UPSI-5

and its Relevance for South Africa

First Report of Findings (Working Paper) - June, 2015

ICDI
Development for Children

Khululeka
Community Education Development Centre

Acknowledgements

UPSI-5 and its Relevance for South Africa

First Report of Findings

Contents

Executive Summary

This is the first working paper in the series that will report on ongoing research and use of the UPSI-5 Tool in South Africa. The objective being to see it used at national and provincial levels in order to get an impression about the psychosocial functioning of their populations of five-year-old boys and girls and, crucially, to detect regional differences and changes over time. The ultimate goal is to make the nation's children's psychosocial wellbeing a central issue of concern for policy, intervention and research. The paper will be discussed at a workshop and subsequently inform a policy brief that will be shared with key stakeholders concerned about the well-being and healthy development of South Africa's young children.

The UPSI-5 consists of a one-page checklist made up of 29 easy-to-answer questions about a child's psychosocial functioning. When 5 or more questions are scored 'in the red', it is assumed there is 'reason for concern' about this particular child. It is important to note that USPI-5 is not an individual diagnostic tool and only has value when applied to large populations of children.

To gain a better understanding of UPSI-5 in South Africa, the tool was field tested on 1003 girls and 1084 boys, living in four provinces (Eastern Cape, Free State, Western Cape, and Kwazulu Natal) and across 42 urban, 17 rural and 31 semi-rural schools. In this phase attention was focused on obtaining an initial impression and gaining insight into possible linkages with level of teacher qualifications, school size, SES status of families, school location, e.g. rural or urban, gender, and protective factors offered by the school. Interviews with school principals, teachers, parents and Department of Education officials deepened the understanding of implementing UPSI-5.

The results indicate that UPSI-5 could easily be implemented by the children's teachers, although they do first need a short training session. There are indications that the psychosocial development of children is related to teacher qualification, school location, its SES status and protective factors offered by the school. However the correlations appear to be weak. Gender and school size do not seem to matter much. Psycho-social wellbeing is relevant for all children. So called 'hard measures' such as Under-Five-Mortality Rate (U5MR) may say something about SES, poverty and nutrition, but don't offer much information about the psychosocial wellbeing of children. The overarching result of this research is that the UPSI-5 scoring form appears to be a feasible and meaningful additional tool for assessing a child's wellbeing and chances for healthy development.

The next phase in the research would include investigating how UPSI-5 relates to other child measures such as the U5MR and the nutritional markers such as 'weight-for-height', 'height-for-age' and Human Development Index. Another issue will be to explore UPSI-5's factor structure with a range of relevant external variables.

1. Introduction
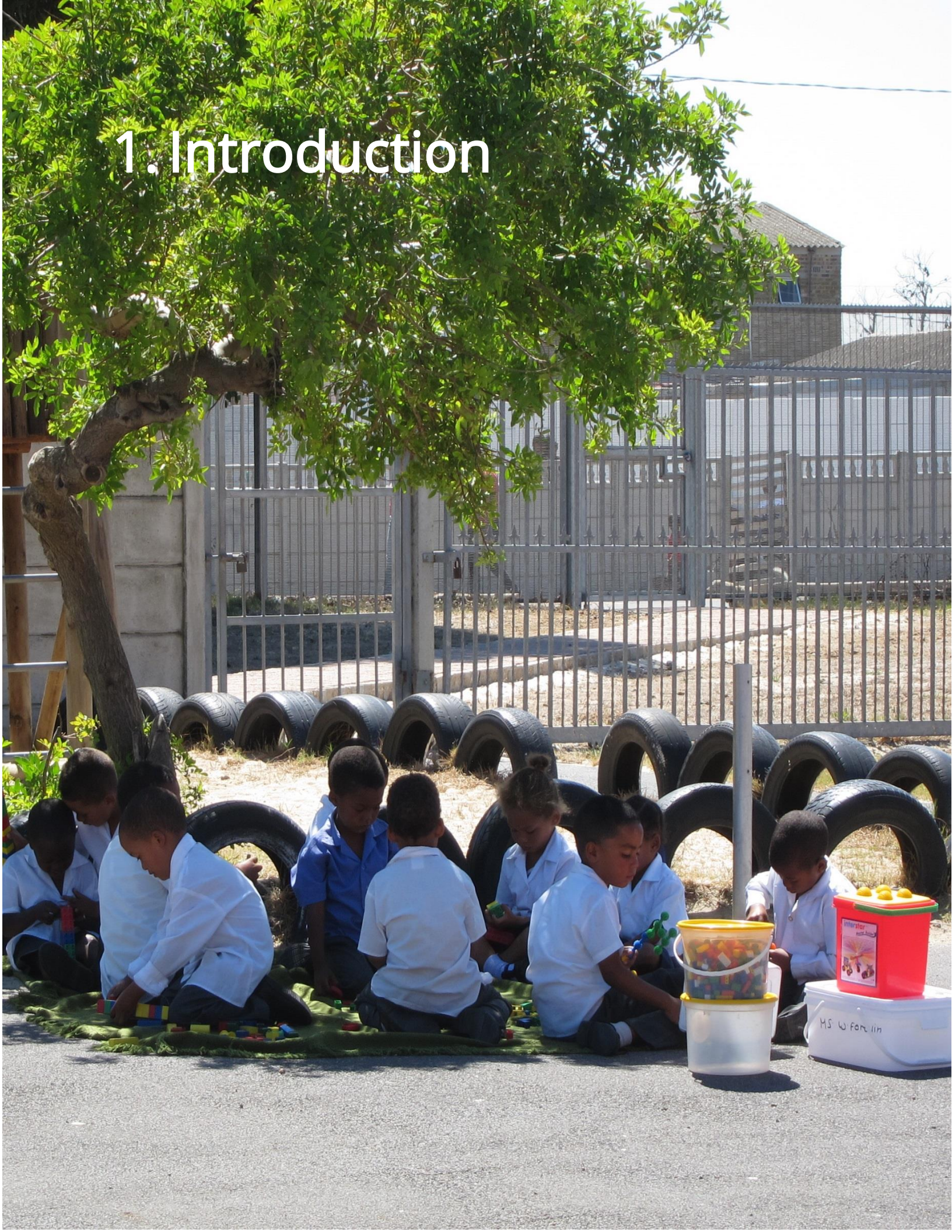
International Child Development Initiatives (ICDI) has developed an easy-to-use global screening tool that assesses the psychosocial wellbeing of large populations of children: the 'Universal Psychosocial Indicator for Five-Year-Old Boys and Girls' or UPSI-5. It comprises a one-page list of 29 statements concerned with the social and emotional behaviours of five-year-old children. These statements can easily be scored by ticking 'agree' or 'disagree' in either a green or a red box. When, for instance, 10% of a representative sample of young children score more than five (5) 'in the red', then there is reason to be concerned about the psychosocial wellbeing of 10% of the broader population of five-year old children in the setting from which the sample has been drawn. The tool was purposely developed as a 'counter-balance' to the prevailing 'rough-and-ready' *physical* indicator, the U5MR. It is hoped that the implementation of the UPSI-5 will induce decision makers to pay more attention to the *psychosocial* needs of young children in their policies and programmes.

