monitoring and evaluation
4 Knowledge SBST members should possess	<ul style="list-style-type: none"> ▪ Learners holistic development ▪ School-related policy analysis ▪ Learner-based socio-behavioural interventions
5 DBE contribution to the functionality of SBSTs in secondary schools	<ul style="list-style-type: none"> ▪ Lack of incentivised participation ▪ Ineffective coordination of the teams ▪ Inadequate human resource and capacity building
6 Guidelines informing the functions of	<ul style="list-style-type: none"> ▪ Limited knowledge of the

SBST in a secondary school setting	presence and usability of guidelines among SBST members
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Theme 1: Roles of school-based support team members

The researcher inquired about the specific role of the participants in the school-based support team. The researcher's intention was to determine the extent to which participants understand their roles in the team and how their roles are performed. The roles participants assume in the school-based support team include identifying, reviewing and assessing support needs for learners and teachers. In addition, providing regular training for teachers to help them identify possible signs of learners' inability to cope with the teaching and learning process was the most frequently cited role.

- **Sub-theme: Identification, screening and assessment of teacher-learner support needs**

The teaching and learning process, as stated by the participants, should be carried out without hindrance. The focus of the teaching and learning process should be a positive interaction between learners and teachers. However, participants indicated that several factors, including learners with difficult behaviours, negatively affect the teaching and learning process. Part of this, participants pointed out, is teachers' inability to recognise and deal appropriately with difficult-to-manage behaviours that learners may exhibit. In this context, participants recognised that learners often exhibit behaviours such as aggression, possession of illegal substances that should not be brought to school, and personal issues that originate in their home and impact learning. In this regard, the role of a school-based support team member is to identify learners, screen them and assess their situation. In return, a determination of a suitable intervention is sought. One participant stated that:

“In our secondary school, ill-discipline becomes an issue as our hands are tied and corporal punishment has been banned so we need to be proactive in seeking to properly intervene in learners exhibiting problematic behaviours.” [PA2]

- **Sub-theme: Enhancement of positive relationships between teachers and learners**

Participants indicated that positive relationships between learners and teachers are crucial to the teaching and learning process. It is the nature and depth of the positive relationship established and maintained between them that learners can benefit significantly from the teaching process. In turn, teachers can fulfil their teaching role with merit. Participants pointed out that in an ideal school, learners and teachers should have cordial working relationships. However, the situation is inverted in a large number of secondary schools. Teacher-learner relationships are constantly disappointing, negatively impacting their daily interactions and level of engagement in the teaching and learning process. In this regard, one participant pointed out that:

“They [learners] have been difficult to cope with lately. Your warm treatment of them as a teacher is not always reciprocated, so how do you deal with this situation in your class?” [PA13]

With this in mind, therefore, the role of school-based support team members is to enlist the support of both learners and teachers to build positive working relationships. The health and emotional well-being of learners and teachers are cited as critical to building cordial working relationships. As such, some participants identified their role in the team as essential to promoting the health and emotional well-being of teachers and learners.

- **Sub-theme: Training of teachers in identifying problematic health and wellness behaviours**

Not all learners are able to become well-behaved and exemplary, as is expected by their teachers, according to the participants. A well-behaved and exemplary learner, as participants indicated, understands and acts in accordance with acceptable standards of behaviours that learners should exhibit. These behaviours include, as stated by the participants, refraining from degrading behaviours such as physical violence, derogatory comments, excessive use of disrespectful language, and unjustified violent behaviour towards teachers and other learners. Nonetheless, participants indicated that these behaviours, while not expected of learners, have become commonplace in secondary schools. The aetiology of these disruptive behavioural manifestations, participants indicate, is diverse, without a single cause and effect. Without proper training and sufficient knowledge on how to intervene, teachers are overwhelmed and unable to fulfil their teaching role. Therefore, the

participants see their role as directed towards mitigating these adverse behavioural effects on both teachers and learners and the teaching and learning process. As one participant indicated:

“Who among [teachers and learners] is not prone to emotional and psychological distress? They all are, and how they deal with those ailments determines how well they are likely to get along with each other.” [PA7]

