

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

How well are our children faring?

An assessment of child well-being of early grade learners at selected Gauteng schools 2020 – 2021

Findings from a Community of Practice study to Improve Child Well-being Outcomes

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19 July 2022



Drivers of poor social & learning outcomes for children and families



- Integrated school, family and community level service provision remains poor despite the protection of **children's rights**, the extensive CSG and access to school feeding
- **Risk factors of poor social outcomes are:** income poverty, hunger, poor access to basic and social services, caregiver and community level stressors such as child safety & exposure to violence
- **Varied underlying systemic barriers prevent collaboration across social sectors**
- These factors result in **poor coordination**, a lack of seamless government, lack of organisation **around child well-being outcomes, instead of around activities and functions only.**

Disrupting cycles of disadvantage in the early grades

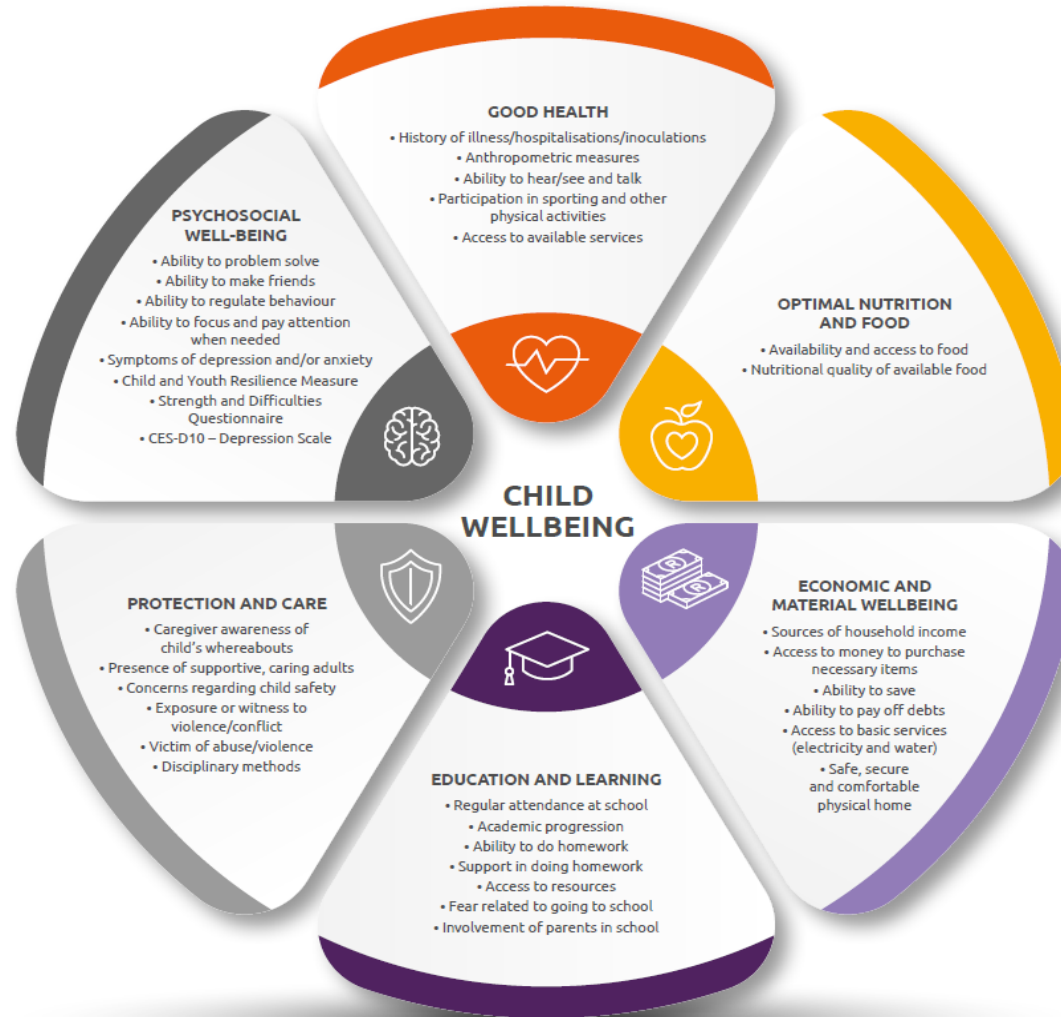


- Growing scientific consensus that the risks to children's growth, learning and thriving is best tackled in the **early years of life**
- The CoP focus is on the early years of a child's school life – **nexus between school, family and community**
- Investments in holistic education, support and care services are crucial to disrupting intergenerational cycles of disadvantage

Examples:

- ✓ poor health and nutrition affects life long learning
- ✓ Food insecurity is associated with behavioural problems in children and caregiver depression
- ✓ Exposure to adversity, violence and abuse affect social outcomes in both the short, medium and long-term

Child-well-being is a multi-dimensional concept & requires a multi-systemic approach



How to achieve better outcomes for children and families is hard to pin down and to execute



- We created a Community Practice (CoP) to pool knowledge and resources to answer this question.
- **CoP team:** 17 researchers, practitioners in health, education, education psychology, social work, nursing, and research expertise in engineering, economics and public health.
- **Partners:** 7 government departments & 5 NGOs supported by a field work team (18).
- **Research sites:** five schools in Doornkop, Alexandra, Malvern, Meadowlands, Ivory Park.
- **Time frame:** October to December 2020 and 2021 respectively; and during the COVID-19 pandemic.
- **Read more:** <https://communitiesforchildwellbeing.org/>

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



What is CoP?