The psychosocial aspect of children's being refers to their mental and emotional status, and the ways in which they relate to other children, their families, caregivers, communities and their broader environment. Until quite recently, this critical aspect of children's wellbeing has tended to be ignored in global measures of younger children's development and wellbeing, in favour of more easily-measured proxies such as physical growth and health i.e. height or weight; U5MR; or school enrollment.

Please note: the UPSI-5 is not an individual diagnostic instrument but designed to ascertain the psychosocial wellbeing of large populations of children, at school, district, province or national level and to make mutual comparisons and note changes over time, and this only for a narrowly-described age group.

The UPSI-5 is still not a widely acknowledged or applied tool. In order to build up an evidence base that will help to promote the instrument further, Khululeka Community Education Development Centre[1] and ICDI embarked on a research study in 2013 to test the UPSI-5 at country level in South

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[1] ICDI is a Netherlands-based internationally-working NGO with a brief to contributing to the debate and practice regarding chldren at risk, see www.icdi.nl. Khululeka is one of South Africa's leading agencies when it comes to early childhood education and care. Khululeka was already ICDI's partner during the initial testing of UPSI-5, back in 2008. ICDI also conducted an evaluation of their work in 2000. More information on Khululeka can be found on their website www.khululeka.org.za/

Africa and to advocate for its use by governmental and other large agencies concerned with the wellbeing of children.

Thus, the immediate goal of the study is to examine its practical use to educators, child-focussed NGOs and policy makers. The longer-term goals are to:

1. Convince government departments and other organizations concerned with the wellbeing of young children to adopt the UPSI-5 as a valuable tool to guide policy making, planning, monitoring and development of Early Childhood Education and Care services;
2. Develop a research agenda on the UPSI-5 to address questions such as its relationship to variables like U5MR, Social Economic Status (SES), and Human Development Index.

Finally, it is important to note that the study is coinciding with a period of change in the organisation and policy focus of ECD in South Africa. In recent years the country has seen the phasing in of a Grade R reception year in schools for 5 to 6 year-old children. Currently 78% of all 5 year-olds are attending an education programme either in a public or independent school or in an Early Childhood Development Centre[2]. Furthermore, the primary aim of the Integrated ECD Programme of Action, which covers the period 2013 to 2018, is to provide children with an early, healthy and solid foundation of physical, psychosocial and cognitive development. This aim is in line with the introduction in 2012, of the Integrated School Health Policy which aims to support school communities to create safe and secure environments for teaching and learning. It is in this context that the UPSI-5 study is not only pertinent, but timely in South Africa[3].

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[2] Stellenbosch University Socio-Economic Policy Unit.
[3] A summary of current developments in ECD policy in South Africa is contained in Appendix 1.

2. The phases of the study

Phase 1: Sample selection and data collection involving class teachers and school principals

Phase 1 involved administrating the UPSI-5 in four provinces in South Africa: Eastern Cape, Free State, Kwazulu Natal and Western Cape. Schools were selected for their representativeness i.e. a mix of urban and rural schools, and schools in areas with predominantly low socio-economic status (SES), higher SES families and middle SES[4].The overall target sample size was 2000 five-year-old children, split evenly between the four provinces and ensuring a more or less equal numbers of girls and boys. In total 90 schools participated and data was collected about 2087 children, 1003 girls and 1084 boys.

At each school, qualitative information about the ease of use of the UPSI-5 was collected from the class teachers who completed the UPSI-5 forms. The forms were also translated into and made available in the following languages: Afrikaans, Sotho, Xhosa and Zulu.