Theme 2: On becoming involved in SBSTs

The reasons for being involved in school-based support teams are varied, as cited by participants. Participants cited the need to ensure uninhibited learning in school as the main reason for their participation. In general, uninhibited learning has been equated with removing barriers that prevent learners from meaningfully engaging in the teaching and learning process. In this regard, there was broad agreement among participants that there are obstacles that learners may encounter in their learning process that may prevent adequate benefit from the process. In this regard, participants cited adverse circumstances and behaviours such as bullying, poverty, unplanned teenage pregnancies, and aggressive behaviour as barriers to effective learning. Accordingly, participants viewed these behaviours as the antithesis of effective learning and as a need for action within the secondary schools. Thus, the rationale for participants' involvement in school-based support teams was to help their schools and learners to address and effectively manage these behaviours.

- **Sub-theme: Possession of counselling competencies**

Possessing counselling skills was cited as the main reason for participants' participation in the school-based support teams. Counselling was seen as intrinsically linked to the nurturing element of the nature of education. More specifically, the participants who cited counselling competence as their motivation believed that learners are a vulnerable group. In particular, learners from low-income families were assessed by the participants as not benefiting fully from the educational process. This is because these learners are likely to struggle with a variety of challenges stemming from the deprivation of their family circumstances. As a result, they may need counselling that needs to be readily available to help them

tap into their innate strengths and become what they aspire to be, regardless of the family circumstances they come from. As one participant noted:

“These children from poor families come here with empty stomachs; their only source of food is here at school. Don't we think that this situation doesn't affect them psychologically?” [PA3]

Participants claim that learners need support because of the nature of the circumstances they come from. This argument is supported by Letlaka (2017) who points out that schools should strive to nurture learners holistically. This means that the focus should not only be on boosting their cognitive abilities but also on providing accessible counselling services. Despite these arguments, Paul (2009) argues that expecting teachers to counsel the learner can be perceived as asking more. This claim is false because in their day-to-day work, teachers cannot distance themselves from the psychological well-being of their learners. However, not all teachers have the necessary counselling skills. The duty of care they have towards learners requires them to put learners' interests first and exercise their competence to assist vulnerable learners when needed.

- **Sub-theme: Interests in safeguarding the interests of pupils**

Similar to all children whose interests must prevail under Section 150 of the Children Act 38 of 2005, as amended, so do the interests of secondary school learners. Nonetheless, participants who cited the latter reason as an explanation for their involvement in school-based support teams acknowledge the breadth of learners' defining interests. However, as their response expanded, it became clear that they were referring to learner interests related to a harm-free school environment. Bullying and other manifestations of aggressive behaviour were identified by participants as a serious threat to the well-being of secondary school learners. From this point of view, they felt it was appropriate to get involved in the school support team. Despite the rationale for their commitment to reducing the prevalence of violent behaviours in the school environment, participants did not have relevant training in recognising and dealing with such behaviours. One participant stated that:

“I do not need skills to get involved, when I see a need the society gives me the responsibility to get involved in the support teams.” [PA8]

It appears that the health and well-being of secondary school learners, as stated by the participant, is the responsibility of every member of society. However, having competence should inform and complement their involvement in the school-based support teams. Mathebula (2018) supports this perspective by pointing out that the zeal for participation in school-based support teams should be based on a constellation of specific competencies that are needed.

- **Sub-theme: The need to ensure effective and inclusive learning for vulnerable learners**

According to participants, education must be inclusive to be effective. Inclusiveness, as participants pointed out, means that learners should appear equal in their diversity. More specifically, all learners should benefit equally from the learning process. However, certain segments of learners are more prone to not benefiting from the learning process. They are labelled as vulnerable by the participants. According to participant eight, vulnerability is explained by learning difficulties that learners may have. These learning difficulties require attention and intervention in order not to interfere and impair learners' prospects of positively engaging in the learning process. Therefore, in this regard, participants found their involvement in school-based support crucial to fostering effective inclusion of at-risk learners in the teaching and learning process. In contrast to the participants who reported eagerness to engage in school support team without sufficient skills, the participants had specific knowledge and training in inclusive education.