- CoP is a **multi and trans-disciplinary two-year collaborative intervention** research study, funded by the NRF focused on improving **health, welfare and education outcomes for children**
- Uses a **customised digital tool** to assess child-well-being and develop & implement social interventions.

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

Objectives:

- To find solutions to **overcome fragmentation of service provision** and the lack of functional cooperation between key social sector practitioners
- **To integrate interventions delivered across health, welfare and education sectors**



CoP Process

- Establishment of ALCoP
- Development of CWTT

STEP 1

- Recruitment of participants
(children, caregivers and teachers)

STEP 2

- Assessment Wave 1

STEP 3

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

STEP 4

- Assessment Wave 2

STEP 5

- Sustaining strengthened systems –
a way forward

STEP 6

Child well-being assessment wave 1 (2020) and wave 2 (2021)

- **Wave 1:** 162 children
- **Risk assessment** & classification of each child: high, medium & low risk
- **Customized interventions** developed and implemented for children and families e.g. parenting, teacher interventions; community radio education; resource mapping; referral of children to health services, assessments for learning difficulties; learning support for teachers
- **Wave 2:** 140 children assessed (14% attrition)
- **Data presented is for a matched sample of 140 children**
- **Assessment instruments** used: SDQ; CYRM; depression scale (CES-D-10) completed by caregivers; MARKO D & MMLT – Maths, EGRA reading & language competencies; psychometric assessments.
- Data collected from caregivers, child, teachers & nurses

Numeracy



MARKO-D SA assesses early number concept development.

Mathematics-specific vocabulary



Meerkat Maths Language Test (**MMLT**) assesses mathematics specific vocabulary required for mathematics learning.

Reading



Early Grades Reading Assessment (**EGRA**) assesses children's first steps into literacy.



How well are children faring 2020-2021?

Economic wellbeing



- Top 3 material stresses children & families were:
 - Loss of a job (16%)
 - Not having enough money to buy food (13%)
 - An inability to seek work (12%)



- **Economic risks declined by 7% over the two waves**
- 50% of the children continued to live in families that experienced significant income constraints.
- By Wave 2 more participants accessed part-time work, and informal work coupled with a 10% decline in reported unemployment levels.
- In Wave 1, around 67% of participants did not have access to support (from social networks or social services) but in Wave 2 the situation was reversed with 64% reporting support.