In addition, relevant background information about the school, the children, and their community environment was gathered by conducting a structured interview with the school principals. This included questions about:

- scoring the UPSI-5;
- school and class size;
- location of school: rural/urban;
- teacher qualifications;
- availability of support services to teachers;
- gender differences;
- SES background of children; and
- challenges and positive opportunities that young children face in their daily life.

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[4] In the planning stages it was envisaged that approximately 10 schools per province, 40 in total would be involved. However, it soon became apparent, that in order to reach the required number of 5 year-olds in each province, more schools would need to participate.

Figure 1: Scoring form of UPSI-5.

<table>
<tr><td colspan="7" align="center">UPSI-5
UNIVERSAL PSYCHOSOCIAL INDICATOR FOR 5-YEAR OLDS
SCORING FORM</td></tr>
<tr><td>Number</td><td colspan="2">Gender</td><td>Date of Birth</td><td>Location</td><td>Administrator</td><td colspan="2">Reason for Concern</td></tr>
<tr><td></td><td>Boy</td><td>Girl</td><td></td><td></td><td></td><td>Yes</td><td>NO</td></tr>
<tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td colspan="6">Total Score (number of 'ticks' in the red boxes below):</td><td colspan="2"></td></tr>
</table>

Instructions: Please read each question carefully and tick the box whether you agree or not agree with the statement. Only fill out this form when you think you know the child well. Please do not skip any questions. After you have finished answering the question, count the number of 'ticks' in the red boxes and add the score in the space above. When the total number is higher than five (5), tick the box marked 'yes' in the 'Reason for concern' section.

Item/statement	Agree	Disagree
1. S/he hurts other children more than most children do	🟥	🟩
2. S/he is often aggressive for no apparent reason	🟥	🟩
3. S/he is often stubborn	🟥	🟩
4. S/he is easily upset or made angry	🟥	🟩
5. S/he is a danger to others	🟥	🟩
6. S/he is able to share and take turns	🟩	🟥
7. S/he often destroys things	🟥	🟩
8. S/he often teases other children	🟥	🟩
9. She gets along well with other children	🟩	🟥
10. S/he often seems to be in a power struggle with adults	🟥	🟩
11. S/he has many mood swings	🟥	🟩
12. S/he can make her/himself understood	🟩	🟥
13. S/he can express her/his feelings	🟩	🟥
14. S/he is invited by other children to play with them	🟩	🟥
15. S/he adequately makes use of nonverbal communication	🟩	🟥
16. S/he reacts responsively to instructions and directions	🟩	🟥
17. S/he can understand feelings of others	🟩	🟥
18. S/he is generally slower to understand things than other children are	🟥	🟩
19. S/he knows when s/he has done something wrong	🟩	🟥
20. S/he plays like a regular 5-year old	🟩	🟥
21. S/he is interested in learning new skills	🟩	🟥
22. S/he wants to be on her/his own most of the time	🟥	🟩
23. S/he regularly plays with other children	🟩	🟥
24. S/he is under active, slow moving and seems to lack energy	🟥	🟩
25. S/he isolates her/himself from other children	🟥	🟩
26. S/he has difficulty establishing contact and relating to other children	🟥	🟩
27. S/he invites other children to play with her/him	🟩	🟥
28. S/he seeks contact with other people	🟩	🟥
29. S/he generally seems to enjoy her/himself	🟩	🟥

Data collection took place between April and October 2014. At all stages, due attention was paid to ethical considerations in research about, and with, children. In each province data collectors assigned a unique ID number to each school and each child to preserve anonymity.

Data collectors, two per province, had been recruited from three other early childhood focussed NGOs: ELRU in Western Cape; TREE in Kwazulu Natal; and Lesedi in the Free State. Two Khululeka staff members also collected data.[5] ICDI faciliated a short, one-day, training programme for the collectors in Durban, in March 2014. The training addressed the following topics: an overview of the study phases; becoming familiar with the UPSI-5 scoring form and pointers on how to conduct a successful interview; ethical issues; making the first contacs with schools and seeking permission to collect the data. Role plays were done to practise implementation of the theory covered. Prior to working with the schools the necessary permission for data collection was obtained from the relevant Provincial Departments of Education.

One-day training programmes, as described above, suffice and enable NGO staff, (or teachers), to work effectively with the UPSI-5 and collect the relevant data from the teachers. The impression is that most people with a secondary education and some work experience in the social domain are capable of using and scoring the UPSI-5 correctly. The vast majority of teachers reported that they found the questions easy to answer, though some teachers said that they found them easier to fill out for some children than others. This is an important point given that it was the intention of the developers to make the tool user-friendly. Teachers also noted that completing the UPSI-5 provided them with an opportunity to reflect more deeply about the individual girls and boys in their class. They also said it clarified their thinking about the relationship between a safe and secure school environment, the children's wellbeing and their ability to learn at school. Interviews with the data collectors also revealed that they easily understood the potential reach and limitations of the tool.

Phase 2: Data entry and analysis

Khululeka staff checked and captured all data gathered according to unique ID codes in Excel spreadsheet files between September and December 2014. The data were then analysed using SPSS statistical software and the most significant results are presented in this report.

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[5] See Appendix 2 for names of data collectors.

Phase 3: Going deeper; indepth interviews

Preliminary findings were discussed and issues needing further investigation were identified. The follow-up research involved conducting indepth interviews with selected groups and individuals, including teachers, principals, parents, and educational officials *in situ* at local and provincial levels and additional desk research. This information provided added meaning and understanding with regard to how to use and interpret UPSI-5 findings. These insights are incorporated into this report.

