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Policy Brief

Evaluating the Implementation Challenges of the Student Social Care System in Iranian Schools: Policy Brief

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ABSTRACT

Given the increasing prevalence of high-risk behaviors and social harms, the implementation of the Student Social Care System (NEMAD Project) is critical for student empowerment and harm mitigation. This policy brief synthesizes evidence and identifies key implementation challenges within the NEMAD project across various executive levels. Critical barriers highlighted include inefficient resource management, deficiencies in laws and regulations, lack of both internal and external coordination, and the absence of a structured evaluation system. Furthermore, the study determined that fostering strong executive commitment among officials is the single most crucial element for successful implementation. To enhance the NEMAD project's effectiveness, the brief proposes a set of key strategies: establishing a sustainable funding source, designing performance-based budgeting for inter-agency resource allocation, launching an independent authority for school accreditation within the project framework, and fully incorporating the program into official school performance evaluation criteria.

Introduction

Mental well-being significantly influences individuals' involvement in delinquency, criminal behavior, and broader social harms (1). Prevention and intervention efforts aimed at addressing problems stemming from these social harms primarily target those at risk of committing offenses, with children and adolescents being a key priority group (1). Educational institutions also play a crucial role in preventing crimes arising from mental health issues (2). Promoting mental health is therefore a core priority for education systems and schools. Specifically, students lacking effective coping mechanisms for stressful situations are more likely to succumb to them, which predisposes them to a range of negative outcomes, including diagnosable mental and emotional disorders (e.g., Major Depressive Disorder, Generalized Anxiety Disorder), and subsequently to substance abuse and antisocial behaviors such as aggression or rule-breaking (3).

In Iran, the Student Social Care System program, known as the "NEMAD" project, aims to promote mental health and reduce social harms. Adopted with a global perspective, this program has been implemented in select schools across the country since 2016, encompassing four stages: screening, education, an electronic referral system, and ultimately, intervention and service provision (4). The project was piloted comprehensively in all schools within Nazarabad County (Karaj), while the full four-stage implementation was not successfully achieved in pilot schools in other provinces. Before extending the NEMAD program to schools nationwide, it is essential to identify the reasons for its incomplete success in certain aspects.

Evaluating implemented health programs is vital for systematically collecting data, analyzing it, and disseminating information about the program's success, thereby aiding decision-making regarding its continued implementation (5). To ensure effective implementation and to understand the challenges and

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obstacles facing the NEMAD program, a clear evaluation system is necessary. Evaluating the NEMAD program in pilot schools based on a specific evaluation system and providing recommendations for enhancing program implementation will significantly assist decision-makers and policymakers in the mental health and education sectors of the country. Utilizing the results to inform future policy changes and advance programs according to established standards is the primary practical goal of this policy brief.

Methods

These policy recommendations are based on a mixed-methods approach that provides the necessary depth and comprehensiveness to identify implementation barriers. The research process included the following:

1. Literature review: To identify theoretical frameworks and previous assessments.
2. Qualitative fieldwork: Conducted 21 in-depth interviews with experts at macro, meso, and operational levels to gain a deeper understanding of implementation barriers.
3. Quantitative: Completing 24 questionnaires to evaluate the performance of the NEMAD program (6,7).

Key Implementation Challenges and Policy Gaps

Expert analysis and program evaluations have identified significant obstacles to the effective implementation of the NEMAD project:

1. Inefficient Resource Management

- Deficiencies in infrastructure, facilities, and equipment at schools.
- Inadequate and delayed financial allocations, coupled with a lack of clear cost breakdowns for each program stage.
- Insufficient compensation and incentive systems for education sector personnel involved in the program.
- The Ministry of Health's limited capacity to manage specialized referrals due to budget constraints.
- A critical need for performance-based budgeting to ensure equitable and effective fund allocation among coalition agencies.

2. Regulatory and Legal Deficiencies

- Absence of clear protocols and flowcharts for inter-organizational coordination and service delivery pathways.
- Lack of standardized guidelines for student screening and referral processes, creating ambiguity in responsibilities.
- Need for culturally adapted guidelines and the formal ratification of inter-agency coalitions in higher policy-making bodies.

3. Structural and Systemic Weaknesses

- High program dependency on individual commitment rather than robust institutional frameworks.
- Frequent management changes and centralized decision-making within the education sector, leading to instability.
- The presence of competing, smaller programs within education that may offer more direct benefits to teachers, diverting focus and resources.