Protection and care



- An **increase in exposure to violence and verbal abuse** resulted in a deterioration in the protection and care domain in Wave 2
- 55% of caregivers continued to use **harsh methods of discipline** including hitting, pinching, or shouting
- Wave 2 saw a **decrease in adult's bonding with children** by spending time with the child or reading to them
- **Talking to the child** was widely used as a form of discipline by three out of ten caregivers.
- Worries of child safety during the pandemic seemed to have abated by Wave 2 as the situation normalised.
- Caregiver depression improved by 13% but a third of caregivers reported depression by wave 2

Child health



- Children at high risk at Wave 2:
 - 7% at high risk
 - 72,6% at low risk
 - 27% at moderate risk
- More children were identified with having **difficulties with hearing and seeing**
- Marked reduction in engagement in physical activities like sport and in cultural activities.
- **6% decline** in children with incomplete vaccinations
- Despite this **27% of children still had incomplete vaccinations**

Food security & malnutrition

- Child hunger declined from 10.4% in Wave 1 to **zero hunger by Wave 2.**
- Interventions by the social work team **improved access to feeding schemes** at school and additional **food relief**
- Food access improved with 9% of children eating three meals per day
- But **three out of ten children did not have enough food** at every meal
- **15% did not eat vegetables at least twice a week**
- **10% did not have sufficient intake of protein**
- 1/3 of children experience challenges with sufficiency of food intake and the quality of food
- No changes in stunting levels (13%) and minimal changes in wasting
- Children who are overweight increased by 6%



Education



- Teachers reported no changes in school attendance (89.9%) and in the child's progress over the two waves (81%).
- Increased concerns from teachers about homework completion, not having the correct school attire and school supplies, and a decline in the level of children's participation in class.
- Fears about school dropped from 33.6% in Wave 1 to 8.6% in Wave 2.
- Independent assessments by researchers showed **78.9% of the children were able to decode most of the letter sounds**
- However, the sub-task (letter sound) on the EGRA is flawed because it does not address all the isiZulu phonemes. Many of the children struggled with word recognition and passage reading.
- Learning assessments by education psychologists of at risk children found that the main domain challenge coming from the assessments were poor basic literacy and numeracy skills.