Phase 4: Dissemination and widening the research agenda

The outcomes of the research will be discussed at a dissemination workshop to be held in Johannesburg in June 2015. The participants will be a carefully selected group of 20-25 people comprised of school teachers, parents, child development specialists, policy makers, as well as representatives of key government ministries and [international] child development organisations.

Based on the findings presented in this working paper and discussions from the Dissemination Workshop, a policy paper will be written with guidelines for policy, practice, training and further action research to be undertaken. This policy paper will then be shared amongst all relevant stakeholders in South Africa.

3. Findings: School and home contexts of study children

3.1 School settings

Data were collected in a total of 90 schools spread across the four provinces, Eastern Cape (22 schools), Free State (19 schools), Kwazulu Natal (27 schools and ECD centres) and Western Cape (22 schools and ECD centres). Most of the settings were primary schools with one or more Grade R [6] classes. In Kwazulu Natal and Western Cape Provinces data were also obtained from ECD centres that have a Grade R class. This was done in order to reach the required target of 5 year-old children[7]. Some 47 percent of school settings were in urban areas, 34 percent in semi-urban areas[8] and 19 percent in rural areas. See Tables 1 and 2 for a summary of the schools sampled.

Table 1: Number of schools per province

Locality	Number of schools	Percentage
Eastern Cape	22	24.4
Free State	19	21.1
Western Cape	27	30.0
Kwazulu Natal	22	24.4
Total	**90**	**100**

Table 2: Urban- Rural location of schools

Locality	Number of schools	Percentage
Rural	17	18.9
Semi-urban	31	34.4
Urban	42	46.7
Total	**90**	**100**

3.2 The children

To be eligible for the study, children needed to be 5 years-old, and for this particular research project, born between October 2008 and April 2009. Data about 2087 five-year-old children were

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[6] Grade R. a reception year, is the first year of formal schooling in South Africa.
[7]ECD centres with a Grade R class offer an alternative to children in rural areas living long distances from the nearest primary school.

collected, 48 percent of these children were girls and 52 percent were boys. This looked like a fair number and sufficed for the purposes of this study. Tables 3 and 4 summarise the location and gender of the children sampled.

Table 3: Number of children per province in the study

Province	Number of children	Percentage
Eastern Cape	512	24.5
Free State	505	24.2
Kwazulu Natal	505	24.2
Western Cape	565	27.1
Total	2087	100

Table 4: Number of girls and boys

Gender	Numbers of children	Percentage
Girls	1,003	48.1
Boys	1,084	51.9
Total	**2,087**	**100**

3.3 Children's home environment

The vast majority of children (83 percent) were living in urban or semi-urban areas. Some 45 percent of children lived in urban, 38 percent in semi-urban areas[9] and 17 percent in rural areas. The sample gives an acceptable impression of the backgrounds of many young boys and girls living in South Africa.

Table 5: Urban- Rural location of children

Locality	Number of children	Percentage
Rural	345	16.5
Semi-urban	794	38.0
Urban	948	45.4
Total	**2,087**	**100**

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[9] Semi-urban settings include informal settlements or townships which are typically on the periforary of cities.

The socio-economic status (SES) of children was assessed from the information provided by their principals. Overall, 62 percent of children are from low SES backgrounds, 30 percent from middle SES backgrounds and 8 percent from high SES backgrounds. In schools where the majority of children have high SES backgrounds, schools, typically model C or semi-private, are well resourced, parents pay the set fees and often make extra contributions as families have a regular income. In the schools where the majority of children are from a low SES background, families are generally dependent on social grants and schools do not charge fees or fees are set very low. Parents at these schools struggle to buy the compulsory school uniforms for their children[10]. See Table 6 below.

Table 6: Socio-economic background of children.

Locality	Number of children	Percentage
High SES	169	8.1
Middle SES	632	30.3
Low SES	1,286	61.6
Total	**2,087**	**100**

The percentage of children with a low SES background was considerably higher for those in rural and semi-urban areas compared to those in urban settings. See Table 7.

Table 7: Demographic background -in percentages- of children

SES status	Demographic setting		
	Urban	Semi-urban	Rural
High SES	11.9	7.1	0
Middle SES	43.6	22.7	11.3
Low SES	44.5	70.3	88.7
total	100	100	100

The most prevalent challenge in the home environments of the children and identified by almost all of the school principals interviewed, was that of children growing up in a single parent family. This was closely followed by 'no parents at home, child reared by other family member' and 'poverty'. In more than half of the schools surveyed, principals identified 'drug and alcohol addiction of a parent/carer'; 'HIV/Aids status of the child or a close family member'; and 'domestic violence'. See Table 8 for a breakdown of the problems cited by the principals.

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[10] The sample did not include any elite private primary schools, which represent a tiny minority of schools overall.

Table 8: Problems faced by young children in their home lives in order of frequency identified by school principals

Problem	Number	Percentage
Single parent family	85	94.4
No parent at home, child reared by other family member	77	85.6
Poverty, no steady family income	74	82.2
Drug or alcohol addiction of a parent/carer	55	61.1
HIV/Aids of child or a close family member	51	56.7
Domestic violence	47	52.2
Child abuse	40	44.4
Psychological problems of caregiver(s)	32	35.6
Disability of caregivers	20	22.2

Other challenges mentioned and which are not listed above, were 'language of instruction in the classroom', 'learning barriers', 'distance from school', 'unemployment', 'burglary' and 'sickly parents'. Each of these challenges were identified by one principal each.

