



CENTRE FOR
SOCIAL DEVELOPMENT
IN AFRICA



How well are our children faring? A longitudinal assessment of child wellbeing in the COVID-19 pandemic in selected Johannesburg schools over three waves from 2020 –2022

The Future
Reimagined

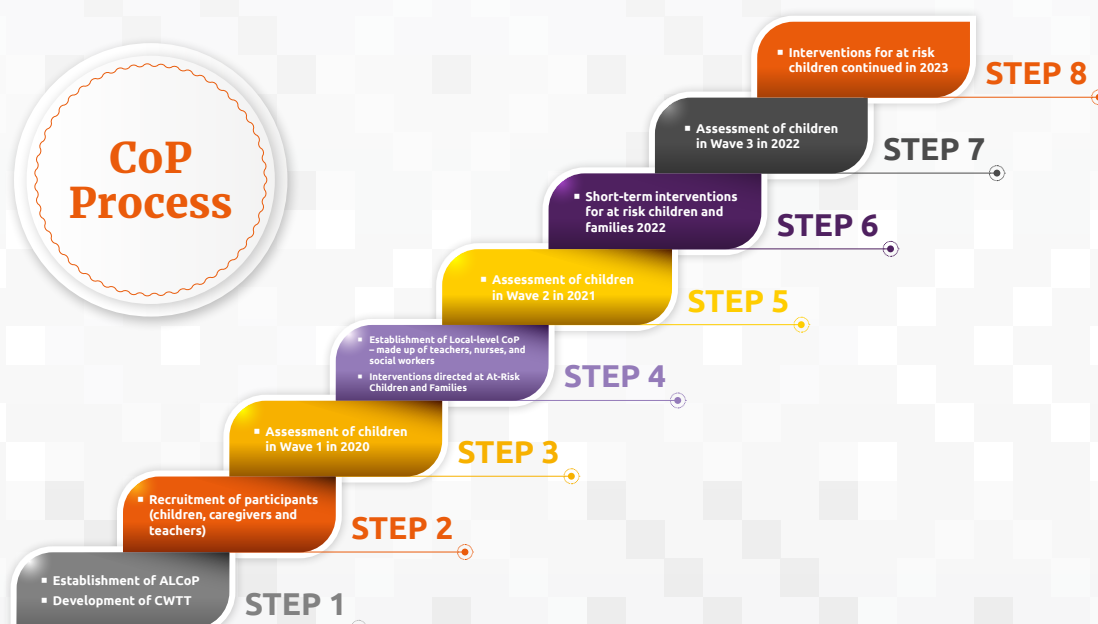
Established in 2020, the CoP is dedicated to improving children's wellbeing by strengthening their social support systems. Operating within a multisystemic framework that integrates health, education, mental health, and welfare sectors, the CoP focuses on children in their foundational school years (Grade R-3).

The CoP functions at two levels: the Advisory Level, guiding the study's aims and implementation, and the School Level, comprising teachers, social workers, and allied professionals. A digital tool administered by trained social workers assesses child wellbeing in domains like psychosocial, education, nutrition, health, and material/economic wellbeing, identifying high-risk children.

Over three years (2020-2022), data from a matched sample of 123 children across five Johannesburg schools informed tailored interventions to enhance child, caregiver, and family wellbeing during the COVID-19 pandemic.

The CoP Study Process

The research process consisted of eight steps beginning with the establishment of the CoP, recruitment and selection of the participants, assessment of children at different time points, and the delivery of tailored interventions for at-risk children.













Well-being indicators









Assessing and measuring the wellbeing of children is crucial for gaining insight into their overall welfare. We used six interconnected domains to assess child wellbeing. Within each of these domains the requirements to achieve wellbeing are defined.



Key Lessons

1. **Continuous monitoring:** Continuous monitoring of children and their families' wellbeing in school and community settings is essential. Monitoring helps identify priority needs and challenges that require attention.
2. **Collaborative Approach and Strengthening Integration:** Addressing the complex challenges facing children requires collaboration between government departments and non-governmental agencies. Building integrated services at school and community levels is crucial for comprehensive support. The Community of Practice approach can be a valuable vehicle for supporting school-based services and care.
3. **Targeted Interventions:** Interventions may target children, caregivers, families, teachers, healthcare practitioners, and social service agencies.
4. **Enabling Policies:** Policies that facilitate intersectoral collaboration are essential for success.
5. **Leadership Support:** Committed leaders play a vital role in supporting staff to adopt innovative approaches.

Indicators	Wave 1	Wave 2	Wave 3
 % of Caregivers who are unemployed	63.4	60.2	62.6
 % of Households with other sources of income aside from grant	57.2	59.4	57.7
 % of Household with enough money to buy the things they need	38.5	30.9	29.3
 % of Caregivers who struggled to pay debts	28.5	40.7	37.4
 % of Caregivers who had symptoms of depression	52.6	34.7	23.5
 % of Children who attended school regularly	88.9	91.7	89.8
 % of Children progressing with schoolwork (per teacher report)	86.2	82.5	73.3
 % of Children afraid to go to school	37.6	9.8	4.9
 % of Children who sometimes go to bed hungry	13.7	0	4.9
 % of Children who eat 3 meals a day	66.7	76.4	84.6

 <p>% of Children who eat meal provided by school nutrition programme</p>	58.7	62.5	59.5
 <p>% of children with health concerns that stop them from going to school</p>	14.5	9.7	2.4
 <p>% of Children who were vaccinated</p>	67.2	71.8	71.1
 <p>% of Children stunted</p>	13.5	12.7	11.1
 <p>% of Children wasted</p>	5.6	7.9	20.3
 <p>% of Children underweight</p>	5.6	5.6	11.4
 <p>% of Children exposed to violence</p>	58.1	60.1	60.2
 <p>% of Caregiver with safety concerns for their children</p>	63.8	50.4	50.4

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



- Mapping and linking families to existing food programmes.



- Enrolment of children in the in-school National School Nutrition Programme during school time and on the days when not at school.



- Coordination with local clinics to provide vaccinations.



- Referral of children who displayed health and nutrition difficulties (wasting, stunting, and obesity, eyesight, hearing and speech difficulties) to local clinics and services like Specsavers (Kids Right to Good Sight Initiative).



- On-site eye sight and hearing/speech screenings by the University of Johannesburg's Optometry clinic and the University of the Witwatersrand's Speech and Hearing Clinic.



- Psycho-educational assessments by educational psychologists for children at risk. Where indicated, children were referred to the GDE ISS unit for further assessments, as well as to other services, including optometry.
- Additional insights into the children's learning, social, behavioural and personality development were shared with parents and teachers with the aim of planning for and supporting their educational and mental health needs.



- On-going support and monitoring of children by social workers, working in collaboration with foundation phase teachers and Heads of Department at schools. Where necessary referrals to specialist community support services.



- Medium and high risk families were invited to participate in the 14 week Sihleng'imizi family strengthening programme.



- Radio campaign in two communities based on the Sihleng'imizi Family Strengthening Programme.



- Caregivers with depression were referred to in-person community based mental health services and telephonic support services offered by the South African Depression and Anxiety Group (SADAG).



- Resiliency workshops for teachers to strengthen and improve their wellbeing.
- Teacher training workshops to help teachers identify learning barriers and assist them in supporting children with numeracy and literacy challenges.
- Increased communication between teachers and caregivers.
- Guidance on positive discipline.



- Joint interventions with DSD Gauteng School Social Work unit to access food parcels, school uniforms, psycho-educational school talks and statutory services.
- Facilitating and improving the referral processes by schools to DSD child protection services.

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