Theme 3: SBST members' experiences in knowledge sharing and transfer in implementing integrated school health policy

The researcher examined the experiences of school support teams on knowledge transfer and knowledge transfer within the framework of the implementation of integrated school health policy. There is a consensus among participants that knowledge sharing and transfer is crucial for the effective implementation of the policy in a secondary school environment. According to the participants, countless members of the school support team have diverse but important knowledge derived from their substantial professional training and practical experience. However, there were concerns among participants that this knowledge is not being adequately captured and optimally used. Reasons cited by participants as hampering effective

knowledge sharing and transfer when implementing an integrated school health policy include infrequent consultation, poor information and knowledge management, inept membership and inadequate succession plans.

- **Sub-theme: Irregular consultations**

The participants bemoaned irregular consultations between the school-based support teams as a barrier to effective knowledge sharing and transfer. According to participants, school-based support team members do not meet as regularly as possible to exchange ideas and find timely solutions to identified challenges faced by teachers and learners. This situation hampers efforts to ensure that there is an accurate exchange and transfer of knowledge about the best strategies for properly intervening on matters affecting the functions of school-based support teams. One participant remarked:

“It has been two months since we met as a team. How can you say that we are effective? It is difficult because we should constantly learn from each other.” [PA13]

- **Sub-theme: Poor information and knowledge management**

Participants indicated that records of their meetings and consultations are not properly managed. In this sense, they pointed out that there is no audit trail for the decisions made. In this situation, where records and information contained therein are not properly managed, decisions are made continuously and ad hoc actions are taken. This perspective is clearly captured by one participant who noted the following:

“How we record our decisions leaves a lot to be desired. We simply meet; discuss the teacher-learners challenges that require our attention. In most instances, it simply ends there.” [PA7]

- **Sub-theme: Inadequate succession plans**

Participants bemoaned the inadequacy of succession plans as they hamper the effectiveness of knowledge sharing and transfer between school-based support team members. According to participants, there are no plans by school-based support teams to capture members' knowledge before they stop participating in the teams. Thus, the knowledge that can benefit the success of school-based support teams is

not adequately captured. In this regard, participants felt that appropriate information and knowledge management plans should be formulated and implemented in secondary schools to capture both tacit and implicit knowledge held by members before they terminate their involvement in the school-based support teams. Accordingly, one of the participants remarked:

“There is no proper handover where new members of the school-based support team learn from those who leave that situation, which is detrimental to opportunities for knowledge sharing and transfer.” [PA14]

Theme 4: Knowledge SBST members should possess

The researcher asked participants for opinions on the knowledge that school-based support members should possess. This question was critical in determining the general and specific knowledge that participants consider critical to participation and inclusion in the school-based support team. Responses received focused on knowledge of holistic learner development, school-based policy analysis, and learner-based socio-behavioural interventions.

- **Sub-theme: Learners holistic development**

Participants agreed that holistic development of learners in their learning process is crucial. Holistic development, as applicable to learners and as defined by participants, encompassed the transition through which learners develop emotionally, physically and cognitively. In this regard, school-based support team members need to have knowledge of how to help secondary school learners achieve holistic development. That is, the teaching and learning process should provide learners with opportunities to develop appropriately within their cognitive, emotional, and physical abilities. As a result, participants indicated that possessing such knowledge is crucial for school-based support team members to know how to assess learners' needs and appropriately intervene when challenges arise in their development process. One participant remarked:

“When an SBST member has no knowledge of child development, it becomes more difficult for them to find relevant solutions to the problems that can be identified in these learners.” [PA2]

- **Sub-theme: School-related policy analysis**

Having an adequate knowledge of policy analysis related to schools was considered important by the participants. In particular, knowledge of policy analysis, participants indicated, can be helpful for the school-based support team members to understand how school-related policies should be formulated and implemented. Nonetheless, participants expressed concerns about the sufficient knowledge that school-based support team members possess in relation to policy analysis. According to the participants, they did not receive any training on school policy issues. Likewise, participants noted that the few opportunities for school-based support team members to participate in policy formulation renders them incapable of subsequently implementing those policies. One participant stated that:

“How can we expect to implement policies that we had no role in formulating? We have no direct knowledge other than reading about what they are actually trying to achieve.” [PA5]

School policies often arise from the need to identify specific problem areas within schools. Therefore, school policies are formulated in response to a specific concern. Indeed, school-based support team members responsible for implementing relevant policies related to their responsibilities need to be involved in formulating them. Without their proper participation in the formulation of relevant school policies, as indicated by the participants, they cannot be expected to implement the policies in a meritorious manner. Two of the participants remarked:

“How can you create a policy without my involvement and later expect me to do the work to implement it?” [PA4]

“It is grossly unfair to expect us [the school-based support team] to do a good job of implementing the policies while not being consulted on their formulation”. [PA9]

- **Sub-theme: Learner-based socio-behavioural interventions**

Participants indicated that learners often engage in social behaviours that are contrary to the Learner Code of Conduct. These behaviours, that are potentially disruptive in nature, as identified by participants, include challenging teachers' authority in the classroom, failing to follow directions, and unjustified altercations with

other learners that need to be dealt with appropriately. The extent to which teachers are able to manage these learning behaviours requires knowledge of the best strategies for dealing with disruptive learning behaviours in the classroom. Consequently, members of the school-based support team must have sufficient knowledge of learning behaviours and be able to support teachers in developing and implementing age-appropriate and context-sensitive interventions.

Theme 5: DBE contribution to the functionality of SBSTs in secondary schools

The participants were asked about their view of the contribution of the Department of Basic Education to improving the functioning of school-based support teams in secondary schools. The question led to different perspectives and different degrees of satisfaction and dissatisfaction with the department's contribution. More specifically, there were different opinions at both ends of the spectrum of participants. Dissatisfaction expressed regarding the department's contribution to the functionality of school-based support teams focused on the lack of incentives to participate, ineffective coordination of teams, inadequate provision of capacity building and human resources.

- **Sub-theme: Lack of incentivised participation in school-based support teams**

The incentives for participants in the school-based support teams were considered crucial. In turn, the lack of incentives from the Department of Education was cited as central to their contribution to the functionality of school-based support teams. According to the participants, school-based support team members have a duty of care towards the well-being of the learners. From the point of view of those involved, however, the duty of care does not extend to the engagement in the school-based support teams. In this respect, the participants felt that their participation in the school support teams was voluntary. These perceptions lay in the arguments that the participants have their primary professional role superseding their involvement in the school-based support teams. Therefore, the participants perceive their commitment as additional work that needs to be incentivised.

- **Sub-theme: Ineffective coordination of the teams**

Coordinating the activities and tasks of school-based support teams is crucial, participants stated. Coordination in this regard refers to support that the department should provide to synergise the activities and tasks of the school-based support teams. The participants' perspectives in this regard imply that the department should provide direction on how the activities of the school-based support teams should be carried out. Participant perspectives are problematic as the establishment and coordination of school-based support teams remains the responsibility of each school. This is because, as one participant noted, the department cannot provide consistent guidelines for all schools. For example, participants indicated that:

“It is their responsibility [schools] to ensure that their established SBSTs are functioning properly.” [PA1]

“No school has similar practical realities when it comes to SBST activities - a one-size-fits-all approach will not work.” [PA15]

In fact, no two secondary schools are the same. Likewise, the functionality of the school-based support teams should be determined and enhanced in accordance with the social and educational realities faced by the particular school. These viewpoints, as expressed by the participants, show confusion among school-based support team members as to whose responsibility it is to ensure that they are functioning properly and appropriately.

- **Sub-theme: Inadequate provision of capacity building and human resource**

There is consensus among participants that school-based support teams should be adequately resourced. Teams should be made up of members with the required skills. However, the participants indicated that this recognised reality has not prompted any positive action by the department to provide adequate human resources. According to the participants, human resources include teachers who are well-trained in dealing with behavioural difficulties in learners and the employment of school social workers to support teachers. Teachers, as key players in school-based support teams, are seen as overwhelmed given their already overwhelmed working conditions. The participants stated:

“How could we be expected to teach, and also to examine, the emotional problems of these learners that emanate from other institutions outside the school?” [PA8]

“The department [DBE] needs to invest resources in hiring relevant professionals to support the teams in carrying out their tasks, so much is expected of them, but so much, little can be done within the limits of their competencies.” [PA12]

Theme 6: Guidelines informing the functions of SBST in a secondary school setting

The researcher asked participants if they are aware of the existence of guidelines informing the roles of school-based support teams in their secondary schools. It was clear from participants' responses that they had no knowledge of the guidelines intended to inform their roles as school-based support team members. More precisely, the presence of guidelines informing their functions was absent. The lack of clear guidelines in this regard hampers the effectiveness of school-based support teams. However, participants indicated that coherent guidelines need to be formulated and provided to ensure that the functionality of school-based support teams is not left to chance. According to the participants, it is difficult to assess their effectiveness and perform their duties adequately if guidelines are not provided by the relevant officials. Likewise, participants indicated that the guidelines that need to be developed and provided should include important aspects such as improving inter-departmental collaboration, which has been lacking to ensure the success of school-based support team functions in secondary schools.