During the in-depth interviews conducted with principals, class teachers and education officials the following was also mentioned: 'exposure to sex at a very young age'; 'being raped'; 'not being exposed to enough outdoor activity and regular exercise'; 'being born with fetal alcohol syndrome'; 'children not being collected from school and having to wait for a long time not knowing where to go'. A principal of an Early Childhood Development Centre was primarily concerned for the future of children with 'disabilities and learning difficulties' whose parents will find it very difficult to locate and access specialised schools that will cater to the needs of their particular child.

When parents were asked about their main concerns for their children's future wellbeing and healthy development, the following issues were raised: 'exposure to rape', 'being kidnapped', 'being neglected if living with relatives'; 'taking drugs'; 'abusing alcohol'; 'being washed away while crossing rivers'; 'having to sit on floor at school due to a lack of furniture'; 'being knocked down by vehicles crossing busy roads to get to school'; 'misbehaving children growing up to become 'gangsters''.

In the interviews conducted with the school principals, a range of positive opportunities or dimensions of children's lives were listed that could have a positive impact on young children's general wellbeing. These include 'at least one adult in the life of the child who nurtures them and on whom they can rely';

'access to a safe place to play'; and 'access to clean water'. The most common positive opportunity identified was 'access to clean water'; this was followed by 'access to nutrition'; 'access to one nurturing adult'; 'access to safe place to play'; and 'access to adequate health care'. The least common positive opportunity for young children in their daily lives at home was 'access to cultural activities such as stories, music making activities, dance and sports'. These findings are presented in Table 9.

Table 9: Positive opportunities available to young children in their home lives in order of frequency identified by school principals

Positive opportunity	Number	Percentage
Access to clear water	85	94.4
Access to nutrition	75	83.3
Access to one adult in their lives who nurtures them	70	77.8
Access to safe place to play	64	71.1
Access to adequate health care	64	71.1
Access to cultural activities	56	62.2

Other opportunities identified by school principals, which have not been listed, are 'access to the CAPS Programme'[11]; 'access to school uniforms from an NGO'; 'access to computers', 'access to quality education and social lives'.

3.4 School context

In addition to children's daily life at home, educational settings can also affect the psychosocial wellbeing of children. An emotionally and physically secure school environment where reliable and responsive teachers have initiated positive relationships with children or where children can play and interact with each other freely can also be a protective factor. A few features relevant to this effect are reviewed below.

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[11] The Capable Partners Program (CAP) provides support to young mothers and their families in strengthening their health, accessing health care- and community services and in preventing mother-to-child HIV transmission.

3.4.1 Size of school

The average school enrollment figure across all schools was 552 children. Important to note is the huge range in school size, with just 47 children attending the smallest- and 1,677 children attending the largest school.   Both these schools were located in the Western Cape. With regard to the breakdown of enrollment numbers per province, the average school size is smaller in Kwazulu Natal at 313 children, than in the other three provinces in which all of the schools have an average enrollment of over 600 children. This can be explained by the fact that ECD Centres, which have lower enrollments than regular primary schools, were included in the Kwazulu Natal sample. See Table 10.

Table 10: School populations in the four provinces

Province	Mean no. children	Minimum	Maximum
Eastern Cape	618	165	1434
Free State	759	97	1581
Kwazulu Natal	313	69	1500
Western Cape	603	47	1677

3.4.2 Class size

Findings indicate huge variation in class sizes both within and across provinces. Overall, the average class size was 37 children, ranging from a class of 6 children in Kwazulu Natal to 88 children in Free State.

Table 11: Class sizes across the four provinces

Province	Mean	Minimum	Maximum
Eastern Cape	38.3	7	74
Free State	42.3	21	88
Kwazulu Natal	34.2	6	50
Western Cape	32.0	12	45

3.4.3 Teacher qualifications

The level of Grade R teacher qualifications varies across provinces, it is apparent that the situation in the Eastern Cape is different to that of the other three provinces. Here, more than half (55 per cent) of the principals interviewed reported that all the teachers working with their Grade R classes were

qualified (with a university-entry level teaching diploma). The equivalent in the other three provinces were: 32 per cent for the Free State; 23 per cent for the Western Cape and 22 per cent for Kwazulu Natal. The highest percentage of teachers with no teaching qualifications was found in Kwazulu Natal. See Table 12.

Table 12: Teacher qualifications

Province	All teachers are qualified	Half of the teachers are qualified	Few of the teachers are qualified - but have basic training	Most of the teachers are not qualified	Other
Eastern Cape	54.5%	22,7%	13,6%	4,5%	4,5%
Free State	31.%	15,8%	26,3%	10,5%	15,8%
Kwazulu Natal	22.2%	11,1%	29,6%	18,5%	18,5%
Western Cape	22.7%	18,2%	31,8%	,0%	27,3%
Total	32,2%	16,7%	25,6%	8,9%	16,7%

3.4.4 Additional support services available to teachers and pupils

The principals were provided with a list of five kinds of support offered to children by primary schools and asked to indicate which applied to their school. The most frequently identified additional support service provided by 78% of all the schools surveyed was 'nutritional support at school e.g. school meals'. Just under a third of the schools have access to a 'special needs teacher' (31 per cent overall) and 'medical services in the form of a school nurse or doctor' (28 per cent). See Table 13.