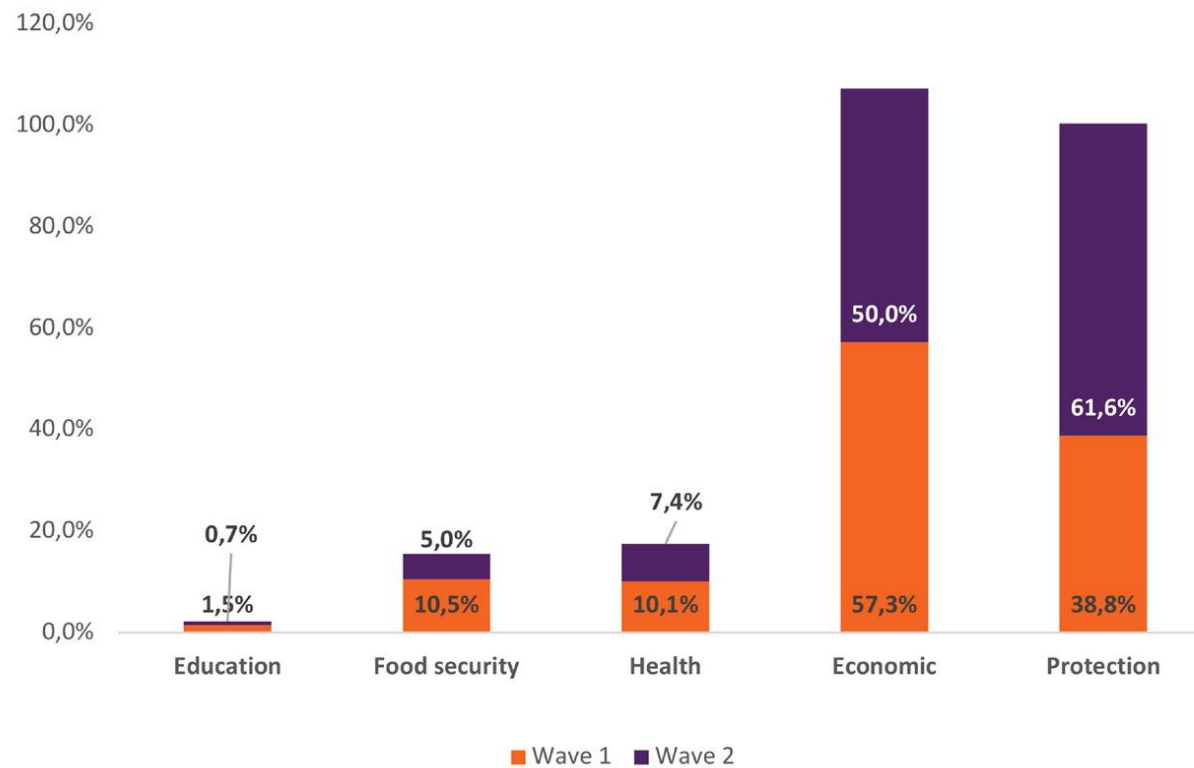
Child psychosocial well-being



- A 10% reduction in vulnerability to psychosocial risk from Waves 1 to 2 was observed
- Exceptional resilience scores almost doubled rising from 31.5% in Wave 1 to **70% in Wave 2**
- This suggests that their coping capacities improved as they adapted to changing circumstances during the pandemic
- The children also reported increased reliance on peers which aided their resilience
- 7% increase in children who were on the borderline in the Strengths and Difficulties Questionnaire.



Risk assessment



Challenges with risk assessment

- **Caution:** Small samples and complex inter-connections (40 variables?) between the variables did not enable us identify causal factors.
- There was limited agreement between the professionals conducting the assessments on key domains
- e.g. Limited agreement on what constitutes abuse; disability;
- Need for common understanding of some of the more complex risks among the different professionals – pointer for future engagement



Conclusions



- **Improvements** in key well-being indicators were noted and a stabilization of family circumstances over the two waves
- **Zero hunger** was reported by wave 2; child resilience scores doubled
- **Top risks remain:** (1) high rates of exposure to economic risks due to continuing adverse economic conditions; (2) significant deterioration in the protection and care domain due to abuse, violence in the home and the community, and use of harsh forms of discipline; (3) high rates of depression among caregivers; (4) 27% of school age children still have incomplete vaccinations; (5) children under performing in Maths and language competencies.
- **Current risks** include rising cost of living, persistency of high unemployment and slow economic recovery.
- **Moderators of risk cited by participants:** agency of caregivers and families in work-seeking and in pursuing livelihood activities, increased access to social and material assistance, food relief, school feeding and having access to social support.

Implications for policy & practice



- New mental maps and models are needed to reimagine learning, support and care in the early grades in under resourced schools.
- CoP confirms the need for a multi-sectoral & systemic approach to accelerating well-being improvements.
- Social grants are vital, but additional and dedicated inputs are needed.
- Building on existing policies that are in place and that make provision for communities of practice at school level

Specific recommendations



- Fast track school feeding to reach pre-pandemic levels
- Continued provision of social assistance for children and caregivers
- Combining CSG with school, family and community level services to strengthen families in their caregiving roles
- Improve responsiveness to caregiver mental health challenges
- Urgently upgrade school health and education psychology services
- Strengthen teacher support to improve number, reading and vocabulary competencies to improve learning outcomes in longer-term.