4.3 CHAPTER SUMMARY

This chapter provided an analysis and interpretation of the primary research data obtained from the participants. Data were collected from a purposive sample of fifteen participants through face-to-face semi-structured interviews and analysed using Tesch's technique of eight descriptive steps of qualitative data analysis. Six themes and eighteen sub-themes emerged from the analysed data. The themes that emerged included the role of school-based support team members, the rationale for engaging in the SBSTs, participants' experiences of knowledge sharing and transfer in implementing an integrated school health policy, the knowledge SBST members should possess, the Department of Education's contribution to the functionality of

school-based support teams in secondary schools and the existence of policies informing the functions of school-based support teams. The insights derived from the themes that have emerged have been reported in this chapter and compared to relevant literature available on the study results. Nonetheless, the analysed research data generally indicates problematic areas in the implementation of integrated school health policy by school-based support teams in secondary schools in Mankweng circuit.

CHAPTER FIVE

SUMMARY OF KEY FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.1 INTRODUCTION

This chapter precedes the analysis and interpretation of the acquired research data discussed in the fourth chapter. In this chapter, the researcher provides a summary of the study, including conclusions drawn from the analysed data, and provides recommendations for effective implementation of integrated school health policy by school-based support teams in the Mankweng circuit. The opportunities for future empirical studies on the topic are also provided in this chapter.

5.2 SUMMARY OF THE STUDY

This study adopted a qualitative approach to examining the effectiveness of school-based support teams in implementing integrated school health policy in a secondary school setting. Permission to conduct the study was obtained from the Turfloop Research Ethics Committee (TREC) and the Limpopo Province Department of Basic Education. The focus of the study was the Mankweng circuit area in the Capricorn District of the Limpopo Province Department of Basic Education. In this study, an exploratory, descriptive and contextual research design was pursued. The objectives of this study were to examine the nature and role of school-based support teams in the implementation of integrated school health policy, to explore the experiences of school-based support teams in terms of knowledge sharing and transfer in policy implementation in a secondary school setting and best practice strategies that can be used by school-based support teams to ensure effective implementation of the policy. A non-probability sampling method, specifically the purposive sampling technique, was used to select a sample of educators, school-based support team members, and department officials who oversee the operation of the school-based support teams. In accordance with pre-set inclusion criteria, the study included a purposive sample of 8 educators, 5 SBST members, and two department officials.

The researcher collected primary research data through the use of semi-structured face-to-face interviews conducted by the researcher, who developed a semi-structured interview guide. The audiotaped interviews were transcribed. The

interviews were conducted in English and the participants had a good knowledge of the language, which was reflected in their understanding of the questions and their answers. Only one of the fifteen participants did not agree to an audio recording and the researcher resorted to note-taking. The raw research data and the records are properly stored and kept under lock and key at the researcher's workplace. Tesch's eight-step descriptive qualitative data analysis technique was used to analyse the collected data. The data collected has been anonymised and reported in this research report in an aggregated format to protect the true identities of the participants. With this in mind, only pseudonyms were used to describe participants' accounts. In this study, epistemological standards for determining the trustworthiness of a research process and insights from Guba and Lincoln (1985) were followed. These standards include veracity, reliability, portability, authenticity, and neutrality.

5.3 SUMMARY OF KEY STUDY FINDINGS

After analysis and interpretation of the original study data, eight themes and eighteen sub-themes emerged. The eight themes that have emerged and are congruent with the study objectives are reflected in the key study findings outlined in this section.