Table 13: Pupils and teachers access to additional support services in order of frequency

Support service	Services available to children and teachers in school	Percentage
Nutritional support at school	70	77.8
Special needs teacher	28	31.1
Medical services (school nurse/doctor)	25	27.8
School psychologist	23	25.6
Speech and language support, therapist	14	15.6

The schools in the Western Cape appear to have more support services available to them than those located in the other three provinces. This applies in relation to all services about which they were questioned - 'access to special needs teachers', 'school psychologists', 'speech and language support' and 'medical services'. The only exception to the above is the nutritional support programme, which is most prevalent in the schools in the Free State when compared to the other three provinces.

Table 14: Access to additional support services according to Province

PROVINCE	Additional support services					
	Special needs teacher	School psychologist	Speech and language	Medical services	Nutritional support - meals	Other
Eastern Cape	18,2	22,7	9,1	31,8	72,7	13,6
Free State	42,1	15,8	5,3	21,1	84,2	10,5
Kwazulu Natal	18,5	11,1	18,5	29,6	81,5	3,7
Western Cape	50,0	54,5	27,3	27,3	72,7	27,3
TOTAL	31,1	25,6	15,6	27,8	77,8	13,3

4. Findings: Psychosocial wellbeing of children

The UPSI-5 Scoring Sheet contains twenty nine statements about children's psychosocial status. It includes statements about how a child relates to, and interacts with, others - both adults and children; the child's emotional responses and general behaviour. Having identified the 5 year-old cohort in the school, the trained data collectors completed the UPSI-5 scoring form with the class teacher – one form per child. The class teacher was required to read each statement carefully, think about the child in question, and then tick the appropriate box indicating whether or not a particular statement was agreed with. If the total number of grey boxes ticked numbered more than five (5), then the box marked 'yes' in the 'Reason for Concern' section at the top of the form was ticked. [12]

It is worth repeating, that the UPSI-5 should not be used for individual diagnostic purposes as its true value lies in it being applied to large populations of 5 year old children. It should also be stressed that the phrase 'reason for concern' does not necessarily imply that children are not functioning psychosocially well but it is indicative of a high degree of probability of them not functioning well psychosocially.

4.1 Psychosocial wellbeing of sample children – the bigger picture

The principal functions of the UPSI-5 are to get an overall impression of the psychosocial wellbeing of 5 year old children in the nation, to pinpoint regional differences and to compare changes over time. As the UPSI-5 gains traction in other countries, international comparisons will also become important.

 Still, it is useful, even at this stage of the UPSI-5 research project, to see how the findings generated by using the UPSI-5 tool relate to those revealed by other measures, both locally and abroad. However, given the wide variety in definitions of psychosocial development and in instruments to 'measure' it, comparisons with non-UPSI-5 generated data are, therefore, always open for debate. [13] This is also

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[12] The use of teachers in assessing children's functioning is common, but not undisputed, as they, by nature of their motivation and education, have certain biases. In the main, though, it may be assumed that they know the children in their class well and are reliable judges of their behaviour and psychosocial wellbeing.

[13] "*A key challenge is that culture and level of social development shape psychosocial development.* The African literature points to considerable variation in psychosocial outcomes within and across cultures and development

exacerbated by the fact that most information is provided for different age ranges, making comparative statements even more problematic. It is, therefore, essential, that instruments such as the UPSI-5 are used consistently and for the same age group. Only then, are meaningful interpretations justified. Thus, with the current UPSI-5 research data in hand, there was 'reason for concern' about the psychosocial wellbeing of 24 percent of the 2,087 five-year-old children: i.e. just under a quarter.

Table 15: Reason for concern about psychosocial wellbeing (in numbers and percentages)

Reason for concern (Yes or No)	Number of children	Percentage
No	1,595	76.4
Yes	492	23.6
Total	2,087	100

This is, by all accounts, a high segment of the five-year olds, and should be taken extremely seriously in policy and practice. This working paper therefore functions as an instrument to raise awareness across the board about the fact that that young children do not only need proper medical and nutritional care, but also, and this very critically so, psychosocial care and attention.

4.2 Psychosocial wellbeing and gender

The percentage of children with reasons for concern appeared higher for boys (26 per cent) than for girls (21 per cent). However, this is not statistically significant; In other words, being a boy or a girl does not seem to strongly affect 'reason for concern' about psychosocial wellbeing at age 5.

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levels", In: Andy Dawes, 'Preliminary standards for South African children's psychosocial development in the early childhood period', Cape Town: Child, Youth and Family Development (HSRC).

Table 16: Psychosocial wellbeing and gender

Reason for concern	Number	Percentage
Girls	213	21.2
Boys	279	25.7
Total/average	**492**	**23.6**

4.3 Psychosocial wellbeing of children according to province/school

The psychosocial status of children living in different provinces reflect quite a largedifference. The highest percentage of children where there was reason for concern was found in the Eastern Cape (37 percent); followed by the Free State at 28 percent, Kwazulu Natal at 20 percent and finally the Western Cape at (11 percent). Additional statistical tests confirm that there is a moderate relationship between variables 'reason for concern' and the province a child is living in.

Table 17: Psychosocial wellbeing of children according to province/school

Province	Reason for Concern (in percentages)	
	No	Yes
Eastern Cape	63.0	36.7
Free State	72.5	27.0
Kwazulu Natal	79.8	20.2
Western Cape	88.8	11.2
TOTAL	**76.4**	**23.6**

4.4 Psychosocial wellbeing: rural versus urban setting

The percentage of children where there was reason for concern was higher in rural schools (36 percent), compared to urban and semi-urban settings, which in both cases was 21 percent. However, strong conclusions are not allowed as statistical tests indicate a positive but weak relationship.