4. Inadequate Educational Processes and Training

- A significant gap in formal and accredited in-service training for school officials on utilizing the NEMAD system.
- Suboptimal timing and repetitive content in parent workshops, and a lack of variety in student educational materials.
- Crucially, the lack of formal assignments for trained instructors, diminishing their perceived authority and capacity among peers, despite their acquired knowledge.

5. Poor Inter-Organizational Coordination

- Weaknesses in intra-sectoral cooperation within educational units and the need for a more active national NEMAD coordination office.

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- Limited inter-sectoral collaboration among coalition member organizations.
- Low engagement levels from students' parents in program activities.

6. Absence of a Robust Monitoring and Evaluation System

- Lack of dedicated supervisors for monitoring school-level performance.
- Inability to accurately evaluate the screening process due to improper implementation.
- A tendency towards superficial reporting in schools due to the absence of effective, accountability-driven evaluation mechanisms.

Critical Operational Findings and Policy Implications

- Evaluations have highlighted crucial operational shortcomings with direct policy implications:
- Deficiency in executive commitment: The most significant barrier identified was the lack of sustained commitment from managers at all levels, manifested in inconsistent participation and a general lack of stability in program engagement.
- Insufficient perceived executive necessity: Program approval at lower councils was deemed insufficient; greater buy-in and endorsement from bodies with higher executive authority are required.
- Failure to leverage program data: A critical failure to disseminate and utilize reports and achievements from the NEMAD system to various societal levels, including parents, has eroded confidence and hindered evidence-based improvements.
- Skill gaps in screening and risk identification: Instructors often lack the necessary expertise for effective social and psychological screening. Furthermore, there is a deficiency in the capacity to identify high-risk factors and locations within and around school environments.

Table 1 provides a concise overview of the actionable policy recommendations addressing the identified implementation gaps. As illustrated, the first measure focuses on ensuring accountability by integrating program success into managerial KPIs (Recommendation 1), while the following points address funding, monitoring, capacity building, and coordination.

Table 1. Proposed Policy Framework: Addressing Challenges in the Implementation of the Student Social Care System (NEMAD)

Key Challenge	Actionable Policy Recommendation	Main Application / Policy Objective	Pros (Benefits)	Cons (Drawbacks/Hurdles)
Lack of Executive Commitment and Accountability	1. Formally integrate NEMAD success/failure as a Key Performance Indicator (KPI) for education managers at provincial and county levels.	Ensure sustained commitment by directly linking program success to career evaluation of managers.	Ensures continuous commitment and ties managers' career evaluations to program performance.	Initial resistance from senior management and the need for structural changes in the existing evaluation framework.
Unsustainable Funding and Inefficient Budgeting	2. Mandate the establishment of a sustainable funding stream and implement Performance-Based Budgeting (PBB) for inter-agency resource allocation.	Guarantee equitable resource allocation based on actual outcomes, incentivizing better performance across partner organizations.	Fair resource distribution based on actual performance, creating an incentive for better performance across partner organizations.	Technical complexity in designing performance metrics for budgeting, requiring close cooperation between the Ministry of Health and Education.

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Key Challenge	Actionable Policy Recommendation	Main Application / Policy Objective	Pros (Benefits)	Cons (Drawbacks/Hurdles)
Lack of Robust Monitoring and Evaluation System	3. Create an independent authority for school accreditation within the NEMAD framework.	Ensure objective and unbiased quality assurance of program execution, separate from operational management.	Guarantees objective and unbiased quality assurance of program implementation, separate from operational management.	Costs associated with establishing a new structure and ensuring the authority's actual independence from administrative/political influence.
Skill Gaps and Lack of Role Formalization	4. Institute a formal, accredited in-service training program and grant official assignments to trained instructors.	Increase the technical competency of frontline staff and elevate the professional standing of instructors, leading to greater program acceptance.	Increases the technical competency of frontline staff and elevates the professional standing of instructors, leading to greater program acceptance.	Requires significant dedication of teachers' working hours and associated costs for long-term, formal training programs.
Weak Inter-Organizational Coordination	5. Develop and enforce clear, legally ratified protocols for inter-agency coordination and service referral pathways.	Eliminate ambiguity in the referral process for specialized services and prevent high-risk cases from being overlooked.	Eliminates ambiguity in the referral process for specialized services and prevents high-risk cases from being overlooked.	Time-consuming process to draft legal protocols with the involvement of all stakeholders (health, welfare, education).

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