THEME 1 The roles of school-based support team members

THEME 2 On becoming involved in school-based support teams

THEME 3 SBST members' experiences in knowledge sharing and transfer in implementing ISHP

THEME 4 Knowledge school-based support members should possess

THEME 5 Department of Education contributions to the functionality of SBSTs in secondary schools

THEME 6 Guidelines informing the functions of SBST in a secondary school setting

- **The nature and role of SBST in implementing Integrated Schools Health Policy (ISHP)**

The nature of the objectives of the integrated schools health policy is not well understood by educators and members of the school-based support teams. The lack

of access to precise information about their particular tasks in implementing the policy is the cause of this dearth of pertinent knowledge. Particularly, educators do not know what part they should play in carrying out the policy. However, the educators did acknowledge that disadvantaged learners should receive appropriate support during their time in school in order to improve their learning. In a similar vein, the SBST members were unable to describe in detail how they are expected to carry out the policy. Therefore, the majority of them described their support role as being focused on helping learners become aware of societal issues that might have a negative impact on their learning. These social concerns, according to the SBST members, include promoting awareness to encourage learners to abstain from anti-social behaviours including bullying and sexually inappropriate behaviour for their age.

The nonexistence of guidelines that explicitly define and explain their tasks is one of the reasons given by educators and SBST members for their limited understanding of how integrated schools health policy should be implemented. In this vein, the lack of clearly formulated guidelines that takes into consideration the policy implementation knowledge of the educators and SBST members has a negative effect on how well they know how to implement it. In a similar vein, the educators and SBST members bemoan the lack of clarity regarding who must possess the necessary skills and abilities in order to be a member of the SBSTs has been caused by the educators' and SBST members' deficient understanding of what is required of them in terms of their role in the policy implementation. As a result, individuals who are a part of the school-based support teams are either chosen for the teams based simply on their interests, or their selection is purely random.

- **Experiences of SBST members on knowledge sharing and transfer in ISHP implementation**

The experiences of the SBST members on knowledge transfer and sharing centered on the lack of adequate training and development opportunities, unrealistic workloads, inadequate support and capability, and a lack of possibilities for participation in policy formulation. When it comes to official in-service training on how the policy should be implemented, members of the SBST feel that they have not received enough of training. The Department of Basic Education is nevertheless

required to provide in-service trainings on a regular basis even if these members admit that additional learning, which is essential for better performance on the SBST, is everyone's obligation in accordance with the expectations. Less than two-thirds of the interviewed SBST members in this study received in-service training on how to implement the integrated schools health policy in the past two years, which supports these findings. As a result, the SBST members' ability to ensure efficient policy implementation is constrained in terms of expertise and competency.

The researcher found that SBST members' limited opportunities for active participation in the creation of school policies, such as the ISHP, is of great concern to the participants. They are also unable to comprehend their roles in implementing the integrated school health policy for which they did not participate in its formulation. The participants' disagreement over whether the integrated schools health policy takes into account the unique contextual challenges experienced by the basic education sector or by particular secondary schools is as a result widely recognised. Additionally, the SBST members believe that the inadequate policy implementation is due to the increased teaching demands imposed on educators, who play a vital role in the school-based support teams. The expectations for their participation in the implementation of the policy were seen as being excessive by the participants, to be more precise. Therefore, the level of knowledge sharing and transfer in ISHP implementation is considered ineffective.

5.4 CONCLUSION

The school-based support team members have a less thorough understanding of the goals of the integrated schools health policy. They are not clearly aware of the nature of the policy and the part they should play in its implementation. Understanding of their distinct roles in the implementation of policy is hampered by the absence of clear guidelines developed and provided within the Basic Education Sector (BES). Lack of in-service training opportunities for SBST members prevents them from actively and positively participating in the execution of policies and does not produce meaningful involvement in the formulation of school policy. Their selection and participation are therefore done randomly or according to chance due to unclear provisions about the necessary competencies and competency for SBST members. Efforts to enhance tacit knowledge exchange and transfer are hampered

by the lack of necessary skills among SBST members in the creation and implementation of school health policies. To ensure the functional continuity of the school-based support teams, certain SBST members' tacit and implicit information is not captured or tapped into when they stop participating. Efforts to promote the effectiveness of the policy in its implementation in basic education are hampered by the absence of intersectoral collaboration amongst pertinent state agencies of Health, Social Development, and Basic Education. Due to the lack of incentives and the fact that their participation in the teams is seen as extra-curricular, SBST members find their involvement in the teams to be overwhelming given their workload.

