

CENTRE FOR SOCIAL DEVELOPMENT IN AFRICA



The Future Reimagined

How well are our children faring? An assessment of child well-being of early grade learners at selected Gauteng schools 2020 – 2021

How well are our children faring?

In South Africa 12.8 million children live in income poverty which compromises their well-being specifically in health, nutrition, education, safety and security and psycho-social areas. These vulnerabilities often require urgent intervention but due to fragmented services, these vulnerable children slip through the cracks

The CSDA's Communities of Practice(CoP) Project convenes communities of practice that include teachers, nurses, social workers and educational psychologists to support children and families and refer them to support services where necessary.

Who was involved in the project?

- Prof Leila Patel, South African Research Chair in Welfare and Social Development based at the Centre for Social Development in Africa (CSDA), UJ. (Principal Investigator).
- Prof Jace Pillay, South African Research Chair in Education and Care in Childhood, UJ. (Co-Principal Investigator).
- Prof Elizabeth Henning, South African Research Chair in Integrated Studies of Learning Language, Mathematics and Science in the Primary School, UJ. (Co-Principal Investigator).
- Prof Shane Norris, Director at the Centre of Excellence (CoE) for Human Development at Wits University. (Collaborator).
- Prof Arnesh Telukdarie, Department of Engineering, UJ. (Collaborator).
- Prof Lauren Graham, CSDA, UJ. (Collaborator).
- Prof Servaas van Der Berg, RESEP, University of Stellenbosch.

Collaborating researchers: Wanga Zembe-Mkabile, Nompumelelo Ntshingila, Sadiyya Haffejee, Tania Sani, Alida Faurie-Du Plessis, Matshidiso Sello, Grace Bridgman, Hanrie Bezuidenhout, Sonia Mbowa, Rhulane Ramasodi, Eleanor Ross, Rubina Setlhare-Kajee, Emmanual Rowlands and Constance Gunhidzirai.

Collaborating partners: City of Johannesburg; Dept. of Basic Education, National School Nutrition Programme, Gauteng Dept. of Health, Department of Science and Technology; National Research Foundation, City of Ekurhuleni, Dept. of Health, UNICEF; Family Life of South Africa (FAMSA), Childline Gauteng, MES, Johannesburg, UJ Optometry clinic, Wits University Speech & Hearing Clinic.

Participating schools: Malvern Primary school; Lejoeleputsoa Primary School (Meadowlands, Mayibuye Primary School (Doornkop), Mikateka Primary School (Ivory Park), Ekukhanyisweni Primary School (Alexander).

Social workers, nurses and fieldworkers: Nonhle Mavuso, Nomasonto Madondo, Yibanathi Mabunda, Victorian Sithole, Hope Mokadi, Sizwe Savale, Kgomotso Mangolela, Marium Mayet, Sydney Radebe, Thembelani Adonis, Abongile Njoli, Tsakane Sithole, Keletso Mohlala, Milani Swana, Glen Malape, Kwanele Mbazo, Busisiwe Sithole, Busisiwe Gambu, Nontobeko Hlatswayo, Kevin Ndlovu, Lindani Dlamini, Linkie Thathetji, Khalirendwe Mukondeleli, Andrea Britton, Nompumelelo Mabena, Rethabile Budlela, Roselene Mugwidi, Triphinah Maboela, Zizipho Nomqonde, Ellen Motolo, and Thabitha Tsepesi

Aims: The aim of the study, funded by the National Research Foundation, was to establish a CoP to integrate various systems of support to meet children's needs in the early years and improve their overall well-being.

About the research

Our focus in this study is on children in the foundation years of schooling (grade R-2). We had a matched sample of 140 across two waves of data collection (Wave 1 - 2020 and Wave 2 - 2021). The findings highlight that many children live in precarious environments but by offering children and their families a suite of joined-up services child well-being outcomes can be improved.

Well-being indicators

We use six interconnected domains to assess child well-being. Within each of these domains the requirements to achieve well-being are defined.



How did we tackle the research?

The digital Child Well-being Tracking Tool (CWTT) was developed by the multi-disciplinary team and the UJ's Engineering Department to assess how children were faring in learning, health, nutrition and growth, resilience and psychosocial well-being. It also assessed how caregivers were faring in relation to their family and social functioning, child-caregiver relations, behavioural management of children, involvement in the child's education, caregiver's mental well-being during the Covid-19 pandemic. The CWTT also tracked poverty by measuring household financial security.

The Strengths and Difficulties Questionnaire (SDQ) and the Child and Youth Resilience Measure (CYRM) was used to assess the psychosocial wellbeing of children. A depression scale (CES-D-10) was completed by caregivers.

The WHO anthropometric guidelines were used to assess child malnutrition.

Material wellbeing was assessed in terms of individual income received from wages, informal work, piecework and social grants.

To understand learner's competence and progress in reading, numeracy and mathematics-specific vocabulary three instruments were used:

Numeracy



MARKO-D SA assesses early number concept development.

Mathematicsspecific 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.

Indicator	Wave 2
% of primary caregivers who are unemployed	60,7%
% of households who report having no source of income aside from the Child Support Grant	42,9%
% of households who report they don't have enough money to cover their basic needs	70.7%
% of caregivers who struggle to pay their debts	43,6%
% of caregivers who experienced depression	36,5%
Education	
% of children who attend school regularly	89,9%
% of children who are not progressing with their school work (as per teacher reports)	18,6%
% of children who are afraid to go to school	8,6%
% of children who sometimes go to bed hungry	0%
% of children live in homes where there isn't enough food	30%
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61,9%	% of children who eat a meal provided by the school nutrition scheme	64,7%
	Health	
15,8%	% of children who have health concerns that prevent them from going to school regularly	10%
33%	% of children who have a 'road to health' vaccination card but their vaccinations are not up to date	27%
13%	% of children who were stunted	13%
6%	% of children who were wasted	7%
7%	% of children who were underweight	6%
4%	% of children who were overweight	10%
57.1%	Safety Safety % of children who have been exposed to violence	62.9%
57,9%	% of caregivers who have safety concerns for their children	52,9%

What kind of interventions did the CoP implement for at-risk children and their families?



For more detailed analysis read the full research brief on the CSDA website, the website of the South African Research Chair in Welfare and Social Development or the CoP website.

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CoP website: https://communitiesforchildwellbeing.org/

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