Table 17: Reason for concern about psychological wellbeing, rural and urban settings compared

Setting	Reason for Concern (in percentages)	
	No	Yes
Rural	64.3	35.7
Semi-urban	79	21
Urban	78.7	21.3
Total	**76.4**	**23.6**

4.5 Psychosocial wellbeing and SES background

As the school SES is used as an approximation of the SES of the sampled children's families, the findings have to be examined with caution. The percentage of children where there was reason for concern was higher amongst those from a low SES background (26 per cent) compared to the other two groups, middle SES, (19 percent) and high SES, (21 per cent). However, statistical tests indicated that while there was a relationship between reason for concern and SES level, this relationship was very weak.

Table 18: Psychosocial wellbeing and SES background

SES level	Reason for Concern (in percentages)	
	No	Yes
High	79.3	20.7
Middle	81	19
Low	73.8	26
Total	76.4	23.6

4.6 Psychosocial wellbeing and additional support services in schools

The data shows a relationship between the number of support services available to children at a school and the psychosocial wellbeing of the children as defined by UPSI-5.   In schools with *no* additional services, there was reason for concern about 23 percent of children. This is contrasted by schools where five additional services are offered, reflecting a percentage where there was reason for concern of 16 per cent. However, a clear relationship could not be determined when the individual support systems were scrutinised. It would appear that, they should be bundled together to have optimum effect. See Appendix 3 for detailed table.

4.7 The status of psychosocial development in education and teacher training

There were conflicting points of view among teachers, principals and education officials about the place or status of psychosocial development in the pre-service and in-service training of teachers and in the school curriculum. Many said that there was no attention to this content area either in pre-service training, or in the actual curriculum for Grade R. Other informants referred to occasional workshops organised by Department of Education, by NGOs or by schools themselves which addressed topics such as recognising the symptoms of child abuse or the psychosocial needs of Grade

R children. Teacher has also mentioned that they received support from Principals to attend such workshops. One interviewee, an educational official, referred to the Life Skills Curriculum for the Foundation Phase. Amongst education officials, understandings of psychosocial development focused on problem behaviour, child abuse or special education needs.

Parents, teachers and principals were also asked what was most important for children in grade R to learn in addition to fixed curriculum content. Common to both parents and teachers was the priority given to respectful relations with others, including 'elderly, and familiarity with and respect for their environment. Parents also highlighted learning to write their name; personal hygiene and cleanliness, self-discipline, sports and physical education and social skills with other children. Finally, it is noteworthy that teachers from one of the provinces were very critical of their poor salaries and working conditions and the negative impact this was having on their psychosocial wellbeing. From the responses put forward it can be inferred that there is an absence of a clear understanding of what is meant by, or how to support psychosocial development in young children.

4.8 Parents and teachers working together to support children's psychosocial development

As noted earlier in the report, one of the outcomes of completing the UPSI-5 scoring form was that it brought to the attention of the teachers both the individual and group wellbeing of the children in their care. Some teachers reflected that they now realised that they needed to observe the children more carefully when they were at play and be more attentive to how they interacted with each other. Improving outdoor play facilities in schools was also mentioned in this regard. Interestingly, in one of the sample schools, it was reported that it was the role of a team of older children from higher grades to look out for the social needs of the younger children in Grade R and if any problems were noted, these were reported to a school committee headed by a teacher identified by the principal.

Another important point highlighted by the teachers who completed the UPSI-5 forms was a better understanding of the importance of working positively with parents and families to partner in support of children's psychosocial wellbeing. One teacher noted: "I have to extend my relationship with other people in the community who are close to children."

During the follow-up interviews with parents, teachers and educational officials this relationship between the home and the school was explored further. The most common forms of contact brought to light were firstly, teachers becoming familiar with the children's family backgrounds via information given on admission forms, and secondly, through parent teacher meetings organised by schools during which teachers share information with parents about the progress of their child. This type of contact is essentially information sharing between home and school. Some teachers also remarked that they got to know individual children better through the accounts of their home life shared by children during storytelling or through the teacher taking note of the children's physical appearance and lunch box content. Another moment of contact is when the teachers need to contact a family by telephone if there is a concern about a child – in some cases a home visit would be undertaken. The situation was somewhat different in Early Childhood Centres in Kwazulu Natal, where it appears that there is more regular contact with parents. At these centres, the principals were concerned that the children would not receive the same level of care and attention once they moved onto the primary school.

Conversely, parents gained insight into their child's life at school if they worked as a volunteer in the schools feeding scheme or if they helped cleaning the classrooms[14]. A few parents also mentioned that they would inform the class teacher if there had been a bereavement in the family, or to notify the teacher of the HIV status of a family member, or if they were concerned about discrimination and bullying. Overall, the impression is that parents don't typically initiate contact with the school. When asked who they went to for help and advice if they had a concern about their child's wellbeing and healthy development the most frequent response of the parents interviewed was 'local health clinics', followed by 'social workers, family members and neighbours and teachers'.

There was a willingness, indeed an eagerness, on the part of the parents to work with their community, police, school and social workers to improve the environments their children were spending time in – whether at home, at school or the spaces in between.

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[14] Parents, especially those who are unemployed are actively encouraged to clean classrooms as a form of parental involvement in education.