5.5 RECOMMENDATIONS

In consistence with the objectives that this study aimed to attain, the following actions are recommended in light of the study's findings:

- Clear and coherent guidelines should be developed within secondary schools by school managers in collaboration with SBST members to clearly delineate their roles and foster an understanding of their expectations in integrated schools health policy implementation.
- Selection and inclusion procedures for SBST members should be formulated and publicised to prevent their haphazard and random selection based solely on expressed interests for participation.
- In-service training opportunities should be provided for SBST members to foster acquisition of requisite competence and competency in ISHP implementation.
- Meaningful engagement opportunities should be explored including appropriate record keeping and succession planning in SBST membership to enhance the capture and beneficence of tacit and implicit knowledge sharing and transfer.
- Interdepartmental collaboration between the department of Health, Social Development and Basic Education must be strengthened to improve partnership in implementation of integrated schools health policy.

- There should be an introduction of an incentive package for SBST members given the multiplicity of roles that they are anticipated to assume in the SBST apart from their respective primary professional roles.

5.6 FUTURE RESEARCH

A comparative study could be undertaken looking at the efficacy of SBST in implementing integrated schools health policy in the private, independent schools. Qualitative study can look at the circumstances impacting on the quality and efficacy of interdepartmental collaboration in fostering schools related policy implementations. Another study can look at the probability of introduction of incentive packages for SBST members resulting in efficacious execution of the SBST-related tasks. Another study can delve into the training provided to SBST members in general.

5.7 CHAPTER SUMMARY

This chapter presented the summary of the key study findings, conclusions, recommendations and avenues for future research on the study topic. The study investigated the effectiveness of school-based support teams in implementing integrated school health policy in a secondary school setting. The major findings indicate that the integrated school health policy is not being implemented effectively by school-based support teams in secondary schools in the Mankweng circuit. The absence of clear and coherent guidelines for the policy implementation, inclusion of inadequately capacitated members, lack of opportunities for in-service training and inadequate knowledge of the policy contributes to the inefficacious implementation of the policy. Based on the study findings, the researcher provided recommendations for the school-based support teams in Mankweng circuit on how the efficacy of the teams can be enhanced to implement the integrated school health policy appropriately.

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APPENDIX 1: ETHICAL CLEARANCE CERTIFICATE



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Department of Research Administration and Development
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TURFLOOP RESEARCH ETHICS COMMITTEE
ETHICS CLEARANCE CERTIFICATE

MEETING: 29 November 2022

PROJECT NUMBER: TREC/572/2022: PG

PROJECT:

Title: The effectiveness of a school-based support team in implementing integrated Schools' Health policy in a secondary school setting in Mankweng District, Limpopo province

Researcher: MA Rabothata

Supervisor: Prof E van Rooyen

Co-Supervisor/s: N/A

School: Turfloop Graduate School of Leadership

Degree: Master of Public Administration and Management

PROF D MAPOSA
CHAIRPERSON: TURFLOOP RESEARCH ETHICS COMMITTEE

The Turfloop Research Ethics Committee (TREC) is registered with the National Health Research Ethics Council, Registration Number: REC-0310111-031

Note:

- i) This Ethics Clearance Certificate will be valid for one (1) year, as from the abovementioned date. Application for annual renewal (or annual review) need to be received by TREC one month before lapse of this period.
- ii) Should any departure be contemplated from the research procedure as approved, the researcher(s) must re-submit the protocol to the committee, together with the Application for Amendment form.
- iii) PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES.

APPENDIX 2: DEPARTMENT OF BASIC EDUCATION PERMISSION LETTER



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF **EDUCATION**

Ref: 2/2/2 Enquiries: Makola MC Tel No: 015 290 9448 E-mail: MakolaMC@edu.limpopo.gov.za

Rabothata MA
44 Moflopi Street
Flora Park
0700

RE: REQUEST TO CONDUCT RESEARCH

1. The above bears reference.
2. The Department wishes to inform you that your request to conduct research has been approved. Topic of the research proposal reads as follows: **“The effectiveness of a school-based support team in implementing integrated Schools Health Policy in a secondary school setting in Mankweng District”**.
3. The following conditions should be considered:
 - 3.1 The research should not have any financial implications for Limpopo Department of Education.
 - 3.2 Arrangements should be made with the Circuit Office and the School concerned
 - 3.3 The conduct of research should not in any how disrupt the academic programmes at the school(s)
 - 3.4 The research should not be conducted during the time of Examinations especially in the fourth term
 - 3.5 During the study, applicable research ethics should be adhered to, in particular the principle of voluntary participation (the people involved should be respected and treated with dignity)

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APPENDIX 3: PARTICIPANTS INFORMATION SHEET

Title: The effectiveness of school-based support team in implementing integrated school health policy in a secondary school setting

Dear Prospective Participant

I am Maboko Alpheus Rabothata, a Master of Public Administration and Management candidate at the Turfloop Graduate School of Leadership and Management conducting a study titled: “The effectiveness of school-based support team in implementing integrated school health policy in a secondary school setting.” The purpose of this study is to investigate the nature and role of school-based support teams in implementing the integrated school health policy and the experiences of school-based support team members on knowledge sharing and transfer in the policy implementation. The results accrued from this study will be used by the researcher to develop and provide information that will inform the function and efficacy of school-based support teams in implementing integrated school health policy in a secondary school setting in the Mankweng area.

You have been selected to voluntarily participate in this study because of your involvement in the functions of the school-based support team in your secondary school. The nature of your participation in this study will involve consenting to be engaged in an interview which will last for less than an hour regarding the issues relating to the effectiveness of school-based support team in implementing integrated school health policy. The interviews will be audio-recorded to enable the researcher to conduct transcriptions and analysis of the gathered data. Your responses to the interview questions will be treated with confidentiality. No information shared by you will be linked to your real identity. The research data will be analysed and presented in an aggregated format to protect the identity of the participants. The study has received ethical clearance from the Turfloop Research Ethics Committee. The study findings will be made publicly available through the University of Limpopo Research Repository. Should need further information regarding this study; feel free to contact the researcher on the contact details provided below:

Rabothata MA (Principal Researcher)

Mobile: +2779 00000000

Email: mabokoarabothata@gmail.com

APPENDIX 4: PARTICIPANTS INFORMED CONSENT FORM

CONSENT TO PARTICIPATE IN THE STUDY

I, _____ (participant name), attest that the individual who requested my permission to participate in this study informed me of its nature, process, potential advantages, and anticipated drawbacks. I have read the study and comprehend it as it is described in the information sheet, or I have had it explained to me. I have got enough time to ask questions, and I am ready to take part in the study. I am aware that my participation is voluntary and that I can leave at any moment without facing any consequences. I am aware that the results of this study will be included in a research report, journal articles, and/or conference proceedings, but that, unless otherwise stated, my participation will remain private. I voluntarily consent to participate in the study and for the interviews to be audio-recorded.

Participant Name and Signature:.....Date:.....

Researcher Name and Signature:.....Date:.....

APPENDIX 5: SEMI-STRUCTURED INTERVIEW GUIDE FOR ALL PARTICIPANTS

1 DEMOGRAPHIC INFORMATION	
Gender	
Chronological age	
Educational level	
Period of engagement in SBST	

- Please tell me what your role in the School-Based Support Team entails
- How did you get involved in the School-Based Support Team?
- What knowledge of integrated school health policy do you have?
- How did your knowledge of integrated school health policy come about?
- What experience should a School-Based Support Team member have?
- How could you describe your perception of School-Based Support Teams in the basic education sector?
- How do you think School-Based Support Teams are effective in implementing Integrated School Health Policy?
- What circumstances determine the effectiveness of School-Based Support Teams in Integrated School Health Policy implementation?
- How does the Department of Basic Education contribute to the functionality of School-Based Support Teams in implementing the Integrated School Health Policy?
- What guidelines inform the functions of the School-Based Support Team in a secondary school environment?
- How would you suggest that the functionality of School-Based Support Team is improved when implementing Integrated School Health Policy in a secondary school environment?

APPENDIX 6: LANGUAGE EDITOR'S CERTIFICATE

APPENDIX 7: TURNITIN REPORT