5. Discussion

Thus far, the findings are in line with experience and current research. The basic message is that a variety of forces are usually in play affecting the psychosocial well being of a young boy or a young girl. It is likely that circumstances such as class size, teacher qualifications, SES status and location are collectively contributing factors. Individually they cannot be reckoned in an all-decisive manner. This observation is most probably also applicable to the five support services offered by the schools namely, the presence of nutritional support; a special needs teacher; medical services; a school psychologist; and a speech and language support therapist. When brought into play together, they are likely to have a significant impact.

This conclusion is not surprising as in general the psychosocial development of children is shaped by far more than what happens to the child in and around a school. Family, home environment, (sub-) cultural, socio-economic-political climate, and the prevailing belief systems all impinge on how children function, relate to others and carve out their lives among others.

Psycho-social wellbeing is relevant for all children. So called 'hard measures' such as U5MR may say something about SES, poverty and nutrition, but don't offer much information about the psychosocial wellbeing of children. The overarching result of this research is that the UPSI-5 scoring form appears to be a feasible and meaningful additional tool for assessing a child's wellbeing and chances for healthy development. As such, it contributes to compelling policy makers and other decision makers to give due consideration to young children's psychosocial comfort and security. Without these in place their executive functioning will be stunted as this skill set is both influenced and affected by the child's experience and management of threat, stress and strong emotions. The tasks ahead therefore lie primarily in a deeper analysis of the UPSI-5's role in the wider context of child-related data and subsequent understanding of how best to meet the psychosocial needs of young children, and, most importantly, to promote its wider application.

Appendices

Appendix 1: Overview of current developments in ECD in South Africa

Although much has been done post-apartheid to provide early childhood development programmes, resources and services to young children, especially the poor and marginalised, much still needs to be done to redress years of inequity. Currently too many of South Africa's young children still continue to be negatively impacted by social and economic inequality with the concomitant poverty and inadequate access to education, social services, health care and nutrition.

 The distribution of South Africa's children across the 9 provinces is different to the distribution of adults; a large proportion of adults live in provinces that are characterised by urban cities, whereas a greater proportion of all children live in rural areas such as Limpopo, Eastern Cape and KwaZulu-Natal (South African CHILD GAUGE, 2011).

The Department of Education White paper on Early Childhood Development (2001) defines early childhood development (ECD) as "The processes by which children from birth to nine years of age grow and thrive physically, mentally, emotionally, morally and socially". The Department of Social Development has responsibility for children from birth to school going age (Children's Act 38 of 2005) and the Department of Basic Education for curriculum for children from birth to four years and services from Grade 1 onwards.

Grade R, a reception year, is the first year of formal schooling which is currently being phased in for 5-6 year old children throughout South Africa. In 2013 the Department of Policy, Monitoring and Evaluation in the Presidency and the Department of Basic Education commissioned a study on Grade R in which it was noted that between 2001 and 2012, Grade R placements in public and independent schools increased from 242 000 to 768 000. A further 55 000 children attend Grade R in Early Childhood Development Centres translating into a total of 804 000 (78%) of all five year olds being in some sort of education programme in 2009, up from 39% in 2002. (Stellenbosch University – Socio-Economic policy Unit)

To date, the emphasis of Grade R programmes has been mainly on the education of young children and it is only recently that more focus is being placed on schools becoming integrated centres of learning, care and support for the entire population of learners in formal schools with the introduction of the 2012 Integrated School Health Policy. The specific objectives of this policy are to:

- Provide preventative and promotive services that address the health needs of school-going children and youth with regard to both their immediate and future health
- Support and facilitate learning through identifying and addressing health barriers to learning
- Facilitate access to health and other services where required
- Support the school community in creating a safe and secure environment for teaching and learning

It is envisaged that every learner will be assessed once in the Foundation Phase, (Grade R - Grade 3) with the focus being on identifying health barriers to learning as well as identifying children who have, or are at risk for long-term health, psychosocial or other problems. The policy goes on to state that estimates suggest that approximately 17% of youth between the ages of 6 – 16 have poor mental health with local studies indicating high prevalence rates for anxiety disorders, post-traumatic stress disorders, depression and conduct disorders among children and adolescents. Through working together parents, educators, social workers and the school community, school health services should ensure that orphans and other vulnerable children are identified and referred appropriately to psychosocial support services. The policy acknowledges that the school is an important setting for the provision of interventions to address mental health since it has the potential to reach large numbers of children and adolescents in a cost-effective manner and is in line with the Integrated ECD Programme of Action 2013 – 2018 with its primary aim of providing children an early, healthy solid foundation of physical, psychosocial, cognitive development.

It is in this context that the UPSI-5 and its relevance for South Africa is not only pertinent, but timely.

Appendix 2: Data collectors and researchers

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Appendix 3: Psychosocial wellbeing and number of additional support services in schools

			Reason for concern		
			No	Yes	Total
Number of additional support services	0		537	161	698
		% within Number of additional support services	76,9%	23,1%	100,0%
	1		411	166	577
		% within Number of additional support services	71,2%	28,8%	100,0%
	2		260	78	338
		% within Number of additional support services	76,9%	23,1%	100,0%
	3		147	43	190
		% within Number of additional support services	77,4%	22,6%	100,0%
	4		126	22	148
		% within Number of additional support services	85,1%	14,9%	100,0%
	5		114	22	136
		% within Number of additional support services	83,8%	16,2%	100,0%
Total			1595	492	2087
		% within Number of additional support services	76,4%	23,6%	100,0%

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